

**MACON COUNTY DENTAL**  
Administered by Crescent Health Solutions  
**BASIC PLAN**  
Plan Year 2014 - 2015

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

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
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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

*Please note that a July 1st open enrollment change between the Basic and Enhanced Plans does **not** reset your currently accumulated deductibles or calendar year maximums for the existing plan year.*

