

MACON COUNTY DENTAL

Administered by Crescent Health Solutions

ENHANCED 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	50%
Major Services	Endodontics, surgical extractions, periodontics, crowns, inlays, onlays, dentures, bridges, implants
Benefit Waiting Period	12 months

(This Waiting Period is not satisfied by a 12 month enrollment in the Basic Plan)

Calendar Year Maximum	\$1,000
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Type IV Orthodontia	
Children	50%
Lifetime Maximum	\$1,000
Deductible	None
Benefit Waiting Period	12 months
<i>(This Waiting Period is not satisfied by a 12 month enrollment in the Basic Plan)</i>	

Enhanced Plan Rates	Per Pay Period
Employee Only	\$13.37
Employee + One	\$28.68
Employee + Two	\$45.57
Employee + Three or more	\$60.76

*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.*

