

MACON COUNTY DENTAL
 Administered by Crescent Health Solutions
BASIC PLAN
 Plan Year 2013 - 2014

Program Deductible	\$50 Calendar Year
Per Individual	No Limit
Family Unit	Yes
Waived for Type 1 Services	

Type I	100%
Preventive Services	Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)
Benefit Waiting Period	None

Type II	80%
Basic Services	Space maintainers, fillings, pain treatment, sealants, full mouth x-rays, simple extractions, complex oral surgery, anesthesia
Benefit Waiting Period	None

Type III	0% not covered
Major Services	

Calendar Year Maximum	\$1,000
-----------------------	---------

Type IV Orthodontia	0% not covered
Children	

Basic Plan Rates	Per Pay Period
Employee Only	\$9.18
Employee + One	\$18.05
Employee + Two	\$26.63
Employee + Three or more	\$35.49

