



Voluntary Open Access Dental Plan

Grand Rapids ISD #318

Effective 4/1/18

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	In-network	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider*
Annual Maximum	Annual maximums are combined across all tiers	
Annual maximum	Plan pays \$1,250 per calendar year	Plan pays \$1,250 per calendar year
Single \$38.08	Single + 1 \$74.29	Family \$126.46
Deductible	Deductibles are combined across all tiers	
- Applies to Basic Care, Special Care & Prosthetics	\$50 per person \$150 per family per calendar year	\$50 per person \$150 per family per calendar year
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay nothing
- Sealants	You pay nothing	You pay nothing
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	You pay 20%	You pay 20%
- Posterior composite (white) fillings	You pay 50%	You pay 50%
- You also pay the difference between the amalgam and composite fee		
- Simple extractions	You pay 20%	You pay 20%
- Non-surgical periodontics	You pay 20%	You pay 20%
- Endodontics (root canal therapy)	You pay 20%	You pay 20%
Basic Care II		
- Surgical periodontics	You pay 50%	You pay 50%
- Complex oral surgery	You pay 50%	You pay 50%
Special Care *12 month waiting period		
- Restorative crowns & onlays	You pay 50%	You pay 50%
Prosthetics *12 month waiting period		
- Bridges, dentures & partial dentures	You pay 50%	You pay 50%
- Dental implants	You pay 50%	You pay 50%

* 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, services that are provided during the waiting period, 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.

**Waiting Periods:

For new employees and those not covered by an existing dental plan, the stated waiting periods apply. For those employees who have continuous, similar coverage, all waiting periods are waived.

Benefit Limitations

- 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 once 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.
- 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.
- Dental services related to the replacement of any missing teeth prior to the member's effective date are covered when services are performed by a provider in the HealthPartners Dental Open Access Network.
- Non-surgical and surgical periodontics limited to once in two years.

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 1-800-883-2177.

Our mission:

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