

Qualifying Procedures

	HEART DISEASE	STROKE	DIABETES	Maternity	Chronic Kidney Disease	Organ Transplants	Head and Neck Cancer radiation	Hypertension	Thyroid Disease	Sjogren's Syndrome
Periodontal Treatment & Maintenance	●	●	●	●	●	●	●	●	●	●
Periodontal Evaluation ¹	●	●	●	●	●	●	●	●	●	●
Oral Evaluation ²	●	●	●	●	●	●	●	●	●	●
Cleaning ³	●	●	●	●	●	●	●	●	●	●
Scaling in the presence of inflammation ³	●	●	●	●	●	●	●	●	●	●
Emergency Palliative Treatment ⁴	●	●	●	●	●	●	●	●	●	●
Topical Application of Fluoride & Topical application of varnish ⁵	●	●	●	●	●	●	●	●	●	●
Topical Application of Fluoride - excluding varnish ⁵	●	●	●	●	●	●	●	●	●	●
Sealants ⁵	●	●	●	●	●	●	●	●	●	●
Sealant Repair – per tooth	●	●	●	●	●	●	●	●	●	●

● Yes ● No

¹Limited to four times per year and subject to plan guidelines.

²One additional evaluation per year.

³One additional cleaning per year.

⁴No limitations

⁵Age limits removed, all other limitations (including frequency limitations) apply. Refer to your plan documents for the details of your specific plan.