



**Inver Grove Heights School**  
**District #199**  
**DEN OA Choice SI + HP Dental Regional**  
**OA**  
**2024 Dental Plan**  
 1-1-2024

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials.		
Plan highlights	In-network	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider *
<b>Dental Plan Parameters</b>	<b>Annual Maximums &amp; Deductibles are combined across all tiers</b>	
- Annual maximum	Unlimited per calendar year	\$1,200 per calendar year
- Individual Deductible (Applies to Basic Care, Special Care & Prosthetics)	None	\$50
- Family Deductible (Applies to Basic Care, Special Care & Prosthetics)	None	\$150
<b>Implant maximum included in annual maximum</b>	\$500	\$500
<b>Preventive and Diagnostic Care</b>		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	100%	100%
- Sealants	100%	100%
<b>Basic Care</b>		
<b>Basic Care I</b>		
- Fillings (amalgam and anterior composite)	100%	80%
- Posterior composite (white fillings)	100%	80%
- Simple extractions	100%	80%
- Non-surgical periodontics	100%	80%
- Endodontics (root canal therapy)	100%	80%
<b>Basic Care II</b>		
- Surgical periodontics	100%	80%
- Complex oral surgery	100%	80%
<b>Special Care</b>		
- Restorative crowns & onlays	80%	50%
<b>Prosthetics</b>		
- Bridges, dentures & partial dentures	50%	50%
- Dental implants	50%	50%
<b>Orthodontic Services</b>		
<b>Orthodontic lifetime maximums are combined in and out-of-network</b>		
- Orthodontic care for dependents age 18 or under	Plan pays 50% unlimited lifetime Maximum	Plan pays 50% up to \$1000 lifetime Maximum

\* 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



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**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**

- 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.
- 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.***