

## GROUP BENEFIT PAGE

Name of Group: Nassau Health Care Corporation

Group Number: GG-491

Effective Date: January 1, 2010

Plan Number: N/A

Benefit Period: Calendar Year

\* Reimbursement Plan – Covered services can be rendered by any dentist. To use the plan, members (Exhibit I) should be treated by the dentist of their choice and submit claims to Dentcare. Payments by the plan are subject to the following terms:

Individual Deductible: N/A

Family Deductible: N/A

Coinsurance Percentages:

Category I - Diagnostic Services 100% of the maximum allowable amount.  
Preventive Services

Category II Basic Restorative Services 100% of the maximum allowable amount.  
Endodontic Services  
Periodontal Services  
Oral Surgery Services

Category III Major Restorative Service's 100% of the maximum allowable amount.  
Prosthetic Services

Category IV Orthodontic Services 100% of the maximum allowable amount.

Individual Maximum (Category I, II, III): \$2500.00 per benefit period

Family Maximum (Category, I, II, III): \$7500.00 per benefit period

Orthodontic Maximum (Category IV): \$1650.00 Lifetime

\*\* Managed Care Plan – Covered services can only be rendered by participating dentists. Each covered person must select one participating dentist (per family) to provide general dental services. These general dentists will provide all covered services according to the Schedule of Copayments shown below. Many services will be provided at no cost. Others may have small copayments that patients will pay directly to the dentist. When endodontic, periodontal, surgical or orthodontic treatment is needed by a specialist, the participating general dentist will refer the case to participating specialists. Unless otherwise noted, patient copayments will be the same as those shown below when services are rendered by participating specialists. In the event that participating specialists are not available within 50 miles of your participating general dentist, you may be entitled to receive a benefit equal to the amount we would pay a participating specialist. Members have no benefits when treatment is provided by a non-participating general dentists or when specialty services are provided without a referral from Dentcare or the participating general dentist.

\* The Maximum benefit schedule is shown on the attached Exhibit I. These amounts may be paid to the members or assigned to the dentists. Member is responsible for any additional costs.

\*\*The member copayments are shown on the attached Exhibit II. These fees are the most members will pay to participating dentists.