

United Food and Commercial Workers Unions and Employers Midwest Health Benefits Fund

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Information on Dental Benefit—Effective 01/01/08

Below are the Dental Schedule allowances for the most common procedures.

Diagnostic and Palliative Treatment— No Deductible Required

Prophylaxis—Adult (maximum two treatments in any calendar year).....	\$ 65.00
Prophylaxis—Child (maximum two treatments in any calendar year).....	51.00
Oral Examination.....	34.00
Topical application of fluoride.....	26.00
Topical sealant, per tooth.....	44.00
Radiographs	
Complete series, including bitewings (once each calendar year).....	88.00
Periapical—single, first film.....	21.00
Periapical—each additional film.....	18.00
Bitewings—two films.....	30.00
Bitewings—four or more films.....	45.00
Panoramic x-ray (once every two calendar years) ..	88.00
Palliative treatment (emergency).....	57.00
Diagnostic casts.....	60.00

Basic Dental Benefits

Surgical Extractions (including routine post-operative visits)	
Each single uncomplicated extraction.....	60.00
Surgical extraction, erupted.....	90.00
Removal of impacted tooth (soft tissue).....	136.00
Removal of impacted tooth (partially bony).....	171.00
Removal of impacted tooth (completely bony).....	203.00
Surgical placement of implant.....	677.00
Surgical Incisions and Excisions	
Alveoplasty with extractions (per quadrant).....	107.00
General anesthesia (in or out of hospital).....	184.00
General analgesia.....	20.00

Restorative Dentistry

Amalgam Restorations	
One surface.....	45.00
Two surfaces.....	57.00
Three surfaces.....	67.00
Four or more surfaces.....	78.00
Composite Resin Restorations	
One surface.....	55.00
Two surfaces.....	67.00
Three surfaces.....	81.00
Four surfaces or incisal angle.....	90.00

Inlay Restorations—Non-Abutment	
One surface, gold.....	\$ 316.00
One surface, porcelain.....	362.00
One surface, composite.....	339.00
Two surfaces, gold.....	384.00
Two surfaces, porcelain.....	407.00
Two surfaces, composite.....	362.00
Three surfaces, metallic.....	388.00
Three surfaces onlay, metallic.....	407.00
Four or more surfaces onlay, metallic.....	429.00
Four or more surfaces onlay, porcelain.....	474.00
Four or more surfaces onlay, composite.....	429.00
Crowns—Non-Abutment	
Plastic prefabricated.....	113.00
Porcelain.....	429.00
Porcelain with gold.....	474.00
Porcelain with nonprecious metal.....	407.00
Porcelain with semiprecious metal.....	452.00
Gold full cast.....	452.00
Metal full cast.....	407.00
Stainless steel crown.....	113.00
Steel post and amalgam core.....	126.00
Cast post and gold core.....	158.00
Recement inlays.....	30.00
Recementation of crown.....	32.00
Sedative filling.....	34.00
Crown buildup-pin retention.....	100.00

Endodontics

Pulp capping, direct.....	25.00
Pulp capping, indirect.....	21.00
Vital pulpotomy.....	67.00
Root Canal Therapy	
Anterior (excludes final restoration).....	271.00
Bi-cuspid (excludes final restoration).....	316.00
Molar (excludes final restoration).....	429.00
Apicoectomy (separate procedure).....	248.00

Periodontics

Osseous surgery (per quadrant; minimum 4 teeth) ...	407.00
Periodontal scaling (full-mouth debridement prior to periodontal therapy).....	56.00
Periodontal scaling and root planing (per quadrant; minimum of 4 teeth).....	90.00
Maintenance periodontal prophylaxis (following periodontal therapy).....	56.00

Prosthetic Replacements

Fixed Bridgework

Crowns—Abutment Teeth	
Porcelain, gold	\$ 308.00
Porcelain, nonprecious	282.00
Porcelain, semiprecious	287.00
Gold (full cast)	269.00
Nonprecious cast	241.00
Semiprecious cast	254.00
Pontics	
Cast gold (sanitary)	269.00
Cast nonprecious metal	241.00
Cast semiprecious metal	254.00
Porcelain, gold	308.00
Porcelain, nonprecious	282.00
Porcelain, semiprecious	287.00
Recement bridge	47.00

Complete Denture

Upper (Maxillary)	\$ 367.00
Lower (Mandibular)	367.00
Removable Partial Denture	
Upper, resin base	367.00
Lower, resin base	367.00
Upper or lower, cast framework, resin base	424.00
Removable unilateral partial, 1 piece cast metal....	282.00
Reline—Rebase	
Office reline (chairside), full denture	62.00
Office reline (chairside), partial denture	43.00
Laboratory reline, full denture	107.00
Laboratory reline, partial denture	85.00
Full denture rebase	107.00
Partial denture rebase	127.00
Space Maintainers	
Removable, unilateral	181.00
Removable, bilateral	226.00
Recementation	26.00