



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			
Annual maximums are combined across all tiers			
Annual Maximum	Plan pays \$2,000 per calendar year	Plan pays \$2,000 per calendar year	Plan pays \$2,000 per calendar year
Deductible			
Deductibles are 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			
- 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			
- Surgical periodontics	90%	80%	80%
- Complex oral surgery	90%	80%	80%
Special Care			
- Restorative crowns & onlays	80%	80%	50%
Prosthetics			
- Bridges, dentures & partial dentures	80%	80%	50%
- Dental implants	80%	80%	50%
Orthodontic Services			
Orthodontic lifetime 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

* 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.*