

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 1-800-883-2177.

<b>Plan highlights</b>	<b>Tier I</b>	<b>Tier II</b>
<b>Partial listing of covered services</b>	<b>Care from a Tier 1 provider</b>	<b>Care provided from a Tier II provider</b>
<b>Annual Maximum</b>	<b>Annual maximums are combined in and out-of-network</b>	
<b>Annual maximum</b>	\$1,000 per calendar year	\$1,000 per calendar year
<b>Implant maximum</b> <i>included in annual maximum</i>	\$500 per calendar year	\$500 per calendar year
<b>Deductible</b>	<b>Deductibles are combined in and out-of-network</b>	
<ul style="list-style-type: none"> <li>▪ Applies to Basic Care, Special Care &amp; Prosthetics</li> </ul>	None	\$25 per person; \$75 per family per calendar year
<b>Preventive and Diagnostic Care</b>		
<ul style="list-style-type: none"> <li>▪ Teeth cleaning, exams, dental x-rays and fluoride treatments</li> </ul>	100% coverage	80% coverage
<ul style="list-style-type: none"> <li>▪ Sealants</li> </ul>	100% coverage	100% coverage
<b>Basic Care</b>		
<b>Basic Care I</b>		
<ul style="list-style-type: none"> <li>▪ Fillings (amalgam and anterior composite)</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>▪ Posterior composite (white fillings)</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>▪ Simple extractions</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>▪ Non-surgical periodontics</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>▪ Endodontics (root canal therapy)</li> </ul>	50% coverage	50% coverage
<b>Basic Care II</b>		
<ul style="list-style-type: none"> <li>▪ Surgical periodontics</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>▪ Complex oral surgery</li> </ul>	50% coverage	50% coverage
<b>Special Care</b>		
<ul style="list-style-type: none"> <li>▪ Restorative crowns &amp; onlays</li> </ul>	50% coverage	50% coverage
<b>Prosthetics</b>		
<ul style="list-style-type: none"> <li>▪ Bridges, dentures &amp; partial dentures</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>▪ Dental implants</li> </ul>	50% coverage	50% coverage
<b>Orthodontic Services</b>		
<b>Orthodontic lifetime maximums are combined in and out-of-network</b>		
<ul style="list-style-type: none"> <li>▪ <b>Orthodontic care for dependents under age 19</b></li> </ul>	50% coverage up to \$1,000 Lifetime maximum	No Coverage

### Emergency Care

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

**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.