# sample procedure listing\*

#### In Network and Out of Network

# Type 1

- Routine Exam(2 per benefit period)
- Bitewing X-rays (1 per benefit period)
- Full Mouth/Panoramic X-rays

   (1 in 5 years)
- Periapical X-rays
- Cleaning(2 per benefit period)
- Fluoride for Children
   18 and under
   (1 per benefit period)
- Sealants (age 15 and under)
- Space Maintainers

### Type 2

- Restorative Amalgams
- Restorative Composites
- Endodontics (nonsurgical)
- Endodontics (surgical)
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Denture Repair
- Simple Extractions
- Complex Extractions
- Anesthesia

## Type 3

- Onlays
- Crowns
  (1 in 10 years per tooth)
- Implants
- Prosthodontics
   ex: fixed bridge;
   removable complete/
   partial dentures
   (1 in 10 years)

<sup>\*</sup>Current Dental Terminology© American Dental Association.