AETNA DENTAL RANDOLPH TOWNSHIP BOARD OF EDUCATION

Plan Design	PREFFERED PPO	
Preventive and Diagnostic Basic Crowns Prosthodontics Orthodontics	100% 100% 70% 70% 50%	
Annual Maximum	\$1,000	
Lifetime Ortho Maximum	\$2,000	
Deductible (Waived on P&D)	\$40/\$120	

Procedure Codes

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

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