

# St. Anthony-New Brighton ISD #282

### DEN HP Custom Tiered II SI - Minnesota 2026 HealthPartners Dental Tiered PPO 7-1-2025

Plan highlights	In-network	Out-of-Network	
Partial listing of covered services	Care from a network provider	Care from an out-of-network	
Dental Plan Parameters	Annual Maximums & Deductibles are combined across all tiers		
- Annual maximum	Level 1: \$1,250		
	per calendar year	\$1,250	
	Level 2: \$1,250	per calendar year	
	per calendar year		
- Individual Deductible	Level 1: None	\$50	
(Applies to Basic Care, Special Care & Prosthetics)	Level 2: \$25	\$30	
- Family Deductible	Level 1: None	\$150	
(Applies to Basic Care, Special Care & Prosthetics)	Level 2: \$75	\$120	
Implant maximum included in annual maximum	Level 1: \$625	\$625	
	Level 2: \$625		
Preventive and Diagnostic Care			
- Teeth cleaning, exams, dental x-rays and fluoride	Level 1: 100%	100%	
treatments	Level 2: 100%	100%	
- Sealants	NO COVERAGE		
- Sediditis	NO COVERAGE	NO COVERAGE	
Basic Care			
Basic Care I			
Fillings (ampleon and enterior composite)	Level 1: 100%	800/	
<ul> <li>Fillings (amalgam and anterior composite)</li> </ul>	Level 2: 80%	80%	
	Level 1: 80%	F0%	
<ul> <li>Posterior composite (white fillings)</li> </ul>	Level 2: 50%	50%	
Cimple outractions	Level 1: 80%	80%	
- Simple extractions	Level 2: 80%		
Nen surgical parisdentias	Level 1: 80%	80%	
- Non-surgical periodontics	Level 2: 80%		
	Level 1: 80%	80%	
<ul> <li>Endodontics (root canal therapy)</li> </ul>	Level 2: 80%		
Basic Care II			
Construction de action	Level 1: 80%	80%	
urgical periodontics	Level 2: 80%		
	Level 1: 80%	000%	
Complex oral surgery	Level 2: 80%	80%	
Special Care			
	Level 1: 50%	500/	
Restorative crowns & onlays	Level 2: 50%	50%	
Prosthetics			
	Level 1: 50%	500%	
Bridges, dentures & partial dentures	Level 2: 50%	50%	
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Dental implants	Level 2: 50%	50%	



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Plan highlights	In-network	Out-of-Network
Orthodontic Services	Orthodontic lifetime maximums are combined in and out-of- network	
- Orthodontic care for dependents age 18 or under	Level 1: Plan pays 50% up to \$1000 lifetime Maximum Level 2: Plan pays 50% up to \$1000 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

**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.