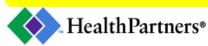
## **EFFECTIVE ON JANUARY 1, 2019**





## AFSCME Council 5 – Member's Health & Welfare Fund HealthPartners Custom Tiered Network Plan – Open Access

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 Partial listing of covered services	Benefit Level 1 Care from a network Benefit level 1 provider	Benefit Level 2 Care from a network Benefit level 2 provider	Out-of-Network Care from an out-of-network provider*
Annual Maximum		s are combined across all tier	
Annual Maximum	Plan pays \$2,000 per calendar year	Plan pays \$2,000 per calendar year	Plan pays \$2,000 per calendar year
Deductible		e combined across all tiers	·
- Applies to Basic Care, Special Care & Prosthetics	\$50 per person \$150 per family per calendar year	\$50 per person \$150 per family per calendar year	\$50 per person \$150 per family per calendar year
Preventive and Diagnostic Care			
- Teeth cleaning, exams, dental x-rays and fluoride treatments	100%	100%	100%
- Sealants	100%	100%	100%
Basic Care			
Basic Care I	100-	4000	100-1
- Fillings (amalgam and anterior composite)	100%	100%	100%
- Posterior composite (white) fillings	100%	80%	80%
- Simple extractions	90%	80%	80%
- Non-surgical periodontics	90%	80%	80%
- Endodontics (root canal therapy)	90%	80%	80%
Basic Care II	000/	000/	000/
- Surgical periodontics	90%	80%	80%
- Complex oral surgery Special Care	90%	80%	80%
- Restorative crowns & onlays	80%	80%	50%
Prosthetics	80 /0	8070	30 /0
- Bridges, dentures & partial dentures	80%	80%	50%
- Dental implants	80%	80%	50%
Orthodontic Services		ne maximums are combined	in and out-of-network
- Orthodontics (no deductible) for all ages (combined across networks)	80% with a Lifetime maximum benefit of \$2,400 paid by the plan	80% with a Lifetime maximum benefit of \$2,400 paid by the plan	80% with a Lifetime maximum benefit of \$2,400 paid by the plan

<sup>\*</sup> 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.

## Our mission:

We seek to improve health and well-being in partnership with our members, patients and community.