



Your dental plan

2025 Open Enrollment

Your dental plan benefits	3
Extra support	8



Your partner for goodSM



We're 26,000 partners strong, working together to support your health every day. You can rely on a top-rated Member Services team – here to help you understand your plan and answer your questions. It's a plan you can trust, benefits that benefit you and a commitment to lower costs. We're your partner for all of it. **Your partner for good.**



HealthPartners[®]

Getting started

The more you know about your dental plan, the easier it is to make good decisions for your health and wallet. We're happy you're trusting HealthPartners. Here are some tips.

What to do next

- **Call us** with questions at **952-883-5000 or 800-883-2177**
- **Sign in** or create an account at **healthpartners.com**

We can help you make choices you'll feel good about.



I'm thankful I had someone to help me understand my own dental insurance. I can walk you through your plan now, so you're prepared when you use it later.

Lauren, Member Services

Understand your costs

You'll likely see these terms during enrollment and throughout the year. Knowing how these costs work with your plan will help you avoid unexpected charges.

- **Premium** – how much you pay for your plan, usually taken out of your paycheck
- **Deductible** – the amount you're responsible to pay for care before your plan helps cover costs, not including your premium
- **Coinsurance** – the percentage you pay for the total cost of care. Your plan covers the rest
- **Annual maximum** – the total amount your plan will pay for the year. You'll be in charge of paying all costs after that
- **Summary of Benefits (SOB)** – lists out the coverage amounts for your plan

Use your online account

With an online account, you can get up-to-date personal dental plan information in one simple place.

- See claims and how much you could owe
- Search for dentists in your network
- Check your spending amounts
- View your member ID card
- Manage your health on the go with the HealthPartners mobile app

Dental Voluntary Open Access plan

A healthy mouth may help decrease the risk of diabetes, heart attacks and strokes. That's why our dental plans cover 100% of all in-network preventive care.

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**
- **Search the network** for your dentist or find a new one at **healthpartners.com/dentalopenaccess**

What your plan pays for

Preventive care is covered at no cost to you when you see a network dentist.

It also helps cover:

- HealthPartners MouthWise Matters – extra exams, gum care and cleaning are covered at 100% in network if you're pregnant, or if you have diabetes and are at risk of gum disease
- The cost of other dental care at the amounts shown in your Summary of Benefits (If you haven't had recent dental coverage, waiting periods will apply for select procedures)

What you'll pay

Deductible or coinsurance

Things like getting a cavity filled might cost a deductible. That's the amount you have to pay before your plan helps with the cost. There's also coinsurance, which is a percent of the bill.

Annual maximum

Your dental plan max is a bit different than your medical plan. It's the most your plan will pay for dental care each year. You're in charge of the rest.

Plan highlights

The Open Access network is where we negotiated lower fees for you. Plus, it's where you'll get the highest level of coverage.

TIP: You'll pay less if you see a dentist in the Open Access network, more for an out-of-network dentist.

Where you can get care

You pick where you want to go. And you get to choose from our largest network of dentists and clinics.



Voluntary Dental Open Access Plan

Below is an overview of your HealthPartners dental coverage. If you're looking for more details, please review your plan materials. Need help? Call Member Services at **952-883-5000** or **800-883-2177**.

Plan highlights Partial listing of covered services	HealthPartners Network Care from a network provider	Out-of-Network Care from an out-of-network provider*
Annual Maximum	Annual maximums are combined across all tiers	
The most your plan will pay yearly. It excludes orthodontia. Annual max applies to all services below, including preventive and diagnostic care.	Plan pays \$1,000	
Deductible	Deductibles are combined across all tiers	
Applies to Basic Care, Special Care & Prosthetics	\$50 per person	
Preventive and Diagnostic Care	Percentage covered by the plan	
Teeth cleaning, exams, dental X-rays, fluoride treatments & sealants	100%	100%
Basic Care	6 Month Waiting Period**	6 Month Waiting Period**
Basic Care I		
Fillings (amalgam and anterior composite)	80%	80%
Posterior composite (white) fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics		
Endodontics (root canal therapy)		
Basic Care II		
Surgical periodontics	50%	50%
Complex oral surgery	50%	50%
Special Care	12 Month Waiting Period**	12 Month Waiting Period**
Restorative crowns & onlays	50%	50%
Prosthetics	12 Month Waiting Period**	12 Month Waiting Period**
Bridges, dentures & partial dentures	50%	50%
Dental implants	50%	50%

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

** Waiting periods apply for new employees and those not covered by an existing dental plan. Waiting periods are waived for employees who have continuous, similar coverage

Unlock extra dental health benefits

Your dental health has an impact on your overall health. And when your dental health needs extra care, MouthWise Matters provides added benefits for people who are pregnant or living with diabetes.

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**

What it covers

If you're living with diabetes or are pregnant and at risk of gum disease, MouthWise Matters covers:

- 100% of services to help control gum disease
- Extra dental checkups and cleanings
- Root planing and scaling – a deep cleaning for your teeth

All other services, like fillings and root canals, are covered according to your Summary of Benefits.

How it works

It's easy to get the care you need to stay healthy:

- Visit a network dentist
- Get 100% coverage on medically necessary gum treatment

When gum treatment is needed, there's no coinsurance or deductible. Plus, your plan will pay even if you've reached your annual maximum for the year.

Little PartnersSM dental benefit

100% dental coverage for kids

Starting healthy habits early in life means fewer cavities, fewer missed school days and more smiles to last a lifetime. The Little Partners dental benefit helps by covering 100% of the cost.

What's covered

Your dental plan includes the Little Partners benefit for kids 12 years old and younger.

- Get dental services covered 100% at an in-network dentist (excludes braces)
- Pay nothing at the dental office – not even a deductible or coinsurance
- Access needed dental care with no annual maximum limit

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**

How it works

Add your kids to your dental plan and make their first appointment with a network dentist. You'll pay nothing for checkups, cavities, X-rays and more (excludes braces). Little Partners makes oral health easy and affordable for your family.



Your kid's smile means everything. We've created Little Partners to remove the financial barrier for parents, ensuring kids can get the care they need to keep their smiles healthy for years to come.

Tom, Dental plan

Here for you, 24/7

Call us at one of these numbers if you have questions about your health or what your plan covers. We're ready to help.

Member Services

For questions about:

- Your coverage, claims or plan balances
- Finding a doctor, dentist or specialist in your network
- Finding care when you're away from home
- Dental plan services, programs and discounts

Monday – Friday,
7 a.m. to 6 p.m. CT

Call the number on the back
of your member ID card,

952-883-5000 or 800-883-2177

Interpreters are available if you
need one.

Español: **866-398-9119**

healthpartners.com

CareLineSM service nurse line

For questions about:

- Whether you should see a doctor
- Home remedies
- A medicine you're taking

24/7, 365 days a year

800-551-0859

BabyLine phone service

For questions about:

- Your pregnancy
- The contractions you're having
- Your new baby

24/7, 365 days a year

800-845-9297



One thing I love about my job is how my team
helps people all day, every day.

Rachel, Registered Nurse, CareLine

Take charge of your dental plan

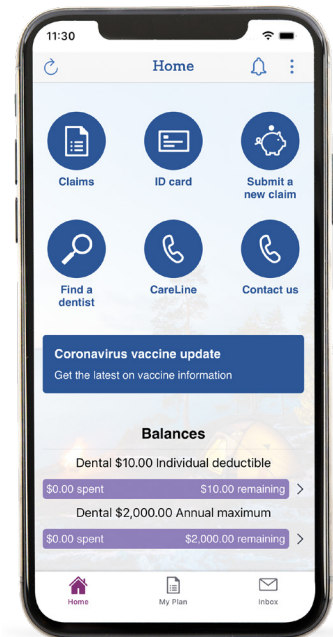
A HealthPartners online account makes it easy to stay on top of your dental care and insurance.

Get personalized information when and where you need it

With an online account, you have real-time access to your personal dental plan information in one simple place. No more guessing or waiting until business hours to get answers to your questions.

Top 4 ways to use your online account

1. See recent claims, what your plan covered and how much you could owe.
2. View your HealthPartners member ID card and fax it your dentist's office.
3. Check your balances, including how much you owe before your plan starts paying (deductible) and the most your plan will pay (annual maximum).
4. Search for dentists covered by your plan.



Sign in to your account

Manage your health and your plan at **healthpartners.com** or the **HealthPartners** mobile app.

Don't have an account yet? It's quick and easy to sign up— you'll just need your member ID card.



I love directing members to their online accounts and the mobile app. You can easily get your dental plan info, even when I'm not in the office.
Jarria, Member Services

Quit for good

Quitting tobacco and vape may be one of the hardest things you'll ever do. You don't have to do it alone. We're here to help.

Get help from a health coach

Work with a health coach to set goals around tobacco use and vaping that fit your lifestyle. You'll get support and encouragement to reach your goals and live nicotine free. Plus, you can schedule phone calls or email your health coach when it works best for you.

Work at your own pace to:

- Beat cravings
- Relieve stress
- Deal with tempting social situations
- Adjust to life without tobacco and vape
- Feel great

Medicine to support quitting

Your health plan might pay for medicines to help you quit. Visit healthpartners.com/formulary to view your formulary. Or call our Member Services team at the number on the back of your member ID card.

Digital smoking cessation resources

Pivot is an app-based cessation program to help you quit cigarettes, cigars and all smokeless tobacco products.

- Visit pivot.co/healthpartners to get started.

How to get started

Call **800-311-1052** to sign up with a health coach.



Maybe you've tried to quit on your own – more than once. Don't get down on yourself. Getting support from a coach can be just what you need to quit for good.

Sara, Health Coach

Our approach to protecting personal information

HealthPartners® complies with all applicable laws regarding privacy of health and other information about our members and former members. When needed, we get consent or authorization from our members (or an authorized member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support compliant, appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our Notice of Privacy Practices, visit our website or call Member Services.

Benefit limitations for dental plans

After you enroll, you'll receive plan materials that explain exact coverage terms and conditions. This plan doesn't cover all dental care expenses. In general, services not provided or directed by a licensed provider aren't covered.

HERE IS A SUMMARY OF EXCLUDED OR LIMITED ITEMS (THESE MAY VARY DEPENDING ON YOUR PLAN):

- 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 teeth missing prior to the member's effective date are covered when services are performed by a provider in the HealthPartners dental network.
- Non-surgical and surgical periodontics limited to once every two years.

Important information on provider reimbursement

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal. Check with your individual provider to find out how they are paid.

ARRANGEMENTS USED FOR DENTAL PLANS:

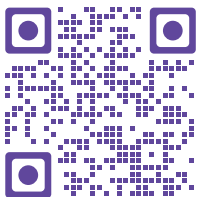
- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Salary** – with a possible additional payment made based on performance criteria, such as quality of care and patient satisfaction measures.
- **Capitated** – the provider group receives a set fee for each month for each member enrolled in the provider group's clinic, regardless of how many or what type of services the member actually receives. Provider groups are required to manage the budget for their entire patient panel appropriately.
- **Combination** – more than one of the methods described are used. For example, we may capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

This plan may not cover all your health care expenses. Read your plan materials carefully to determine which expenses are covered. For details about benefits and services, go to **healthpartners.com** or call Member Services at **952-883-5000 or 800-883-2177**.



Let's keep in touch

We make it easy to stay connected and manage your plan. If you already have a member ID card, now's a great time to set up your online account and download the mobile app.



Create or sign in to your account to access your benefits details, compare costs and doctors, review claims and more. Point your smartphone camera at this code to get started. Or visit **healthpartners.com/myplan**. And as always, don't hesitate to call if you have any questions.

Member Services

952-883-5000 or **800-883-2177**

Monday – Friday, 7 a.m. to 6 p.m., CT

healthpartners.com