HealthPartners®

St. Paul Public Schools 2020
Dental Tiered Open Access Plan

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 HealthPartners Dental Group	Benefit Level 2 HealthPartners Open Access	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 $1,500 per calendar year
Deductible	**Deductibles are combined across all tiers**		
- Applies to Basic Care, Special Care & Prosthetics	None per calendar year	$10 per person $30 per family per calendar year	$10 per person $30 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 15%	You pay 15%	You pay 15%
- Posterior composite (white) fillings You also pay the difference between the amalgam and composite fee	You pay 15%	You pay 15%	You pay 15%
- Simple extractions	You pay 15%	You pay 15%	You pay 15%
- Non-surgical periodontics	You pay 15%	You pay 15%	You pay 15%
- Endodontics (root canal therapy)	You pay 15%	You pay 15%	You pay 15%
Basic Care II			
- Surgical periodontics	You pay 15%	You pay 15%	You pay 15%
- Complex oral surgery	You pay 15%	You pay 15%	You pay 15%
Special Care			
- Restorative crowns & onlays	You pay 15%	You pay 15%	You pay 15%
Prosthetics			
- Bridges, dentures & partial dentures	You pay 50%	You pay 50%	You pay 50%
- Dental implants	You pay 50%	You pay 50%	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 $1,000 paid by the plan	You pay 50% with a Lifetime maximum benefit of $1,000 paid by the plan	You pay 50% with a Lifetime maximum benefit of $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 Partners℠ 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.

Benefit Limitations

- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Out-of-network dental services related to the replacement of any missing teeth prior to the member's effective date are not covered.

Other Limitations: *Applies to Benefit Level 2 and Out-of-Network*

- Coverage for dental exams limited to twice each calendar year..
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year..
- Sealants limited to one application per tooth every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year., for members under age 19.
- Coverage for bitewing x-rays limited to once each calendar year..
- Full mouth or panoramic x-rays limited to once every three years.
- Non-surgical and surgical periodontics limited to once in two years.
- Out-of-Network dental services related to the replacement of teeth missing prior to the member's effective date are not covered.

THIS IS A BENEFIT SUMMARY SHEET ONLY. THIS DENTAL PLAN MAY NOT COVER ALL YOUR DENTAL CARE EXPENSES. FOR COMPLETE INFORMATION ABOUT BENEFITS AND SERVICES, ASK YOUR EMPLOYER OR CALL THE MEMBER SERVICES INFORMATION LINE AT 952-883-5000 OR CALL TOLL FREE AT 800-883-2177.

Our mission:
We seek to improve health and well-being in partnership with our members, patients and community.