



Distinctions Dental Plan

Metropolitan
Council 1/1/2023

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at 952-883-5000 or 800-883-2177.

Plan highlights Partial listing of covered services	Benefit Level 1 Care from a network Benefit level 1 provider	Benefit Level 2 Care from a network Benefit level 2 provider	Out-of-Network Care from an out-of-network provider*
Annual Maximum	Annual maximums are combined across all tiers		
Annual maximum	Plan pays \$2,000 per calendar year	Plan pays \$1,500 per calendar year	Plan pays \$1,000 per calendar year
Implant maximum <i>included in annual maximum</i>	Plan pays \$1,500 per calendar year	Plan pays \$1,500 per calendar year	Plan pays \$1,000 per calendar year
Deductible	Deductibles are combined across all tiers		
- Applies to Basic Care, Special Care & Prosthetics	None None per calendar year	\$10 per person \$30 per family per calendar year	\$25 per person \$75 per family per calendar year
Preventive and Diagnostic Care			
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay nothing	You pay nothing
- Sealants	You pay nothing	You pay nothing	You pay nothing
Basic Care			
Basic Care I			
- Fillings (amalgam and anterior composite)	You pay nothing	You pay nothing	You pay 20%
- Posterior composite (white) fillings	You pay nothing	You pay nothing	You pay 20%
You also pay the difference between the amalgam and composite fee			
- Simple extractions	You pay nothing	You pay nothing	You pay 20%
- Non-surgical periodontics	You pay nothing	You pay nothing	You pay 20%
- Endodontics (root canal therapy)	You pay nothing	You pay nothing	You pay 20%
Basic Care II			
- Surgical periodontics	You pay nothing	You pay nothing	You pay 20%
- Complex oral surgery	You pay nothing	You pay nothing	You pay 20%
Special Care			
- Restorative crowns & onlays	You pay 20%	You pay 20%	You pay 50%
Prosthetics			
- Bridges, dentures & partial dentures	You pay 20%	You pay 20%	You pay 50%
- Dental implants	You pay 20%	You pay 20%	You pay 50%
Orthodontic Services	Orthodontic lifetime maximums are combined in and out-of-network		
- Orthodontic care for all ages	You pay 50% with a Lifetime maximum benefit of \$3,000 paid by the plan	You pay 50% with a Lifetime maximum benefit of \$3,000 paid by the plan	You pay 50% with a Lifetime maximum benefit of \$1,500 paid by the plan

* If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.

Emergency Care

Refer to the Group Dental Member Contract for coverage of emergency dental services.

Little PartnersSM Benefit: Services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

Diabetes and Pregnancy: Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.