

NEWPORT DENTAL PLAN

BENEFIT SCHEDULE FOR GROUP: **NORTHERN CALIFORNIA SHEET METAL WORKERS TRUST FUND**

GROUP#: **CP001A**

Annual Benefit: \$2500 *

Orthodontics: 2003

* Applies to specialty care

PROCEDURE	PATIENT COPAYMENT	PROCEDURE	PATIENT COPAYMENT
PREVENTIVE & DIAGNOSTIC		MAJOR SERVICES	
0120 Periodic oral exam	\$0.00	2740 Crown-Porcelain/Ceramic	\$500.00
0140 Limited oral evaluation	\$0.00	2751 Crown-Porcelain/base metal	\$120.00
0150 Comprehensive oral evaluation	\$0.00	2791 Crown - full cast base metal	\$80.00
9430 Office visit for observation (during regularly scheduled hours) - no other services performed	\$0.00	2950 Core buildup, including any pins	\$20.00
1110 Prophylaxis - adult	\$0.00	2930 Prefabricated stainless steel crown-primary tooth	\$10.00
1120 Prophylaxis - child	\$0.00	2931 Prefabricated stainless steel crown-permanent tooth	\$10.00
1206 Topical Application of Fluoride Varnish	\$0.00	2954 Prefabricated post and core in addition to crown	\$20.00
1208 Topical Application of Fluoride	\$0.00	2955 Post removal (not in conjunction with endo therapy)	\$10.00
9110 Palliative (emergency) treatment - minor procedure	\$0.00	2799 Provisional crown	\$20.00
0220 Intraoral - periapical first film	\$0.00	2951 Pin Retention	\$15.00
0230 Intraoral - periapical each additional film	\$0.00	2920 Crown Recementation	\$10.00
0210 Full Mouth Series consisting of 7-14 films	\$0.00	Fixed Prosthodontics	
0272 Bitewings - two films	\$0.00	6010 Implant Placement (per site)	\$1,295.00
0274 Bitewings - four films	\$0.00	6211 Pontic - cast base metal	\$100.00
0330 Panoramic film	\$0.00	6241 Pontic - porcelain fused to base metal	\$120.00
BASIC SERVICES		6752 Crown - porcelain fused to base metal	\$120.00
2140 Amalgam - one surface, primary or permanent	\$0.00	6792 Crown - full cast base metal	\$80.00
2150 Amalgam - two surfaces, primary or permanent	\$0.00	6930 Recement bridge	\$15.00
2160 Amalgam - three surfaces, primary or permanent	\$0.00	Removable Prosthodontics	
2161 Amalgam - four surfaces, primary or permanent	\$0.00	5110 Complete denture - upper	\$160.00
2330 Resin-based composite - one surface, anterior	\$0.00	5120 Complete denture - lower	\$160.00
2331 Resin-based composite - two surfaces, anterior	\$0.00	5130 Immediate denture - upper	\$180.00
2332 Resin-based composite - three surfaces, anterior	\$0.00	5140 Immediate denture - lower	\$180.00
2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0.00	5820 Interim Partial Denture -(Anterior Stayplate)	\$25.00
2391 Resin-based composite - one surface, posterior	\$35.00	5213 Partial denture - upper, cast metal framework with resin denture base	\$170.00
2392 Resin-based composite - two surfaces, posterior	\$40.00	5214 Partial denture - lower, cast metal framework with resin denture base	\$170.00
2393 Resin-based composite - three surfaces, posterior	\$50.00	5410 Adjust complete denture - upper	\$10.00
2394 Resin-based composite - four or more surfaces, posterior	\$50.00	5411 Adjust complete denture - lower	\$10.00
1351 Sealant per tooth (to age 15)	\$10.00	5421 Adjust partial denture - upper	\$10.00
Periodontics		5422 Adjust partial denture - lower	\$10.00
4211 Gingivectomy or gingivoplasty - per quadrant	\$40.00	5730 Reline complete upper denture (chairside)	\$20.00
4341 Scaling and root planing - four or more teeth per quadrant	\$20.00	5731 Reline complete lower denture (chairside)	\$20.00
4342 Scaling and root planing - one to three teeth per quadrant	\$20.00	5740 Reline upper partial denture (chairside)	\$20.00
4355 Full mouth debridement	\$10.00	5741 Reline lower partial denture (chairside)	\$20.00
4910 Periodontal maintenance	\$0.00	5750 Reline complete upper denture (laboratory)	\$40.00
4999 Oral Irrigation (full mouth)	\$35.00	5751 Reline complete lower denture (laboratory)	\$40.00
Oral Surgery		5710 Rebase complete upper denture (laboratory)	\$40.00
(fee includes local anesthesia & routine post operative visits)		5711 Rebase complete lower denture (laboratory)	\$40.00
7140 Routine removal of erupted tooth	\$10.00	5760 Reline upper partial denture (laboratory)	\$40.00
7210 Surgical removal of erupted tooth	\$20.00	5761 Reline lower partial denture (laboratory)	\$40.00
7220 Removal of impacted tooth-soft tissue (general dentist)	\$30.00	Full Denture Repairs	
7230 Removal of impacted tooth-partially bony (general dentist)	\$40.00	5850 Tissue conditioning (maximum 2 per denture)	\$10.00
7240 Removal of impacted tooth-completely bony (general dentist)	\$50.00	5510 Repair broken complete denture base	\$10.00
7250 Surgical removal of residual tooth roots	\$15.00	5520 Replace missing or broken teeth (each tooth)	\$15.00
7310 Alveoplasty in conjunction with extractions-per quad	\$20.00	Partial Denture Repairs	
7320 Alveoplasty not in conjunction with extractions-per quad	\$10.00	5630 Repair or replace broken clasp	\$15.00
9930 Treatment of complications (post-surgical)	\$10.00	5640 Replace broken teeth - per tooth	\$15.00
7510 Incision and drainage of abscess-intraoral soft tissue	\$10.00	5720 Rebase upper partial denture	\$45.00
7971 Excision of pericoronal gingiva	\$20.00	5721 Rebase lower partial denture	\$45.00
Endodontics		Space Maintainers	
0460 Pulp Vitality Tests	\$0.00	1510 Space maintainer - fixed - unilateral to age 16	\$10.00
3110 Pulp cap - direct (excluding final restoration)	\$0.00	1515 Fixed, lingual or palatal bar type-to age 16	\$10.00
3120 Pulp cap - indirect (excluding final restoration)	\$0.00	Other	
3220 Therapeutic pulpotomy	\$40.00	9910 Application of desensitizing medicament	\$0.00
3230 Pulpal therapy- anterior (excluding final restoration)	\$0.00	0470 Diagnostic Models	\$0.00
3240 Pulpal therapy - posterior (excluding final restoration)	\$0.00	9940 Occlusal Guard	\$15.00
3310 Anterior (excluding final restoration)	\$30.00	9951 Occlusal adjustment limited	\$10.00
3320 Bicuspid (excluding final restoration)	\$50.00	0431 Oral Cancer Screening	\$15.00
3330 Molar (excluding final restoration)	\$80.00	4381 Arestin (per tooth)	\$55.00
3346 Retreatment of previous RCT Anterior (excl. final rest.)	\$30.00	7953 Bone Graft (per site)	\$400.00
3347 Retreatment of previous RCT Bicuspid (excl. final rest.)	\$50.00		
3348 Retreatment of previous RCT Molar (excl. final restoration)	\$80.00		
3410 Apicoectomy/periradicular surgery - anterior	\$40.00		
3421 Apexification/recalcification-initial visit	\$10.00		
3425 Apexification/recalcification-interim medication replacement	\$15.00		

BRIGHT NOW ORTHO PLAN 2003

<u>Service</u>	<u>Member pays</u>
Initial examination	-0-
Orthodontics diagnosis and models (payable only if patient does not proceed with treatment)	\$540
Treatment cost:	
Full treatment - children (to age 19)	\$2,400
Full treatment - adult additional	\$400
Single arch case	\$1,500
Minor tooth movement case	\$950
Retainer visits & care for 6 months:	
Full treatment	\$460
Single arch case	\$150
Minor tooth movement case	\$150
Each visit after 6 months:	\$20
Broken appointments (without 24-hour notice)	\$20

Orthodontic Limitations and Exclusions:

- 1. Additional fees may be charged by the Panel Orthodontist for additional treatment or appliances needed as a result of accidental injury during the treatment period, for gross non-cooperation, or for replacement of lost or broken appliances.*
- 2. Orthognathic surgery and oral surgery surgical procedures for orthodontic purposes (i.e. extractions, frenectomy, or exposure and ligation).*
- 3. No benefits are available under this program to individuals under treatment by an Orthodontist at the time this contract commences.*
- 4. X-rays (including panoramic, cephalometric films, periapical and bitewing) and photographs which are required for the diagnostic work-up are to be paid for by the patient and are not covered under this program.*
- 5. Orthodontic care required in excess of 24 months from the time of banding.*