

## Dental Insurance

**Single Coverage:** \$37.18/Month  
**Family Coverage:** \$102.24/Month



### Open Access Choice Dental Plan

New Prague Schools ISD #721

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 1-800-883-2177.		
<b>Plan highlights</b> Partial listing of covered services	<b>In-network</b> Care from a network provider	<b>Out-of-network</b> Care from an out-of-network provider
<b>Annual Maximum</b>	<b>Annual maximums are combined in and out-of-network</b>	
<b>Annual Maximum</b>	\$1,000 per calendar year	\$1,000 per calendar year
<b>Implant maximum</b> <i>included in annual maximum</i>	\$500 per calendar year	\$500 per calendar year
<b>Deductible</b>	<b>Deductibles are combined in and out-of-network</b>	
<ul style="list-style-type: none"> <li>Applies to Basic Care, Special Care &amp; Prosthetics</li> </ul>	\$25 per person; \$75 per family per calendar year	\$25 per person; \$75 per family per calendar year
<b>Preventive and Diagnostic Care</b>		
<ul style="list-style-type: none"> <li>Teeth cleaning, exams, dental x-rays and fluoride treatments</li> </ul>	100% coverage	100% coverage
<ul style="list-style-type: none"> <li>Sealants</li> </ul>	80% coverage	80% coverage
<b>Basic Care</b>		
<b>Basic Care I</b>		
<ul style="list-style-type: none"> <li>Fillings (amalgam and anterior composite)</li> </ul>	80% coverage	80% coverage
<ul style="list-style-type: none"> <li>Posterior composite (white fillings)</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>Simple extractions</li> </ul>	80% coverage	80% coverage
<ul style="list-style-type: none"> <li>Non-surgical periodontics</li> </ul>	80% coverage	80% coverage
<ul style="list-style-type: none"> <li>Endodontics (root canal therapy)</li> </ul>	80% coverage	80% coverage
<b>Basic Care II</b>		
<ul style="list-style-type: none"> <li>Surgical periodontics</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>Complex oral surgery</li> </ul>	50% coverage	50% coverage
<b>Special Care</b>		
<ul style="list-style-type: none"> <li>Restorative crowns &amp; onlays</li> </ul>	50% coverage	50% coverage
<b>Prosthetics</b>		
<ul style="list-style-type: none"> <li>Bridges, dentures &amp; partial dentures</li> </ul>	50% coverage	50% coverage
<ul style="list-style-type: none"> <li>Dental implants</li> </ul>	50% coverage	50% coverage
<b>Orthodontic Services</b>		
<b>Orthodontic lifetime maximums are combined in and out-of-network</b>		
<ul style="list-style-type: none"> <li>Orthodontic care for dependents under age 19</li> </ul>	50% coverage up to \$1,000 Lifetime maximum	50% coverage up to \$1,000 Lifetime maximum

#### Emergency Care

Refer to the Group Dental Member Contract for coverage of emergency dental services.