

Lower Monthly Rates for 2012:	Single	\$45.43
	Single +1	\$97.35
	Family	\$149.27

2012 Summary of Benefits

The following is an overview of your HealthPartners coverage. For exact terms and conditions, consult your plan materials or call Member Services at 952-883-5000 Or 1-800-833-2177.

Dental Plan Highlights Partial listing of covered services	HealthPartners Dental Network Care from a network provider
Annual maximum	
Annual maximum	Plan pays \$1500 per calendar year
Implant maximum <i>included in annual maximum</i>	Plan pays \$500 per calendar year
Deductible	
Applies to Basic Care, Special Care and Prosthetics	\$25 per person per calendar year
Preventive and Diagnostic Care	
Teeth cleaning, exams, dental x-rays and fluoride treatments	100% coverage
Sealants	
Basic Care	
Basic Care I	
Fillings (silver or white fillings in the front teeth)	100% after deductible
Fillings (white fillings in the front teeth) - you pay the difference between silver and white filling fee	100% after deductible
Simple extractions	80% after deductible
Non-surgical periodontics	50% after deductible
Endodontics (root canal therapy)	50% after deductible
Basic Care II	
Surgical periodontics	50% after deductible
Complex oral surgery	80% after deductible
Special Care	
Restorative crowns and onlays	60% after deductible
Prosthetics	
Bridges, dentures & partial dentures	50% after deductible
Dental implants	50% after deductible
Orthodontics	
Orthodontic care for dependents under age 19	50% with a Lifetime maximum benefit of \$1500 paid by the plan

Complete plan details as well as eligibility requirements and enrollment materials are available at:

http://local323.org/_pages/dental.html

Mail Handlers Local 323 Dental Program - Best value for the price!