



Plans for a healthier you

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We all need a partner

At HealthPartners, our 23,000 employees work together to support your health every day. We're dedicated to caring for you the way we care for our closest friends and family. This commitment has helped us give our members healthier results for more than 10 years running.*

Our team is ready to help with your care and coverage. We'll answer your questions and be there for you at every step. We're not just a health plan, we're your health partner.

Let's make good happen together.



HIGHEST MEMBER SATISFACTION

We promise to give you an outstanding experience. Thanks to our members, HealthPartners has earned the highest overall member plan rating among Minnesota health plans for 10 years in a row.**

*The source for data contained in this publication is Quality Compass® 2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain Consumer Assessment of Healthcare Providers and Systems® (CAHPS) data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

**According to the 2007-2016 CAHPS surveys.

Hi there!



“Did you know that your dentist can spot diseases and other things about your health just by looking in your mouth? That’s pretty neat. I want to help find a dental plan and dentist that’s best for you.”

CIARA, MEMBER SERVICES

Having healthy teeth is important to your overall health and well-being. The more you know about your dental plan, the easier it is to make good decisions for your health and your wallet. Here are the three ways I break it down for my friends and family:

What you might have to pay

- **Premium** (you can definitely expect this one) – how much you pay for your dental plan. It’s typically taken out of your paycheck. Best case, you have healthy checkups and cleanings and only pay your premium all year.
- **Deductible** – the amount you have to pay before your plan pitches in (not counting your premiums). If your deductible is \$50, your plan won’t pay for your care until you’ve paid \$50.
- **Coinsurance** – a percent of the cost you’re in charge of paying. For example, you might be responsible for 20 percent of a filling’s cost and your plan will cover the rest.
- **Out-of-pocket** – all costs you’re in charge of paying after you reach your annual maximum. The annual max is the total amount your plan will pay for the year.

HELPFUL HINT: You can look up your plan’s specific amounts in a separate document called an **SOB**, or **Summary of Benefits**.

Finding where you can go

Can you see your favorite dentist and still get the best deal? You’ll generally pay the least when you get care that’s in network. Our website makes it easy to search for a dentist in your network. Visit the website listed in your plan overview.

Keeping up year round

A myHealthPartners account can help you feel confident when you need care. You can see recent claims, check where you’re at with your deductible and annual maximum, and more.



Create an account or log on at healthpartners.com or the **myHP** mobile app. If you’re not a member yet or are looking at a new plan, Member Services can help too.

Questions? Don’t worry – we’re here to help. Give us a call at **952-883-5000** or **800-883-2177**. Understanding your dental plan is just the first way we’ll help you become a healthier you.

Dental Open Access plan



“Did you know the average person spends \$685 on dental care each year?* There’s good news though. Your dental plan can help keep a lid on costs and help you stay healthy from teeth to toes.”

DORIS, MEMBER SERVICES

Your plan pays for some great things

With the HealthPartners® Dental Open Access plan you get:

- Preventive dental services covered 100 percent
- Extra exams and cleanings covered 100 percent if you’re pregnant, or if you have diabetes and are at risk for gum disease
- Help covering the cost of other dental care at the amounts shown in your Summary of Benefits (SOB)

It works like this

Preventive care is covered at no cost to you when you see a network dentist.

Extra work, like getting a cavity filled, might cost a deductible (an amount you have to pay before your plan helps with the cost) or coinsurance (a percent of the bill). Check your SOB for your specific amounts.

And remember that your dental plan has an annual maximum. It’s a bit different than your medical plan. Your dental plan max is the most your plan will pay for dental care each year. You’re in charge of the rest.

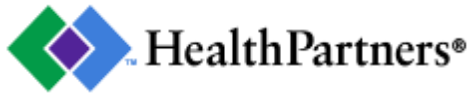
You pick your dentist

With the largest network of dentists and clinics, you’ve got lots of choices. Go to healthpartners.com/dentalopenaccess to find one.

SAVINGS TIP! You’ll pay less if you see a dentist in the Open Access network. Out-of-network dentists cost more.

We’re here to help keep your teeth healthy all year long. If you have questions about your dental plan, we can answer them. Just give us a call at **952-883-5000** or **800-883-2177**.

*Healthy Policy Institute, “The Per-Patient Cost of Dental Care, 2013: A Look Under the Hood,” American Dental Association, March 2016.



Dental Open Access Plan

Litchfield School ISD 465 Effective 7/1/2018

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.

Plan highlights	HealthPartners Network	No Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider*
Annual Maximum	Annual maximums are combined in and out-of-network	
Annual maximum	Plan pays \$1,000 per calendar year combined in and out-of-network	
Deductible	Deductibles are combined in and out-of-network	
- Applies to Basic Care, Special Care & Prosthetics	\$50 per person; \$150 per family per calendar year combined in and out-of-network	
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay nothing
- Sealants		
Basic Care		
Basic Care I		
- All fillings	You pay 20%	You pay 20%
- Simple extractions	You pay 20%	You pay 20%
- Non-surgical periodontics	You pay 20%	You pay 20%
- Endodontics (root canal therapy)	You pay 20%	You pay 20%
Basic Care II		
- Surgical periodontics	You pay 50%	You pay 50%
- Complex oral surgery	You pay 50%	You pay 50%
Special Care		
- Restorative crowns & onlays	You pay 50%	You pay 50%
Prosthetics		
- Bridges, dentures & partial dentures	You pay 50%	You pay 50%
- Dental implants	You pay 50%	You pay 50%
Orthodontic Services		
- Orthodontic care for dependents under age 19	You pay 50% with a Lifetime maximum benefit of \$1,000 paid by the plan	

* 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.

Little PartnersSM Benefit: Services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

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.

FREE dental care for your kids



“Aren't firsts in life great? Nothing beats the moment I held each of my children for the first time. And for kids, the firsts continue, like the very first tooth. And that's where you're covered 100 percent.”

DAVID, DENTIST

Start dental care early on

As soon as your kids have their first tooth, they should see a dentist. Seems early, right? The earlier your kids see a dentist, the less likely they are to have future dental problems.

The Little PartnersSM Dental benefit helps your kids stay healthy and keeps your wallet closed.

What is Little Partners?

It's a benefit that's included in your dental plan for children 12 and under. It works like this:

- Get dental services covered 100 percent at an in-network dentist
- Pay nothing at the dental office, not even a deductible or coinsurance
- Relax, there's no limit on dental care for your kids, so they can get the care they need

It's easy to get started

Just add your kids to your dental plan and set up their first appointment with a network dentist. That's it.

I HAVE MORE TO SHARE! Watch the video at healthpartners.com/littlepartners.

All kids deserve a healthy smile. We'll help them get one with free dental care early on. Call Member Services at **952-883-5000** or **800-883-2177** with questions on your dental plan benefits.



3 reasons for getting a head start

1. Healthy baby teeth help support the spacing and alignment of adult teeth. Baby teeth that are decayed can cause discomfort and harm how adult teeth grow into the mouth.
2. Children with tooth decay are more likely to have ear and sinus infections and get conditions like obesity, diabetes and heart disease.
3. Healthy teeth help children speak quickly and clearly, which gives them more confidence.

Extra dental care for your gums



“As a dentist, I want what’s best for all my patients. That’s why when a patient is pregnant or living with diabetes, they get extra support – from me and from their dental plan.”

DAVID, DENTIST

There’s a connection

People who are diabetic or pregnant are at greater risk of gum disease. And gum disease can make it harder to manage your diabetes or to have a healthy pregnancy.

You have free help

If you’re living with diabetes or are pregnant and at risk of gum disease, your dental plan covers 100 percent of services to help control or prevent gum disease. That includes root planing and scaling. Think of those services as a deep cleaning for your teeth. All other dental services, like a cavity and root canal, are covered according to your Summary of Benefits (SOB).

Here’s how it works

It’s easy to get the care you need to stay healthy:

- Visit a network dentist
- Pay nothing, not even a deductible or coinsurance for certain services
- Relax, your plan will pay even if you’ve reached your annual maximum for the year

You have support on your side to feel your best. To learn more about your dental benefits, give Member Services a call at **952-883-5000** or **800-883-2177**.

Why get extra dental care if you’re pregnant or diabetic?

Extra dental care can help you save time and money. If a dentist catches a disease early, it can be much easier to treat by your doctor. Isn’t that something to smile about?



Gum disease – Pregnancy increases a woman’s risk for developing gum inflammation and gingivitis.

Pre-term delivery – Studies show that pregnant women with gum disease are seven times more likely to have a baby that’s born too early or with a low birth weight.



Diabetes and renal disease – People with uncontrolled diabetes and uncontrolled gum disease are at much greater risk of kidney disease.

Blood sugar levels – People with dental pain and disease have a harder time keeping their blood sugar level in a controlled range.

Here for you, 24/7



“One thing I love about my job as a nurse is how my team helps people every day, any time.”

RACHEL, REGISTERED NURSE

Help is a phone call away

You know how that nagging toothache always seems to get worse in the middle of the night? And who chips a tooth at a convenient time? Give us a call, and we'll figure out how to get you the comfort you need when you need it most.

Call us at one of the numbers below if you have questions about your health or what your plan covers. We have teams of people here to help.

MEMBER SERVICES

For questions about:

- Your coverage, claims or account balances
- Finding a 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. – 7 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 SM SERVICE	BABYLINE PHONE SERVICE
For questions about: <ul style="list-style-type: none">• Whether you should see a dentist• Home remedies• A medicine you're taking• Toothaches and other dental issues	For questions about: <ul style="list-style-type: none">• Your dental health during pregnancy• Your new baby
24/7, 365 days a year 612-339-3663 or 800-551-0859	24/7, 365 days a year 612-333-2229 or 800-845-9297

Manage your pearly whites on the go



“Life doesn’t always operate on business hours. Sometimes you have a question at 9 p.m. on a Friday when you can’t reach my team. That’s where your *myHealthPartners* account and *myHP* mobile app come in.”

LAUREN, MEMBER SERVICES

Your plan at your fingertips

Want to check on a claim for a recent dentist visit? Need to find an emergency dentist near your house, NOW? These are just a couple of the things we help with every day. We love directing members like you to your online account and mobile app, especially since it means you can get help even when we’re not in the office.



Top 4 ways to use your online account and mobile app

1. See recent claims and how much you owe for your care.
2. Search for dentists in your network or near your current location.
3. Check your balances, including how much you owe before your plan starts paying (deductible) and the most your plan will pay (annual maximum).
4. View your HealthPartners member ID card and fax it to your dentist’s office.

There’s so much more you can do. Signing up is easy!
Learn more at healthpartners.com/signupnow.

Healthy choices = hefty savings



“I’m a health coach with a home mortgage. I know what a difference being healthy can make in your life and how a little support – and savings – can be a big help.”

SARA, HEALTH COACH

Save money at loads of places

I get excited telling people about discounts you get as a HealthPartners member. Just show your member ID card to help you live a little healthier.

You can save money on:

- Orthodontics
- Eyewear
- Fitness and wellness classes
- Healthy eating delivery services
- Healthy mom and baby products
- Pet insurance
- Recreational equipment
- Spa services
- Swim lessons
- And more!

Saving money is one more way we can help you live a healthier life. Visit healthpartners.com/discounts to see all the places where you can save big.



NEW! Take care of your furry family too

We treat our pets like family, so why not cover their health care costs? Save up to 15 percent on pet insurance. There are many coverage and cost levels to choose from, so pick the one that works best for your family.

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 healthpartners.com or call Member Services at **952-883-5000** or **800-883-2177**.

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

Provider reimbursement information for dental plans

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.

- **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 capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

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, call Member Services at **952-883-5000** or **800-883-2177**.

