

MIDWESTERN DENTAL® PLANS, INC.

COMPREHENSIVE PLAN

PLANE

PROCEDURE

PATIENT COST

DIAGNOSTIC

Charting history, oral examinations, periodic recall
Examination (every 6 months), emergency treatment. **NO CHARGE**

Emergency out of area (outside a 50 mile radius)
Reimbursement upon paid receipt from dentist (up to \$50)

RADIOGRAPHIC

Complete intraoral series, periapical and bitewing films **NO CHARGE**
Intraoral periapical **NO CHARGE**
Each additional single film (periapical or bitewing) **NO CHARGE**
Occusal view x-ray **NO CHARGE**
Lateral jaw x-ray each **NO CHARGE**
Four bitewing x-ray films **NO CHARGE**
Anterior-posterior x-ray of head and jaw **NO CHARGE**
Cephalometric examination **NO CHARGE**
Panoramic (panography) including bitewings **NO CHARGE**

PREVENTIVE

Oral prophylaxis (every 6 months) **NO CHARGE**
Topical fluoride treatment following prophylaxis (up to age 19) **NO CHARGE**
Space maintainers -unilateral **NO CHARGE**
Space maintainers -bilateral **NO CHARGE**

OPERATIVE (RESTORATIVE) SERVICES

Primary silver amalgam – 1 surface **NO CHARGE**
Primary silver amalgam -2 surfaces **NO CHARGE**
Primary silver amalgam -3 surfaces or more **NO CHARGE**
Permanent silver amalgam - 1 surface **NO CHARGE**
Permanent silver amalgam -2 surfaces **NO CHARGE**
Permanent silver amalgam -3 surfaces or more **NO CHARGE**
Silver amalgam reinforcement pins - 1st **NO CHARGE**
---each additional pin **NO CHARGE**
Composite filling (for front teeth) **NO CHARGE**
Composite Class III **NO CHARGE**
Composite Class IV **NO CHARGE**
Composite post and core, or any build up **NO CHARGE**

PROCEDURE

PATEINT COST

PERIODONTIA

Root scaling & root planing (per quadrant)	NO CHARGE
Gingivectomy, Gingivoplasty (per quadrant)	\$ 25.00
Occlusal adjustments (and/or equilibration)	NO CHARGE
Bite guards	NO CHARGE
Osseous surgery (per quadrant)	\$ 75.00

ENDODONTICS (including radiographs)

Single root canal filling	NO CHARGE
Double root canal filling	NO CHARGE
Triple or more root canal filling	NO CHARGE
Apicoectomy	NO CHARGE

SIMPLE EXTRACTIONS (including local anesthesia)

Single tooth	NO CHARGE
Each additional tooth	NO CHARGE

ORAL SURGERY EXTRACTIONS (including local anesthesia)

Extraction of erupted tooth	NO CHARGE
Extraction of tooth (soft tissue impaction)	NO CHARGE
Extraction of tooth (partial bony impaction)	NO CHARGE
Extraction of tooth (complete bony impaction)	NO CHARGE
Alveoplasty/Alveolectomy (per jaw maximums) per quadrant in conjunction with extraction	NO CHARGE
Alveoplasty, including ridge extension, arch	NO CHARGE
Excision of benign tumor, lesion diameter up to 2.5cm.	NO CHARGE
Removal of cyst up to 2.5cm. diameter	NO CHARGE
General anesthesia	\$ 50.00

PROSTHETICS (including adjustments and relines for 6 months following installation) REMOVABLE

Full upper denture	\$ 75.00
Full lower denture	\$ 75.00
Partial upper or lower denture without clasps, acrylic base	\$ 50.00
Partial upper or lower denture with two chrome clasps with rests, acrylic base	\$ 50.00
Partial upper or lower with chrome lingual or palatal bar with two clasps and rests, acrylic base	NO CHARGE
Repair broken full or partial dentures, no teeth damaged	NO CHARGE
Repair broken full or partial dentures, replace broken tooth	NO CHARGE
each additional tooth	NO CHARGE
Repair broken tooth on denture, no other repairs	NO CHARGE
each additional tooth	NO CHARGE
Adding tooth to partial denture to replace extracted tooth	NO CHARGE
each additional tooth	NO CHARGE

PROCEDURE

PATIENT COST

PROSTHETICS CON'T

Reattaching clasp on denture, clasp intact	NO CHARGE
Replacing broken clasp with new clasp on denture	NO CHARGE
Relining upper or lower full or partial denture (office) once every three years	NO CHARGE
Relining upper or lower full or partial denture (lab) once every three years	NO CHARGE
Jump case, complete denture (duplicate of denture) once every three years	\$ 15.00

CROWNS

Acrylic jacket	NO CHARGE
Acrylic with metal	\$ 50.00
Porcelain jacket	\$ 75.00
Porcelain fused to metal (semi-precious) % cast	\$ 75.00
Full cast	\$ 50.00

BRIDGE - PONTICS (fixed) *

Cast (per unit)	\$ 50.00
Maryland Bridge (per unit)	\$ 75.00
Porcelain fused to metal (semi-precious -per unit)	\$ 75.00
Plastic processed to metal (semi-precious -per unit)	\$ 75.00

* Refer to exclusion A24

ABUTMENTS

Two surfaces gold inlay	\$ 75.00
Three or more surfaces gold inlay	\$ 75.00

ORTHODONTIC BENEFITS

Orthodontic benefits include:

Diagnosis, including models, photographs and cephalograms
Active treatment
Retention treatment

Active treatment will be rendered only for functional problems:

- a) One cusp deviation in the occlusion of the maxillary and mandibular arches
- b) Overbite -4mm. or greater
- c) Crossbites
- d) Overjets -4mm. or greater
- e) Crowding in excess of 4mm.

Maximum Twenty -four (24) months (to age 19)	\$ 500.00
Adult (19 years or older)	\$ 1,250.00

DEPENDENT COVERAGE

Orthodontic coverage..... to age 19

Dependent coverage.....to age 23