



# Open Access Choice Dental Plan

South St Paul Public Schools

Effective 1/1/2020

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*
<b>Annual Maximum</b>	<b>Annual maximums are combined across all tiers</b>	
<b>Annual maximum</b>	Plan pays \$2,000 per calendar year	Plan pays \$1,000 per calendar year
<b>Implant maximum</b> <i>included in annual maximum</i>	Plan pays \$500 per calendar year	Plan pays \$500 per calendar year
<b>Deductible</b>	<b>Deductibles are combined across all tiers</b>	
- Applies to Basic Care, Special Care & Prosthetics	None per calendar year	\$25 per person \$75 per family per calendar year
<b>Preventive and Diagnostic Care</b>		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay 20%
- Sealants	You pay nothing	You pay 20%
<b>Basic Care</b>		
<b>Basic Care I</b>		
- Fillings (amalgam and anterior composite)	You pay nothing	You pay 20%
- Posterior composite (white fillings)	You pay 20%	You pay 20%
You also pay the difference between the amalgam and composite fee		
- Simple extractions	You pay 20%	You pay 50%
- Non-surgical periodontics	You pay 20%	You pay 50%
- Endodontics (root canal therapy)	You pay 20%	You pay 50%
<b>Basic Care II</b>		
- Surgical periodontics	You pay 20%	You pay 50%
- Complex oral surgery	You pay 20%	You pay 50%
<b>Special Care</b>		
- Restorative crowns & onlays	You pay 50%	You pay 50%
<b>Prosthetics</b>		
- 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.

**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.