

PPO High

**AETNA DENTAL
RANDOLPH TOWNSHIP BOARD OF EDUCATION**

Plan Design	PREMIER PPO
Preventive and Diagnostic	100%
Basic	70%
Crowns	70%
Prosthodontics	70%
Orthodontics	50%

Annual Maximum \$1,000

Lifetime Ortho Maximum \$2,000

Deductible (Waived on P&D) \$40/\$120

Procedure Codes

Code	Procedure	PPO In-Network Fee Schedule**	Out of Network Reimbursement**
D0120	Periodic Oral Exam	\$32	\$75
D0210	X-Rays, Complete Series	\$81	\$177
D0272	2 Bitewing X-Rays	\$25	\$67
D1110	Adult Prophylaxis	\$61	\$125
D2150	2 Surface Filling	\$88	\$235
D2330	1 Surface Comp. Resin Filling	\$90	\$225
D2750	Porcelain/Gold Crown	\$833	\$1,500
D3310	Anterior Root Canal	\$419	\$1,375
D4341	Scalings & Root Planing (Quad)	\$148	\$338
D5110	Complete Upper Denture	\$995	\$2,415
D6750	Abutment Crown	\$833	\$1,425
D7140	Single Extraction	\$88	\$304

** Approximate Member In-Network Cost and Out-of-Network Reimbursement based on 3 digit zip 078