

EXHIBIT I

**NASSAU HEALTH CARE CORPORATION
GG-491**

SCHEDULE OF DENTAL SERVICES (Continued)

| A.D.A. SERVICE NUMBER | DENTAL SERVICE | MAXIMUM AMOUNT OF BENEFIT |
|-----------------------------|---|------------------------------|
| | Restorative (continued) | |
| | <i>Acrylic or Plastic Restorations</i> | |
| 2330 | composite resin, one surface | 25.00 |
| 2331 | composite resin, two surfaces | 50.00 |
| 2332 | composite resin, three surfaces | 70.00 |
| 2335 | composite resin, (involving incisal angle) | 70.00 |
| | Gold Foil Restorations | |
| 2410 | one surface | 31.55 |
| | Gold Inlay Restorations | |
| 2510 | one surface | 125.00 |
| 2520 | two surfaces | 210.00 |
| 2530 | three surfaces | 260.00 |
| | Porcelain Restorations | |
| 2610 | inlay | 175.00 |
| | Crowns-Single Restorations Only | |
| 2710 | plastic (acrylic) | 215.00 |
| 2720 | plastic with gold | 225.00 |
| 2740 | porcelain | 240.00 |
| 2750 | porcelain with gold | 285.00 |
| 2790 | gold (full cast) | 215.00 |
| 2930 | stainless steel | 95.35 |
| 2952 | crown with post (cast post and core in addition to crown) | 85.00 |
| | <i>Other Restorative Services</i> | |
| 2910 | recement inlays | \$14.72 |
| 2920 | recement crowns | 14.72 |
| 2940 | fillings (sedative) | CS* |
| | Endodontics | |
| | <i>Pulp Capping</i> | |
| | <i>Pulpotomy (without final restoration)</i> | |
| 3220 | Vital pulpotomy | 21.73 |
| | <i>Root Canal Therapy (with treatment plan, clinical procedures and follow-up care without final restoration)</i> | |
| 3310 | Anterior | 195.00 |
| 3320 | Bicuspid | 235.00 |
| 3330 | Molar | 290.00 |
| | <i>Periapical Services</i> | |
| 3410 | apicoectomy, performed as separate surgery | 91.77 |

CS* Covered Service included with associated procedure

EXHIBIT I

NASSAU HEALTH CARE CORPORATION

GG-491

SCHEDULE OF DENTAL SERVICES (Continued)

| A.D.A. SERVICE NUMBER | DENTAL SERVICE | MAXIMUM AMOUNT OF BENEFIT |
|--|--|------------------------------|
| Periodontics | | |
| <i>Surgical Services</i> | | |
| 4210 | gingivectomy, per quadrant | 150.00 |
| 4211 | gingivectomy, per sextant | 20.00 |
| 4260 | osseous surgery (with flap entry and closure) per quad | 225.00 |
| 4261 | osseous surgery (with flap entry and closure) per sextant | 100.00 |
| 4270 | pedicle soft tissue grafts | 100.00 |
| 4271 | free soft tissue grafts | 100.00 |
| <i>Related Periodontal Services</i> | | |
| 9951 | occlusal adjustment | \$21.03 |
| 4340 | scaling and root planing (entire mouth) | 50.00 |
| 4341 | scaling and root planing (fewer than 12 teeth) | 40.00 |
| Prosthodontics, Removable | | |
| Complete Dentures (including 6 months' post delivery care) | | |
| 5110 | complete upper | 356.86 |
| 5120 | complete lower | 356.86 |
| 5130 | immediate upper | 356.86 |
| 5140 | immediate lower | 356.86 |
| <i>Adjustments to Dentures (by other than dentist providing appliances)</i> | | |
| 5410 | complete denture | 24.54 |
| Repairs to Dentures | | |
| 5610 | repair broken complete or partial denture, no teeth damaged | 24.54 |
| 5620 | repair broken complete or partial denture, and replace one broken tooth | 24.54 |
| 5640 | replace broken tooth or denture, no other repairs | 24.54 |
| 5650 | adding tooth to partial denture to replace extracted tooth, each tooth (not involving clasp or abutment tooth) | 60.29 |
| 5660 | adding tooth to partial denture to replace extracted tooth, each tooth (involving clasp or abutment tooth) | 60.29 |
| <i>Denture Duplication and Relining (such service must be rendered one year or more after insertion and is limited to one such service in 2 years)</i> | | |
| 5730 | relining upper or lower complete denture (office reline) | \$60.29 |
| 5740 | relining upper or lower partial denture (office reline) | 60.29 |
| 5750 | relining upper or lower complete denture (lab) | 83.43 |
| 5760 | relining upper or lower partial denture (lab) | 83.43 |
| Other Prosthetic Services | | |
| 5850 | tissue conditioning | 29.45 |

**NASSAU HEALTH CARE CORPORATION
GG-491**

SCHEDULE OF DENTAL SERVICES (Continued)

| A.D.A. SERVICE NUMBER | DENTAL SERVICE | MAXIMUM AMOUNT OF BENEFIT |
|-----------------------------|---|------------------------------|
| | Prosthodontics, Fixed | |
| | <i>Fixed Bridges (each abutment and each pontic makes up a unit in a bridge)</i> | |
| | <i>Bridge Pontics</i> | |
| 6210 | cast gold | 215.00 |
| 6240 | porcelain fused to metal | 165.00 |
| 6250 | plastic processed to metal | 165.00 |
| | <i>Crowns</i> | |
| 6710 | plastic (<i>acrylic</i>) | 215.00 |
| 6720 | plastic processed to metal | 225.00 |
| 6740 | porcelain | 240.00 |
| 6750 | porcelain fused to metal | 285.00 |
| 6780 | gold (<i>3/4 cast</i>) | 165.00 |
| 6790 | gold (<i>full cast</i>) | 215.00 |
| | <i>Other Prosthetic Services</i> | |
| 6930 | recement bridge | 16.83 |
| | Oral Surgery | |
| | <i>Simple Extractions (with local anesthesia and routine post-operative care)</i> | |
| 7140 | single tooth | 41.50 |
| | <i>Surgical Extractions (with local anesthesia and routine post-operative care)</i> | |
| 7210 | extraction of tooth, erupted | \$52.00 |
| 7220 | extraction of tooth, soft tissue impaction | 52.00 |
| 7230 | extraction of tooth, partial bony impaction | 76.00 |
| 7240 | extraction of tooth, complete bony impaction | 125.00 |
| 7250 | root recovery (surgical removal of residual root) | 55.00 |
| | <i>Other Surgical Procedures Applied to Teeth</i> | |
| 7280 | surgical exposure of impacted or unerupted tooth for orthodontic reasons (<i>with wire attachment when indicated</i>) | 76.00 |
| | <i>Alveoloplasty (surgical preparation of ridges for dentures)</i> | |
| 7310 | per quad, in conjunction with extractions | 15.42 |
| 7320 | per quad, not in conjunction with extractions | 30.85 |
| | <i>Stomatoplasty (with revision of soft tissue on ridges, muscle reattachment, tongue, palate, and other oral soft tissues)</i> | |
| 7340 | per arch, uncomplicated | 60.29 |
| | <i>Surgical Excision, excision of reactive inflammatory lesions (scar tissue or localized congenital lesions)</i> | |
| 7410 | radical excision, lesion diameter up to 1/2 inch | 60.29 |
| | Excision of Tumors | |
| | <i>Removal of Cysts and Neoplasms</i> | |
| 7450 | removal of odontogenic cyst or tumor, up to 1/2 inch diameter | 60.29 |
| 7451 | removal of odontogenic cyst or tumor, over 1/2 inch diameter | 86.10 |
| 7460 | removal of nonodontogenic cyst or tumor, up to 1/2 inch diameter | 60.29 |

EXHIBIT I

**NASSAU HEALTH CARE CORPORATION
GG-491**

SCHEDULE OF DENTAL SERVICES (Continued)

| A.D.A. SERVICE NUMBER | DENTAL SERVICE | MAXIMUM AMOUNT OF BENEFIT |
|-----------------------------|---|------------------------------|
| | Oral Surgery (Continued) | |
| 7465 | destruction of lesions by physical methods, electrosurgery, chemotherapy, cryotherapy | \$36.90 |
| 7471 | Excision of Bone Tissue removal of exostosis, maxilla or mandible | 60.29 |
| 7510 | <i>Surgical Incision</i> incision and drainage of abscess, intraoral | 30.75 |
| | Other Oral Surgery | |
| | <i>Repair Procedures</i> | |
| 7960 | frenulectomy, separate procedure (frenectomy or frenotomy) | 60.29 |
| 7970 | excision of hyperplastic tissue, per arch | 60.29 |
| | Orthodontics | |
| 8080 | Initial insertion | 237.67 |
| 8210 | Removable appliance | 60.29 |
| 8660 | Pre-Orthodontic treatment visit | 56.09 |
| 8670 | Periodic visits | 72.21 |
| 8680 | Retention | 16.83 |
| | Related General Services | |
| | <i>Unclassified Treatment</i> | |
| 9110 | palliative (emergency) treatment of dental pain, minor procedures | 13.32 |
| | <i>Anesthesia</i> | |
| 9210 | local (not in conjunction with operative or surgical procedures) | CS* |
| 9220 | general | 31.55 |
| | <i>Professional Visits</i> | |
| 9430 | office visits, during regularly scheduled office hours (no operative services performed) | 12.30 |

CS* Covered Service included with associated procedure

** Where procedures have time limitations, such procedures will be considered "by report" of the attending dentist where extenuating circumstances may exist.