

NASSAU HEALTH CARE CORPORATION
GG -491

DENTAL CARE PROGRAM**Patient Copayment****Diagnostic & Preventive Services**

Oral Examination	No Charge
Full Mouth X-Ray	No Charge
Single Films (periapical or bitewing)	No Charge
Bitewing Series.....	No Charge
Cleaning of Teeth (prophylaxis & polishing)	No Charge
Fluoride Treatment.....	No Charge
Specialty Consultation	No Charge
Treatment in case of dental emergency	No Charge

Restorative Dentistry

Silver Amalgam, One Surface.....	No Charge
Silver Amalgam, Two Surfaces.....	No Charge
Silver Amalgam, Three Surfaces or more.....	No Charge
Composite Filling, One Surface.....	No Charge
Composite Filling, Two Surfaces.....	No Charge
Composite Filling, Three Surfaces or more	No Charge

Oral Surgery

Routine Extractions - per tooth	No Charge
Surgical Extractions	No Charge
Soft Tissue Impactions.....	No Charge
Bony Impactions.....	No Charge
Alveolectomy, per quad.....	No Charge

Root Canal Therapy

Pulp Capping, Direct	No Charge
Root Therapy - Anterior	No Charge
Root Therapy - Bicuspid.....	No Charge
Root Therapy - Molar	No Charge
Apicoectomy.....	No Charge

Periodontics

Scaling of Teeth, per quad	No Charge
Gingivectomy, per quad.....	No Charge
Osseous Surgery, per quad.....	No Charge

Prosthetics - Crowns

Acrylic with Metal Crown	No Charge
Porcelain Crown.....	No Charge
Porcelain with Metal Crown	No Charge
Stainless Steel Crown.....	No Charge
Post.....	No Charge
Recementation, per crown	No Charge

Prosthetics - Fixed Bridges

Acrylic w/Metal Bridge Crown or Pontic	No Charge
Porcelain w/Metal Bridge Crown or Pontic.....	No Charge
Recementation, bridge	No Charge

Prosthetics - Removable

Full Upper or Lower Denture, w/adjustments	No Charge
Partial Upper or Lower Denture, cast base	No Charge
Denture Adjustments	No Charge
Broken Body of Denture	No Charge
Replacement of Broken/Missing Teeth	No Charge

Orthodontia (Dependent Children Only)*

Maximum case fee - 24 months	No Charge
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* Children covered up to age 19, 25 if full-time student.

This fee schedule contains a general description of your Dental Care Program for your use as a convenient reference. All benefits are governed by the provisions of your group's contract.