

**NEWPORT DENTAL PLAN - PLAN 3100 CONFIDENT PLAN**

ADA Code	Covered Services	PLAN 3100 Copayments
	<b>DIAGNOSTIC</b>	
D0120	Periodic oral evaluation	\$0
D0140	Limited Oral Evaluation-problem focused	\$0
D0150	Comprehensive Oral Evaluation	\$0
D0210	Intraoral - Complt (including bitewings)	\$0
D0220	Intraoral - Periapical-First film	\$0
D0230	Intraoral - Periapical-Ea add film	\$0
D0240	Intraoral - occlusal film	\$0
D0270	Bitewing-single film	\$0
D0272	Bitewing - two films	\$0
D0274	Bitewing - four films	\$0
D0330	Panoramic film	\$0
	<b>PREVENTIVE</b>	
D1110	Prophylaxis - adult	\$49
D1120	Prophylaxis - child	\$49
D1206	Topical fluoride - therapeutic for mod/high caries risk	\$38
D1351	Sealant - per tooth	\$54
D1510	Space maintainer - fixed - unilateral	\$257
	<b>RESTORATIVE</b>	
D2140	Amalgam - one surface	\$118
D2150	Amalgam - two surfaces	\$140
D2160	Amalgam - three surfaces	\$161
D2161	Amalgam - four or more surfaces	\$204
D2330	Resin-based composite - one surface, anterior	\$161
D2331	Resin-based composite - two surfaces, anterior	\$188
D2332	Resin-based composite - three surfaces, anterior	\$225
D2335	Resin-based composite - four or more surfaces, anterior	\$247
D2391	Resin-based composite--one surface posterior	\$198
D2392	Resin-based composite--two surface posterior	\$305
D2393	Resin-based composite--three surface posterior	\$327
D2394	Resin-based composite--four surface posterior	\$343
	<b>CROWNS</b>	
D2750	Crown porcelain fused to high noble metal	\$855
D2751	Crown - porcelain fused to predominantly base metal	\$641
D2920	Recement Crown	\$91
D2930	Prefabricated stainless steel crown - primary tooth	\$198
D2931	Prefabricated stainless steel crown - premanent tooth	\$252
D2950	Core buildup, including any pins	\$161
D2954	Prefabricated post and core in addition to crown	\$270
D2962	Labial veneer (procelain laminate)-laboratory	\$745
	<b>ENDODONTICS</b>	
D3110	Pulp cap - direct	\$64
D3120	Pulp cap - indirect	\$64
D3220	Therapeutic pulpotomy	\$174
D3221	Pulpal Debridement	\$150
D3310	Anterior root canal	\$519
D3320	Bicuspid root canal	\$621
D3330	Molar root canal	\$739
	<b>PERIODONTICS</b>	
D4210	Gingivectomy or gingivoplasty - four or more teeth per quadrant	\$696
D4260	Osseous surgery - per quad	\$960
D4341	Periodontal scaling and root planing per quadrant	\$159
D4910	Peridontal maintenance	\$129

## NEWPORT DENTAL PLAN - PLAN 3100 CONFIDENT PLAN

ADA Code	Covered Services	PLAN 3100 Copayments
<b>PROSTHETICS</b>		
D5110	Complete upper denture	\$855
D5120	Complete lower denture	\$855
D5130	Immediate Denture-maxillary	\$855
D5140	Immediate Denture-mandibular	\$855
D5211	Upper partial denture-acrylic	\$962
D5212	Lower partial denture-acrylic	\$962
D5213	Partial upper denture - cast metal framework	\$962
D5214	Partial lower denture - cast metal framework	\$962
D5421	Partial denture adjustment	\$73
D5510	Repair complete denture base	\$158
D5610	Repair resin denture base	\$158
D5640	Repair or replace broken teeth-partial	\$118
D5650	Add tooth to existing partial denture	\$158
D5730	Reline complete maxillary denture (chairside)	\$319
D5731	Reline complete mandibular denture (chairside)	\$319
D5750	Reline complete maxillary denture (laboratory)	\$342
D5751	Reline complete mandibular denture (laboratory)	\$342
D5761	Reline partial mandibular denture (laboratory)	\$342
D5820	Interim partial denture (maxillary)	\$399
D5821	Interim partial denture (mandibular)	\$399
<b>BRIDGES</b>		
D6240	Pontic porcelain/high noble metal	\$855
D6241	Pontic porcelain/base metal	\$641
D6750	Crown porcelain fused to high noble metal	\$979
D6751	Crown porcelain fused predom base metal	\$641
D6930	Recement bridge	\$143
<b>ORAL SURGERY</b>		
D7140	Extraction - uncomplicated single tooth	\$160
D7210	Surgical removal of erupted tooth requiring elevation of flap and removal of bone	\$192
D7220	Removal of impacted tooth - soft tissue	\$267
D7230	Removal of impacted tooth - partial bony	\$374
D7240	Removal of impacted tooth - full bony	\$418
D7320	Alveoplasty (per quad)	\$264
D7471	Removal of mandibular extosis	\$475
D7510	Incision and drainage of abscess	\$254
<b>MISCELLANEOUS</b>		
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$89
D9310	Specialist consultation	\$100
D9440	Office visit-after hours	\$150
D9940	Occlusal guard	\$399
<b>ORTHODONTICS</b>		
D8080/D8090	Comprehensive orthodontic treatment	\$4,449
D9310	Consult	\$0
D0210	Full Mouth Series	\$0
D0340	Cephalometric Film	\$0
D0350	2D/Photos	\$0
D8680	Retainers	\$0
D0470	Diagnostic Casts	\$0

All procedures and fees listed are as performed by a General Dentist or Orthodontist.

Any procedure not listed is available on a fee-for-service basis.

Participation in this Plan includes automatic participation in a specialty program which maintains a reduced but different fee schedule for those services beyond the scope of a general dentist. Prior to proceeding with treatment, enrollees can contact the Plan for the reduced fees for the specialty program, which are 20% off their usual fee and may be higher than the copayments listed in the Schedule of Benefits

Sometimes proper treatment will require a procedure combined with another procedure for which no description is listed. In these instances, members must be advised prior to treatment of the maximum charge and any co-payment required. Co-payments may not exceed 80% of the dentist's usual and customary fee.