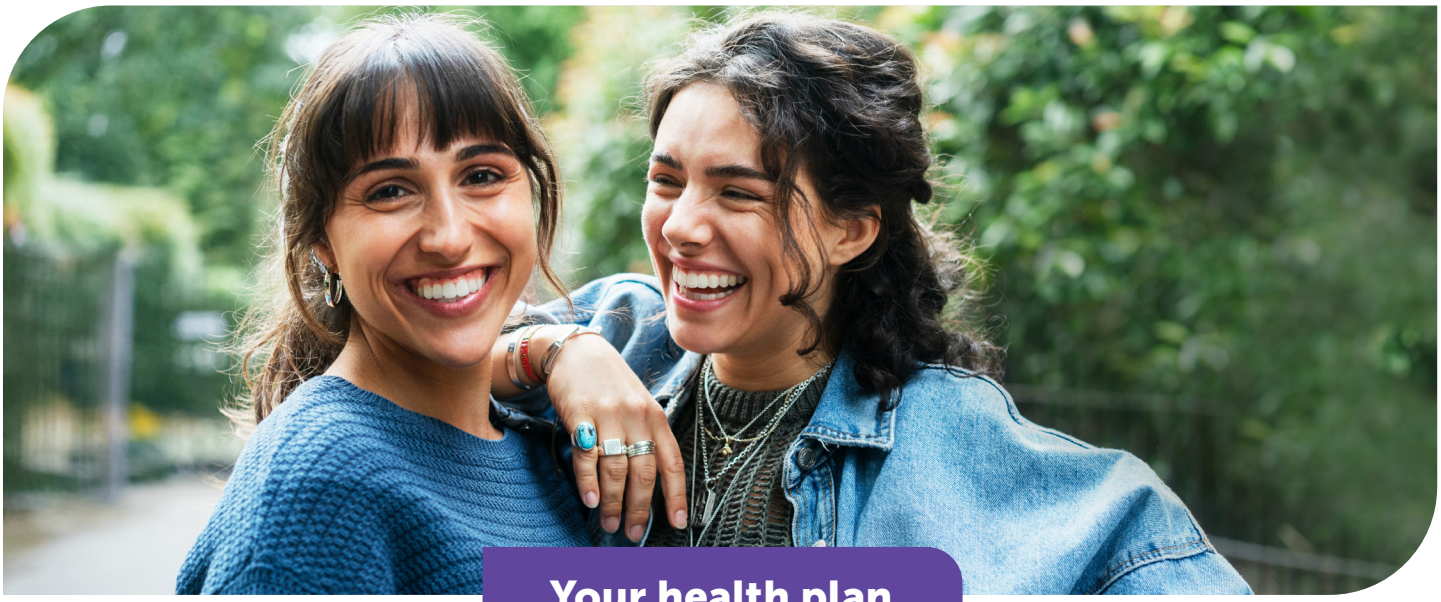
HealthPartners



Your health plan

2026 Benefits and Support

Trillium Services, Inc.


Your partner for good℠
Welcome to HealthPartners, where our team of 28,000 colleagues is committed to your health and well-being. Count on us for insurance options that work for you, a strong network of health care providers and locations, and straightforward coverage at fair prices, with our top-rated Member Services team here to help. Plus, our commitment to health goes even further with HealthPartners research leading the way in health innovation. We're here for your health today and in the future. **We're your partner for good.℠**
HealthPartners®
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Get started

- **Learn how health insurance works,** plus get tips and support at **healthpartners.com/insurance101**
- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at **healthpartners.com/members**
- **Search your plan's network** at **[networkUrl]**

Make the most of your plan

The more you know about your dental plan, the easier it is to make good decisions for your health and wallet.

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

Learn how to use your network

You'll get the most value with in-network care. Your dentist's office may not be able to confirm your specific coverage, so it's best to check your plan first. Create or sign in to your account on our website, or call the number on your ID card.

Get connected to personalized plan information

Your online account gives you up-to-date dental plan information in one simple place.

- Review recent claims and how much you could owe
- Search for dentists in your network
- Check your spending amounts
- Quickly access your member ID card
- Get the HealthPartners mobile app and manage your health on the go

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.

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- **Search your plan's network** 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.

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HealthPartners®

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	80%	80%
Endodontics (root canal therapy)	80%	80%
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*

HealthPartners MouthWise Matters

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.

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.

Get started

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- **Search your plan's network** at **[networkUrl]**

25-3908551-4003612

Little Partners℠ 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 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.

Get started

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- **Search your plan's network** at **[networkUrl]**

We're here to help

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**
CareLine℠ 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**

25-3453950-3502393

Assist America®

Travel anywhere, worry-free

Whether you're traveling abroad or just out of town for the weekend, you can feel confident you're in good hands when the unexpected happens.

Get 24/7 help

Assist America provides all the support you need when you're more than 100 miles from home.

- Coordinating transport to care facilities or back home
- Filling lost prescriptions
- Finding good doctors
- Getting admitted to the hospital
- Pre-trip info, like immunization and visa requirements
- Tracking down lost luggage
- Translator referrals
- And more!

How to get started

- Download your **Assist America ID card** at **healthpartners.com/getcareeverywhere**
- Get the **Assist America app** and enter HealthPartners reference number **01-AA-HPT-05133**

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 reimburse based on a combination of fee schedule and discount arrangement.

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**.

Notes

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 personalized details about 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