



2022 Employee Benefits Overview

January 1, 2022 through December 31, 2022

~ Benefits Overview intended for summary purposes only ~

MEDICAL | DENTAL | VISION | LIFE INSURANCE | 401(k) | EAP | LEAVE POLICIES | DISABILITY | TUITION



Concept Packaging Group strives to offer its employees a comprehensive benefit package to assist employees in meeting their personal needs. CPG offers medical coverage, dental coverage, vision coverage, employee life insurance, short term disability, long term disability, an Employee Assistance Program, tuition reimbursement, and various paid and unpaid leave programs. These benefits are summarized in this brochure.

When choosing your medical and dental coverage, please remember that once you have made elections (either as a new hire or during open enrollment), you will not be able to make changes for the duration of the benefit year (January 1-December 31) unless you experience a qualified Family Status Change.



Medical Plans

Health & Dental Plans Overview

CPG Offers insurance coverage for hospitalization, medical, surgical and dental services to help protect you from the financial burden due to possible injury or illness. The medical and dental plans are self-funded.

All full-time employees become eligible for these benefits after completion of a 60-day probationary period. Full-time employees may choose to cover eligible dependents under our insurance plans. Please note that spouses who have coverage through their employer are not eligible for coverage under CPG's plans.

Open enrollment will be held annually for employees to make changes to their coverage. CPG reserves the right to adjust the plan as needed, including employee premiums based on costs from the insurer.

An employee on a FMLA, personal or medical leave may continue medical and dental insurance coverage during the leave, providing the employee continues to pay their portion of the insurance premiums on a weekly basis.

The next section details the difference between the two medical plans offered by CPG.

Medical Plan A-8107

Plan A is a traditional approach to medical insurance. Employees choosing this plan will pay more in premiums compared to Plan B. Once the annual deductible is met, the plan covers 80% of additional expenses until the co-insurance limits are reached. In addition, participants will be responsible for co-pays toward all doctor visits and prescriptions beyond costs that count toward the deductible and co-insurance.

Medical Plan B-8108 (w/ optional HSA)

Plan B is a high-deductible plan, and participants have the option of opening a Health Savings Account (HSA) to which they can contribute on a pre-tax basis to help pay for qualified medical, dental & vision expenses. Once the deductible has been satisfied, all costs are covered by CPG at 100%.

This plan covers the same services, utilizes the same network of providers, and receives the same network discounts, but how you pay your out of pocket expenses is handled differently.

CPG has partnered with a bank that offers a no-fee HSA. See HR for details to open an account with this bank.

Health Savings Account (HSA) Limits and Eligibility

There are no limits to the amount of money that can accumulate in a Health Savings Account; however, there are limits to how much you can put into the account each year:

- **EE Only Plan:**..... \$3,650
- **EE+One:** \$7,300
- **Family:**..... \$7,300

*There is also a \$1,000 catch-up that applies to participants who are age 55 or older.

Money in this account is ALWAYS YOURS to be used now or later in life. Should you leave CPG, you take it with you. The balance rolls over each year, so it is not a "use it or lose it" plan. An HSA gives you a Triple-Tax Advantage. Money goes in tax free, earns interest tax free, and is spent on qualified expenses tax free.

In order to be eligible for a Health Savings Account, you must be:

Enrolled in a High Deductible Health Plan and not covered under a secondary health plan

If collecting Social Security or enrolled in Medicare you cannot contribute to a Health Savings Account. You must stop contributions at least 6 months before you enroll in Medicare.

One household cannot contribute to both a General Purpose Flexible Spending Account (FSA) and a Health Savings Account (HSA).

Medical Benefits Summary

Eligible employees of Concept Packaging Group are offered a company-funded healthcare plan. Prescriptions are filled through: [PHOENIX Benefits Management](#)

The plan does not use any network. Employees are free to choose any doctor and present their card for proper claims processing. Prescriptions are filled through: [PHOENIX Benefits Management](#)

Listed below is a brief summary of the benefits offered in the two medical plans. Be sure to review your full summary of benefits provided during new hire orientation.

Eligibility for Medical Benefits

As a full-time employee, you become eligible for medical benefits on the Sunday following the completion of your 60-day probationary period. You may elect to add your spouse to the plan if they do not have coverage available from their employer. You may elect to add your dependent children to the plan, until their 26th birthday.

Plan Notes:

1. There is a **\$50/month surcharge** for all covered tobacco users.
2. Each employee and/or spouse that has an **annual wellness exam** performed will each receive a **\$500 credit** on their deductible and out of pocket expenses. (form required)

MEDICAL				Plan A				MEDICAL				Plan B (HSA)				Plan B							
								weekly bi-weekly monthly												weekly bi-weekly monthly			
Band 1	single				15.52	31.04	67.25	Band 1	single				6.87	13.74	29.77								
	family				80.78	161.56	350.05		family				48.60	97.19	210.58								
	employee + 1 child				32.57	65.13	141.12		employee + 1 child				19.85	39.69	86.00								
	employee + spouse or 2 children				48.59	97.19	210.58		employee + spouse or 2 children				29.26	58.52	126.79								
	(wages up to \$43,000 annually)								(wages up to \$43,000 annually)														
Band2	single				22.39	44.78	97.02	Band2	single				11.07	22.14	47.96								
	family				118.05	236.10	511.56		family				72.77	145.53	315.32								
	employee + 1 child				47.45	94.90	205.62		employee + 1 child				29.26	58.52	126.79								
	employee + spouse or 2 children				70.60	141.21	305.95		employee + spouse or 2 children				43.51	87.01	188.53								
	(wages between \$43,001 & \$ 80,000 annually)								(wages between \$43,001 & \$ 80,000 annually)														
band 3	single				29.77	59.54	128.99	band 3	single				13.74	27.48	59.54								
	family				154.94	309.89	671.42		family				97.06	194.13	420.61								
	employee + 1 child				61.82	123.65	267.91		employee + 1 child				38.67	77.34	167.58								
	employee + spouse or 2 children				93.12	186.24	403.52		employee + spouse or 2 children				58.52	117.04	253.58								
	(wages over \$80,000)								(wages over \$80,000)														
***spousal coverage is limited to those individuals who are not eligible to participate in another employer's medical plan																							
***out of network claims are subject to reasonable and customary charges																							
\$50/month - tobacco usage surcharge for anyone on the CPG plan(s)																							
Plan Specifics:								Plan A				Plan B (HSA)											
Medical co-pays	primary				\$	35		\$	-	No co-pays under IRS / HSA rules, all costs track towards your deductible and out of pocket costs(wellness is the only exception)													
	specialist				\$	55		\$	-														
	wellness				\$	25		\$	25														
	(all plans have \$800 calendar yr max for wellness care, applies to employees and spouses only)																						
Plan Deductible	in network	single			\$	3,000		\$	3,100														
	out of network	single			\$	6,000		\$	6,200														
	in network	family			\$	9,000		\$	6,200														
	out of network	family			\$	18,000		\$	12,400														
	in network	emp +1			\$	6,000		\$	6,200														
	out of network	emp +1			\$	12,000		\$	12,400														
CPG Plan paid benefit level once Deductible satisfied	in network					80%			100%														
	out of network					50%			100%														
Co-insurance Responsibility once Deductible satisfied	in network	single			\$	4,000		\$	-														
	out of network	single			\$	12,000		\$	12,000														
	in network	family			\$	8,000		\$	-														
	out of network	family			\$	24,000		\$	24,000														
	in network	emp + 1			\$	8,000		\$	-														
	out of network	emp + 1			\$	24,000		\$	24,000														
CPG Plan paid benefit level once Co-insurance satisfied								100%				100%											
Maximum Plan Exposure	in network	single			\$	7,000		\$	3,100														
	out of network	single			\$	18,000		\$	18,200														
	in network	family			\$	17,000		\$	6,200														
	out of network	family			\$	42,000		\$	36,400														
	in network	emp + 1			\$	14,000		\$	6,200														
	out of network	emp + 1			\$	36,000		\$	36,400														
Prescription Plan Details	tier 1				\$	15	co-pay	Prescriptions are discounted No Rx Copays under IRS / HSA rules, Rx's track towards your deductible and out of pocket costs															
	tier 2				\$	35	co-pay																
	tier 3				\$	55	co-pay																
	tier 4					50%	no co-pay																

Note: on both Plan A & Plan B family plans, ONE FAMILY member shall never exceed the single participant deductible and co-insurance maximum nor shall the total for the entire family exceed the Maximum deductible and co-insurance for the family.

Teladoc

All CPG Employees and their family members have **FREE access to a Doctor** at any time, 24 hours a day, a week. Whether or not you or immediate family members are on CPG Health Plan, you can take advantage of this great benefit. You must create an account in order to be granted access. This takes 5-10 minutes, and HR can help you upon request. Please see below for more details about this service.



WHAT IS TELADOC?

Teladoc gives you 24/7/365 access to U.S. board-certified doctors who can treat many of your medical issues by phone or video. It is not insurance but an added medical benefit that gives you an affordable alternative to costly urgent care or ER visits.

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

Talk to a doctor anytime for Free

 [Teladoc.com](https://www.teladoc.com)

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 **1-800-Teladoc (835-2362)**

 [Teladoc.com/mobile](https://www.teladoc.com/mobile)

Dental Benefits

CPG's Dental Plan allows you and your covered dependents to go to any Dental Provider of your choice. There is a separate Dental Insurance Card issued to participants. Dependent coverage is available to age 26.

DENTAL

	WEEKLY	BI-WEEKLY	MONTHLY
Single	\$ 5.84	\$ 11.68	\$ 25.31
Employee + 1	\$ 11.68	\$ 23.36	\$ 50.61
Family	\$ 17.52	\$ 35.04	\$ 75.92

DENTAL PLAN DETAILS

1. \$50.00 calendar year deductible (waived for preventive)

2. Service Types: 100/80/50 plan

Type 1	100% plan paid
Type 2	80% plan paid
Type 3	50% plan paid

3. 12 month waiting period on Type III service

4. \$1500.00 calendar year maximum benefit payable

Vision Benefits

CPG's Vision benefit offers up to \$200 of reimbursement for expenses incurred from vision exams or the purchase of prescription glasses and/or contact lenses. Each covered member of a CPG Medical Plan is eligible for this reimbursement, up to \$200 per plan participant.

There is no network of Vision Providers to use. Simply provide a detailed invoice and receipt of expenditures to the HR Support Desk and it will be processed for reimbursement.



Concept Packaging Group has partnered with **Rx Manage** to offer you savings on your prescription medications. You can now order medications from the International Program at **zero co-pay** on **PPO** plans.

What is the International Program?

The Program allows you to order from a formulary of over 250 brand medications from pharmacies in New Zealand, Australia, Canada and England.

Will my medication be exactly the same as what I currently take?

Yes it will. To be on the formulary a medication must be available from the same manufacturer internationally as the US brand, or from the International license holder.

How do I place an order on the Personal Importation Program?

Ordering is easy! You can place your first order online at the website address below, or phone at 1-800-883-8841. Upload your prescription to your account or fax to 1-800-883-1814. A prescription is required for each medication.

<https://my.globalrxmanage.com/customers/cpg/sign-up>

Once established, your online account is available 24 hours a day, 7 days a week. Log into your account from your computer or mobile device using your Account ID and password at <https://my.globalrxmanage.com/customers/login>

How long will it take to receive my medication?

10-15 working days after the order has shipped. Please make sure you have a 30 day supply on hand before placing your first order for each medication.

How do I place a refill order?

Refill orders are placed automatically. You will receive a refill reminder by phone or email. Any changes are to be notified to Rx Manage within 48 hours. If no changes are notified the order automatically ships, ensuring a smooth continuous supply of medication.

Where do I go if I have questions about the program?

Our call center is open 9am-9pm Monday to Friday (EST) and 9am to 4pm Saturday and Sunday to answer simple questions or take your orders. Call us on **1-800-883-8841**. Alternatively you can email us on inquiries@rxmanage.com



Scan this QR code for a
NEW ACCOUNT ACTIVATION



Scan this QR code if you are an
EXISTING ACCOUNT HOLDER



 **RxManage**

Employee / Dependent Life Insurance

Life insurance and disability protection are an important part of your financial well-being. CPG provides employees with basic life coverage at no cost per the schedule below:

Age	Coverage
Up to age 65	\$20,000
At renewal after 65th birthday	\$13,400
At renewal after 70th birthday	\$6,800

Employees may purchase additional life insurance for themselves, their spouse or children. See your HR department for the rates on voluntary coverage.

Short Term Disability Program

The policy is designed to prevent undue loss of wages in the event of unavoidable absence due to non-occupational illness or injury. All full-time employees will be eligible for up to 12 weeks of STD after 1 year of service. Appropriate physician certification is required. STD is limited to 12 weeks total per calendar year.

Hourly employees that miss work for personal illness in excess of seven (7) consecutive days (including weekends) will be eligible to receive 60% of their base pay, not to exceed \$350 per week. There is no waiting period if the employee was immediately hospitalized or had out-patient surgery. All vacation except for 1 week must be used prior to the start of STD payments.

Salaried Non-Exempt and Exempt employees will be paid according to the below schedule. All PTO and all vacation except 1 week must be used prior to the start of STD payments.

Service Time (at least)	Service Time (less than)	Weeks of Full Pay	Weeks of 60% pay
1 year	2 years	2	10
2 years	3 years	3	9
3 years	4 years	4	8
4 years	5 years	6	6
5 years	7 years	8	4
7 years	9 years	10	2
9+ years		12	0

Conserve your use of Healthcare Resources

Unless it is a true emergency or involving preventive care, think before automatically accessing healthcare resources. Many minor illnesses or injuries can be treated at home with rest, aspirin, and minor first aid.

Long Term Disability

For Salaried (exempt and non-exempt) employees, CPG offers Long Term Disability insurance at no cost to the employee. This plan covers 60% of the insured salary after 90 consecutive days of disability, up to age 65, with a maximum monthly benefit of \$6000. This benefit is available for purchase to hourly employees. See HR for details.

Employee Assistance Program

Concept Packaging offers employees free Employee Assistance Program

Employees can take advantage of various services when unexpected life changes occur. Please see HR for more information on assistance with free Will services, Estate planning, and counseling after the loss of a loved one or suffering a disability.

401 (k) Savings Plan

Concept Packaging offers a 401(k) retirement savings plan through



Principal Financial. Employees are eligible to join after 6 months of service and can contribute any amount of pre-tax earnings up to annual IRS limits. CPG will match \$0.50 on the first 4% of your contributions. You also have the option of rolling over funds from a previous employer's plan. You are highly encouraged to begin saving for retirement and to take advantage of CPG's free contributions! See HR for more details.

Tuition Assistance Program

Concept Packaging encourages employees to further their education in ways that will improve current job performance, increase job-related knowledge, and broaden future potential within our Company.

Job-related courses taken at accredited institutions of learning are eligible for reimbursement **up to \$1,000 per calendar year** for costs related to tuition and course books. The amount reimbursed is based on the final grade received in the course. Please see HR for program details and required forms for pre-approval and final reimbursement.

Paid Vacation

Concept Packaging vacation time is earned at a rate of two (2) weeks per calendar year for the first 7 years of service. It becomes available to use January 1st following 90 days of service. Should employment end prior to an employee's first anniversary date, unused hours will not be paid out. Beyond the first anniversary date, unused hours would be paid out at termination. Vacation is paid at 8 hours regular pay per day.

On January 1 of each year, vacation time will be reset for all employees based on the amount of years served. Employees are not able to carry over unused vacation from one year to the next.

Please see the Vacation Schedule below.

Length of Continuous Service at the End of the Current Year	Vacation hours (Taken Jan-Dec)
1 year but less than 7 years	80 hours
7 years but less than 15 years	120 hours
15 years and over	160 hours

Leave of Absence

For compelling personal reasons, a 30-day personal leave of absence (LOA) may be granted, provided that adequate arrangements can be made. LOA request must be in writing with as much advanced notice as possible, preferably 30 days. LOA requests are subject to the approval of the GM and the HR Department. Please see HR for additional details.

Jury Duty

Concept Packaging supports employees in their civic duty of serving on jury duty. Employees must notify their supervisor within 48 hours of receipt of a jury summons so scheduling arrangements can begin to be made. You will receive 8 hours of regular pay per day while on jury duty.

Paid Military Leave

Concept Packaging shall pay for short-term military leaves of absences for up to two (2) weeks (80 hours) per calendar year. Examples of short-term military leaves include Reserve and National Guard duty. Deployments that are issued shall be time off unpaid, and employees will be classified as inactive. Per USERRA, employees on deployment shall still accrue any benefits and their employment shall be reinstated upon return.

Other Policies

Holidays

Nine (9) holidays are currently observed at all locations, with one variation between the northern & southern regions. Observed holidays are as follows:

- New Years Day
- Good Friday (Southern only)
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve (Northern only)

Regular full-time employees are eligible to receive paid holidays after they have completed 60 days of service. Please refer to the Employee Handbook for more details regarding paid holidays.

Personal Days

Newly hired employees are granted 40 hours of unpaid personal time off during the first year of employment until eligible for vacation. It is subject to approval and available upon hire.

Bereavement Leave

This policy is designed to compensate employees for the loss of earnings due to an absence because of a death in the immediate family. All full-time employees are eligible for bereavement pay after 60 days of employment. Below are days compensated:

Family Classification	Family Designation	# of Compensated Days
Immediate Family	Spouse, Child, Parent, Sibling, Grandparent, Grandchild, Spouse's Parent	3 days
Other Family	Sister-in-law, Brother-in-law, Daughter-in-law, Son-in-law, Spouse's Grandparents	1 day

Preferred Administrators

PO Box 18263
Tampa, FL 33679-8263
(813) 490-1091
TOLL FREE (877) 276-7198
FAX (813) 258-3671

Website member login

www.preferredadmin.com, select Employees

Takes you to the new website

First time user, click on Register

Select Employee, and dependents age 18 plus can register as well

For Administrator, select Preferred Care

Accept the Statement of Understanding

First Name, Last Name, Date of Birth, ID number including the PA123451234500, should be 14 characters. If you are a dependent, your ID number will be one digit less than the dependent number listed on your ID card. (PA123451234501, is typically the spouse). The 01, 02, 03 etc are used for the pharmacy benefits, the website uses the primary insured's ID number.

Preferred Administrators

CONCEPT PACKAGING GROUP

Employee Welfare Benefit Plan Medical and RX ID Card

ID: PA081070064900

GrpNo: 8107

01 Employee
02 Spouse
03 Child 1
04 Child 2

Doctor Visit: \$35/Specialist \$55
\$3,000 Deductible/ 80/20
\$7,000 Max OOP
Rx: \$15/\$35/\$55/50%






Prescription Benefits Administered by
Phoenix Benefits Management
Rx Bin: 610268
Rx PCN: PHXM
Pharmacy Help: 877.643.2067



Create user name and password, password needs minimum 8, maximum 16, with at least 1 letter, 1 number, and 1 of the following characters, !@#\$%^&(*).

Select the benefits you have, medical, dental, vision

Contact Information

Purpose	Company	Who Are They?	Telephone	Web Address
24/7 FREE access to a physician		Medical Providers	1-800-Teladoc (1-800-835-2362)	www.teladoc.com
Pharmacy Help Line		Prescription Drug Insurance	1-877-643-2067	www.phoenixpbm.com
Employee Assistance Program		Personal Assistance Providers	1-860-547-5000	www.thehartford.com/employeebenefits
401(k) Savings Plan		Retirement Plan Vendor	1-800-986-3343	www.principal.com
Human Resources		HR Representative	864-253-4035	www.HRSupport@concept-pkg.com
Claims & Billing Solutions	Preferred Administrators	Benefits Administrator (TPA)	1-877-276-7198	www.preferredadmin.com
Submit a Vision Receipt for Reimbursement	Preferred Administrators	Benefits Administrator (TPA)	Send itemized receipt to www.HRSupport@concept-pkg.com	
Long Term Disability	Preferred Administrators	Benefits Administrator (TPA)	1-877-276-7198	www.preferredadmin.com

****Medical insurance is administered by Preferred Administrators.** For all Benefits, Claims, and Precertification questions, please call **Preferred Administrators at 1-877-276-7198**. This is the contact number listed on the back of the ID Card and is good for all providers and covered individuals. The plan does use any network. Employees are free to go to any physician of their choice.

This document is designed to highlight the major elements of Concept Packaging Group company benefits program for regular, full-time employees. Summary Plan Descriptions and documents for the benefit plans described above contain the details of the programs and shall prevail in the event of any discrepancy between the summary and the SPD. Those documents are available by emailing the HR department at HRSupport@concept-pkg.com.

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations, or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.

SPECIAL ENROLLMENT PERIODS

1. Individuals losing other coverage.

The Plan will permit an Employee who is eligible, but not enrolled, for coverage under the terms of the Plan (or a dependent of such an Employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the Plan if such person(s) loses other coverage and each of the following conditions is met:

- The Employee or dependent was covered under a group health plan or had health insurance coverage at the time coverage was previously offered to the Employee or dependent;
- The Employee stated in writing at such time that coverage under a group health plan or health insurance coverage was the reason for declining enrollment, but only if the plan sponsor or issuer (if applicable) required such a statement at such time and provided the Employee with notice of such requirement (and the consequences of such requirement) at such time;
- The Employee was under a COBRA continuation provision and the coverage under such provision was exhausted;
- The Employee was not under such a provision and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of legal separation, divorce, death, termination of employment, or reduction in the number of hours of employment) or employer contributions towards such coverage were terminated; and
- Under the terms of the plan, the Employee requests such enrollment not later than 30 days after the date of exhaustion of coverage described in (section c) or termination of coverage or employer contribution described in (section d).

Concept Packaging Group Health Benefits 1/1/2022

The maximums listed below are the total for In Network and Out of Network expenses. For example, if a maximum of 60 days is listed twice under a service, the calendar year maximum is 60 days total which may be split between In Network and Out of Network providers.

Annual Maximum Benefit

Unlimited

SCHEDULE OF BENEFITS		
CALENDAR YEAR DEDUCTIBLE	IN NETWORK	OUT OF NETWORK
Individual Plan 8107 Plan 8108 (HSA)	\$3,000 \$3,100	\$6,000 \$6,200
Family Plan 8107 Plan 8108 (HSA)	\$9,000 \$6,200	\$18,000 \$12,400
<p>Everyone covered in the family is considered to have satisfied the family deductible once the family maximum has been met.</p> <p>Amounts applied to the deductible for charges from in network providers will be used to satisfy the deductible for charges from out of network providers and vice versa.</p>		
OUT OF POCKET	IN NETWORK	OUT OF NETWORK
Individual Plan 8107 Plan 8108 (HSA)	\$4,000 \$0	\$12,000 \$12,000
Family Plan 8107 Plan 8108 (HSA)	\$8,000 \$0	\$24,000 \$24,000
<p>Copayments, deductibles, cost containment penalties, Physicians' charges for non-surgical TMJ, and out patient care of Spinal Conditions will not apply towards the out-of-pocket, nor will such charges be paid at 100% once that limit has been met.</p> <p>Amounts applied to the Out-of-Pocket maximum for charges from In Network Providers will be used to satisfy the Out-of-Pocket maximum from Out-of-Network Providers and vice versa.</p>		
Co-Insurance (% of covered service paid by Concept Packaging Group) once deductible has been met	Plan 8107 80% Plan 8108 100%	Plan 8107 50% Plan 8108 50%

Concept Packaging Group Health Benefits 1/1/2022

HEALTH PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
<p>Primary Care Physician Office Visit (Includes Labs & X-Rays associated with visit)</p> <p>General/Family Medicine Pediatrician Internist OB-GYN</p> <p>Specialist Office Visit (Includes Labs & X-Rays associated with visit)</p>	<p>Plan 8107 \$35 co-pay then 100% of covered expenses to a daily maximum of \$400, then deductible and co-insurance.</p> <p>Plan 8108 100% after deductible</p> <p>Plan 8107 \$55 co-pay then 100% of covered expenses to a daily maximum of \$400, then deductible and co-insurance.</p> <p>Plan 8108 100% after deductible</p>	<p>50% after deductible</p> <p>50% after deductible</p> <p>50% after deductible</p> <p>50% after deductible</p>
<p>Office Surgery</p> <p>Plan 8107</p> <p>Plan 8108</p>	<p>80% after deductible</p> <p>100% after deductible</p>	<p>50% after deductible</p> <p>50% after deductible</p>
<p>Preventive Care Immunizations Well Baby Care Mammograms Pap Smears PSA's Routine Physicals (Includes Labs & X-Rays performed and billed at time of visit)</p> <p>Limited to one routine physical examination in each calendar year</p>	<p>All Plans: \$25 Co-Payment, then 100% of covered expenses to a maximum of \$800, then deductible and co-insurance.</p>	<p>Not Covered.</p>

Concept Packaging Group Health Benefits 1/1/2022

HEALTH PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Alcohol and Substance Abuse		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100 % after deductible	50% after deductible
Allergy Injections		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Allergy Services & Supplies		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Ambulance Service		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Birth Control (Injections, IUD)	All Plans: \$55 co-pay then 100% of covered expenses to a daily maximum of \$1,000, then deductible and co-insurance.	50% after deductible
Chiropractic Services		
25 Visit Calendar Year Maximum	All Plans: \$20 per visit maximum benefit. Maximum of \$20 payment credited to deductible.	All Plans: \$20 per visit maximum benefit. Maximum of \$20 payment credited to deductible.
Diagnostic Testing Facility (MRI, CT, etc.) Precertification required		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Durable Medical Equipment		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Educational Diabetic Nutrition Counseling 10 Visit Calendar Year Maximum		
Plan 8107	Plan 8107 \$35 co-pay then 100% of covered expenses to a daily maximum of \$400, then deductible and co-insurance.	50% after deductible
Plan 8108	100% after deductible	50% after deductible

Concept Packaging Group Health Benefits 1/1/2022

HEALTH PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Emergency Room Visit (Co-pay waived if admitted) Plan 8107 Plan 8108	\$150 co-pay, then 80% after deductible \$150 co-pay, then 100% after deductible	\$150 co-pay, then 50% after deductible \$150 co-pay, then 50% after deductible
Home Health Care Plan 8107 Plan 8108 40 Visit Calendar Year Maximum	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Hospice Care 180 days Calendar Year Maximum	All Plans: 100% of covered expenses, Deductible waived.	All Plans: 100% of covered expenses, Deductible waived.
Inpatient/Outpatient Anesthesia Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Inpatient/Outpatient Hospital Services Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Inpatient/Outpatient Laboratory Services and X-Ray Services Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Inpatient/Outpatient Nursery Room Charges Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Inpatient/Outpatient Physician Services Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible

Concept Packaging Group Health Benefits 1/1/2022

HEALTH PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Maternity Services (Pregnancy for employee or dependent spouse only) Routine Prenatal Delivery Postnatal Care Plan 8107 Plan 8108 Breast Pumps	80% after deductible 100% after deductible All Plans: \$250	50% after deductible 50% after deductible
Mental Health Services Inpatient Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Mental Health Services Outpatient Plan 8107 Plan 8108	\$55 co-pay then 100% of covered expenses to a daily maximum of \$400, then deductible and co-insurance. 100% after deductible	50% after deductible 50% after deductible
Newborn Services Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Outpatient Therapy Cardiac Rehab Chemotherapy Speech Occupational Radiation Renal Dialysis Plan 8107 Plan 8108	80% after deductible 100% after deductible	50% after deductible 50% after deductible
Physical Therapy Plan 8107 Plan 8108	\$25 Co-pay per visit, 12 visit maximum, then deductible and co-insurance. 100% after deductible	50% after deductible 50% after deductible

Concept Packaging Group Health Benefits 1/1/2022

HEALTH PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Prosthetic Devices		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Second Surgical Opinion Benefits payable only if second opinion requested and approved by UR.	All Plans: 100% of covered expenses, Deductible waived.	All Plans: 100% of covered expenses, Deductible waived.
Skilled Nursing Facility		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
120 Day Calendar Year Maximum		
Urgent Care Facility (Not ER Room)		
Plan 8107	\$35 co-pay then 100% of covered expenses to a daily maximum of \$400, then deductible and co-insurance.	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Transplant Services		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Bone Marrow Cornea Heart Kidney Liver Lung Pancreas \$500,000 Calendar Year Maximum Donor \$10,000 Calendar Year Maximum	80% after deductible	50% after deductible
Pre-Certification Penalty	All Plans: No coverage for any services requiring pre-certification if pre-cert is not obtained prior to service or within 48 hours after service in the case of an emergency. Upon request, at plan discretion a retroactive pre cert may be issued but in no case more than 90 days after date of service.	All Plans: No coverage for any services requiring pre-certification if pre-cert is not obtained prior to service or within 48 hours after service in the case of an emergency. Upon request, at plan discretion a retroactive pre cert may be issued but in no case more than 90 days after date of service.

Concept Packaging Group Health Benefits 1/1/2022

HEALTH PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
All Other Covered Expenses		
Plan 8107	80% after deductible	50% after deductible
Plan 8108	100% after deductible	50% after deductible
Precertification is required for the following services: CT Scan Home Health Care Injectable Specialty Medications Inpatient Hospitalization MRI/MRA Tests Pet Scan Sleep Studies Outpatient Surgery per Plan Guidelines Precert with Medical Management 877-276-7198		
Prescription Drug Benefit Retail 30 day supply Plan 8107 Generic – Tier 1 Preferred Brand – Tier 2 Non-Preferred Brand – Tier 3 Specialty - Tier 4 Plan 8108 Generic – Tier 1 Preferred Brand - Tier 2 Non Preferred Brand – Tier 3 Specialty - Tier 4	\$15 co-pay \$35 co-pay \$55 co-pay 50% co-pay Prescriptions are discounted & applied to deductible	Not Covered Not Covered
Prescription Drug Benefit Mail Order RX: 2 times copay for 90 day supply Plan 8107 Generic – Tier 1 Preferred Brand – Tier 2 Non-Preferred Brand – Tier 3 Specialty - Tier 4 Plan 8108 Generic – Tier 1 Preferred Brand – Tier 2 Non Preferred Brand – Tier 3 Specialty - Tier 4	\$30 co-pay \$70 co-pay \$110 co-pay 50% co-pay Prescriptions are discounted & applied to deductible	Not Covered Not Covered
Prescriptions handled through Phoenix Pharmacy Benefits Management, www.phoenixpbm.com . 877-643-2067. Mail Order through Magnolia Pharmacy pharmacy@mymagnoliarx.com 800-476-2273		
Vision Benefit Plan 8107 & 8108 (Vision exam, frames, lenses, contact lenses, contact lens exam or fitting.)	All Plans \$200 maximum calendar year benefit	

CONCEPT PACKAGING GROUP DENTAL BENEFITS

CALENDAR YEAR DEDUCTIBLE	
Individual	\$50.00
12 Month Waiting Period on Class III Major Applies	
Maximum Benefit Per Calendar Year	\$1,500.00
Class I – Diagnostic and Preventive – Paid at 100%, no Deductible	
<ul style="list-style-type: none"> Initial or periodic oral exams, limited to one exam in (6) six months. 	
<ul style="list-style-type: none"> Intraoral complete series X-rays, including bitewings and (10) ten to (14) fourteen periapical X-rays, or panoramic film, limited to (1) one time in any (36) thirty-six month period. 	
<ul style="list-style-type: none"> Bitewing X-rays (two or four films), limited to (1) one time in any (6) six-month period. 	
<ul style="list-style-type: none"> Dental Prophylaxis, limited to (1) one time in any (6) six-month period. 	
<ul style="list-style-type: none"> Topical fluoride treatment, limited to: <ul style="list-style-type: none"> One time in any (12) twelve-month period; and Covered dependent children less than age 15. 	
<ul style="list-style-type: none"> Sealants, limited to: <ul style="list-style-type: none"> One time per tooth in any (36) thirty-six month period; Applications made to permanent molar teeth; and Covered dependent children less than age 16. 	
<ul style="list-style-type: none"> Space maintainers, including all adjustments made within (6) six-months of installation, limited to covered dependent children less than age 16. 	
Class II – Basic Dental Services (Non-Restorative) – Paid at 80% after Deductible	
<ul style="list-style-type: none"> Emergency oral exams, considered for payment as a separate benefit only if no other treatment (except X-rays) is rendered during the visit. 	
<ul style="list-style-type: none"> Intraoral periapical X-rays. 	
<ul style="list-style-type: none"> Intraoral occlusal X-rays, limited to (1) one film in any (6) six-month period. 	
<ul style="list-style-type: none"> Extraoral X-rays, limited to (1) one film in any (6) six-month period. 	

CONCEPT PACKAGING GROUP DENTAL BENEFITS

Class II – Basic Dental Services (Non-Restorative) – Paid at 80% after Deductible	
<ul style="list-style-type: none"> Other X-rays (except films related to orthodontic procedures or temporomandibular joint dysfunction). 	
<ul style="list-style-type: none"> Histopathological examination. 	
<ul style="list-style-type: none"> Stainless steel crowns, limited to: <ul style="list-style-type: none"> (1) One time in any (36) thirty-six month period. Teeth not restorable by an amalgam or composite filling; and 	
<ul style="list-style-type: none"> Pulpotomy 	
<ul style="list-style-type: none"> Root canal therapy, including all pre-operative, operative and post-operative X-rays, bacteriologic cultures, diagnostic test, local anesthesia and routine follow-up care, limited to (1) one time on the same tooth in any (24) twenty-four month period. 	
<ul style="list-style-type: none"> Apicoectomy/periradicular surgery (anterior, bicuspid or molar, each additional root), including all pre-operative, operative and post-operative X-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care. 	
<ul style="list-style-type: none"> Retrograde filling – per root. 	
<ul style="list-style-type: none"> Root amputation – per root. 	
<ul style="list-style-type: none"> Hemisection, including any root removal and an allowance for local anesthesia and routine post-operative care, does not include a benefit for root canal therapy. 	
<ul style="list-style-type: none"> Periodontal scaling and root planning (per quadrant), limited to (1) one time per quadrant of the mouth in any (24) twenty-four month period. 	
<ul style="list-style-type: none"> Periodontal maintenance procedure (following active treatment), limited to one dental prophylaxis or one periodontal maintenance procedure in any (6) six-month period. 	
<ul style="list-style-type: none"> Periodontal related services as listed below, limited to: <ul style="list-style-type: none"> (1) One time per quadrant of the mouth in any (36) thirty-six month period with charges combined for each of these services performed in the same quadrant within the same (36) thirty-six month period; <ul style="list-style-type: none"> ➤ Gingivectomy; ➤ Gingival curettage; ➤ Mucogingival or osseous surgery. 	
<ul style="list-style-type: none"> Osseous grafts. 	
Class II – Basic Dental Services (Non-Restorative) – Paid at 80% after Deductible	
<ul style="list-style-type: none"> Pedicle grafts. 	
<ul style="list-style-type: none"> Tissue grafts. 	
<ul style="list-style-type: none"> Periodontal appliances, limited to (1) one appliance in any (12) twelve-month period. 	
<ul style="list-style-type: none"> Simple extraction. 	

CONCEPT PACKAGING GROUP DENTAL BENEFITS

<ul style="list-style-type: none">• Oral surgery services as listed below, including an allowance for local anesthesia and routine postoperative care;<ul style="list-style-type: none">○ Surgical extractions (including extraction of wisdom teeth);○ Alveoloplasty;○ Vestibuloplasty;○ Removal of exostosis – maxilla or mandible;○ Frenulectomy (frenectomy or frenotomy);○ Excision of hyperplastic tissue – per arch.
<ul style="list-style-type: none">• Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus;
<ul style="list-style-type: none">• Root removal – exposed roots;
<ul style="list-style-type: none">• Biopsy;
<ul style="list-style-type: none">• Incision and drainage;
<ul style="list-style-type: none">• Palliative (emergency) treatment of dental pain, considered for payment as a separate benefit only if no other treatment (except X-rays) is rendered during the visit.
<ul style="list-style-type: none">• General anesthesia and intravenous sedation, limited as follows:<ul style="list-style-type: none">○ Considered for payment as a separate benefit only when medically necessary (as determined by us) and when administered in the dentist’s office or outpatient surgical center in conjunction with complex oral surgical services, which are covered under the policy.
<ul style="list-style-type: none">• Consultation, including specialist consultations, limited as follows:<ul style="list-style-type: none">○ Considered for payment only if billed by a dentist who is not providing operative treatment;○ Benefits will not be considered for payment if the purpose of the consultation is to describe the dental treatment plan.
<ul style="list-style-type: none">• Therapeutic drug injections.
Class II – Basic Dental Services (Restorative) – Paid at 80% after Deductible
<ul style="list-style-type: none">• Amalgam restorations, limited as follows:<ul style="list-style-type: none">○ Multiple restorations on one surface will be considered a single filling;○ Benefits for the replacement of an existing amalgam restoration will only be considered for payment if at least:<ul style="list-style-type: none">➢ (12) Twelve months have passed since the existing amalgam restoration was placed if the covered person or covered dependent is less than age 19; or➢ (36) Thirty-six months have passed since the existing amalgam restoration was placed if the covered person or covered dependent is age 19 or older;○ Mesial, lingual, buccal (MLB) and distal, lingual, buccal (DLB) restorations will be considered single surface restorations;
<ul style="list-style-type: none">• Silicate restorations.
<ul style="list-style-type: none">• Plastic restorations.

CONCEPT PACKAGING GROUP DENTAL BENEFITS

<ul style="list-style-type: none"> • Composite restorations, limited as follows: <ul style="list-style-type: none"> ○ Mesial-lingual, distal-lingual, mesial-buccal, and distal-buccal restorations on anterior teeth will be considered single surface restorations; ○ Acid etch is not covered as a separate procedure; ○ Benefits for the replacement of an existing composite restoration will only be considered for payment if at least: <ul style="list-style-type: none"> ➤ (12) Twelve months have passed since the existing composite restoration was placed if the covered person or covered dependent is less than age 19; or ➤ (36) Thirty-six months have passed since the existing composite restoration was placed if the covered person or covered dependent is age 19 or older; ○ Benefits for composite resin restorations on posterior teeth will be based on the benefit for the corresponding amalgam restoration.
<ul style="list-style-type: none"> • Pin retention restorations, covered only in conjunction with an amalgam or composite restoration, pins limited to one time per tooth.
Class III – Major Dental Services – Paid at 50% after Deductible 12 MONTH WAITING PERIOD FOR TYPE III SERVICES WILL APPLY
<p>All benefits for the services listed below include an allowance for all temporary restorations and appliances, and one-year follow-up care.</p>
<ul style="list-style-type: none"> • Inlays and onlays; <ul style="list-style-type: none"> ○ Covered only when the tooth cannot be restored by an amalgam or composite filling; ○ Covered only if more than (10) ten years have elapsed since last placement; and ○ Limited to persons over age 16.
Class III – Major Dental Services – Paid at 50% after Deductible 12 MONTH WAITING PERIOD FOR TYPE III SERVICES WILL APPLY
<ul style="list-style-type: none"> • Porcelain restorations on anterior teeth.
<ul style="list-style-type: none"> • Crowns; <ul style="list-style-type: none"> ○ Covered only when the tooth cannot be restored by an amalgam or composite filling; ○ Covered only if more than (10) ten years have elapsed since last placement; and ○ Limited to persons over age 16;
<ul style="list-style-type: none"> • Recementing inlays.
<ul style="list-style-type: none"> • Recementing crowns.
<ul style="list-style-type: none"> • Post and core, covered only for endodontically treated teeth requiring crowns.
<ul style="list-style-type: none"> • Endodontic endosseous implant and endosseous implant, limited as follows: <ul style="list-style-type: none"> ○ Benefits for the replacement of an existing implant are payable only if the existing implant is: <ul style="list-style-type: none"> ➤ More than (10) ten years old; and ➤ Cannot be made serviceable.
<ul style="list-style-type: none"> • Full dentures, limited as follows: <ul style="list-style-type: none"> ○ Limited to one time per arch unless: <ul style="list-style-type: none"> ➤ (10) Ten years have elapsed since last replacement; and ➤ The denture cannot be made serviceable; ○ We will not pay additional benefits for personalized dentures or overdentures or associated treatment; ○ We will not pay for any denture until it is accepted by the patient.
<ul style="list-style-type: none"> • Partial dentures, including any clasps and rests and all teeth, limited as follows: <ul style="list-style-type: none"> ○ Limited to one partial denture per arch unless: <ul style="list-style-type: none"> ➤ (10) Ten years have elapsed since last replacement; and ➤ The partial denture cannot be made serviceable ○ There are no benefits for precision or semi-precision attachments.

CONCEPT PACKAGING GROUP DENTAL BENEFITS

<ul style="list-style-type: none"> Each additional clasp and rest.
<ul style="list-style-type: none"> Denture adjustments, limited to: <ul style="list-style-type: none"> One time in any (12) twelve month period; and Adjustments made more than (12) twelve months after the insertion of the denture.
Class III – Major Dental Services – Paid at 50% after Deductible 12 MONTH WAITING PERIOD FOR TYPE III SERVICES WILL APPLY
<ul style="list-style-type: none"> Repairs to full or partial dentures, bridges, crowns and inlays, limited to repairs or adjustments performed more than (12) twelve months after the initial insertion.
<ul style="list-style-type: none"> Relining or rebasing dentures, limited to: <ul style="list-style-type: none"> One time in any (36) thirty-six month period; and Relining or rebasing done more than (12) twelve months after the insertion of the denture.
<ul style="list-style-type: none"> Tissue conditioning, limited to repairs or adjustment performed more than (12) twelve months after the initial insertion of the denture.
<ul style="list-style-type: none"> Fixed bridges (including Maryland bridges), limited as follows: <ul style="list-style-type: none"> Limited to persons over age 16; Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge: <ul style="list-style-type: none"> ➤ Is more than (10) ten years old; and ➤ Cannot be made serviceable; A fixed bridge replacing the extracted portion of a hemisected tooth is not covered; The date the bridge is cemented in the mouth will be used in determining the amount that will be applied to the Benefit Year Maximum shown in the Schedule.
<ul style="list-style-type: none"> Recementing bridges, limited to repairs or adjustment performed more than (12) twelve months after the initial insertion.



WELLNESS CREDIT VERIFICATION

This form must be completed and returned to Preferred Administrators in order to receive your Wellness Credit for the year. Please complete the information below and have your physician indicate the procedures done, then sign and date the form where indicated. All procedures must be performed to receive credit.

COMPLETED BY EMPLOYEE

Insured Employee: _____

Dependent Patient: _____

Member ID Number: _____

[Refer to front of Healthcare Card](#)

COMPLETED BY PHYSICIANS OFFICE

PLEASE BE SURE TO SUBMIT CLAIM USING THE CORRECT WELLNESS/PREVENTIVE CARE/ANNUAL PHYSICAL DIAGNOSIS CODE(S) AND CPT CODE(S) FOR THE VISIT IN ORDER TO ASSURE CORRECT PROCESSING OF THE CLAIM

The following procedures/tests have been completed: [At a minimum the following must be performed:](#)

Height	<input type="checkbox"/>	Weight	<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	Glucose	<input type="checkbox"/>	Triglyceride	<input type="checkbox"/>

Provider Name _____

Address _____

Address _____

Phone Number _____

Signature

Date

Please return to the HR Support Desk for proper processing:

HRsupport@concept-pkg.com

****Please note that information on this form is private and should not be shared with co-workers, managers, etc.****

PREFERRED ADMINISTRATORS

AUTHORIZATION TO USE AND DISCLOSE MEDICAL INFORMATION

(Optional Authorization)

Please clearly print all information.

Coverage and Claim Information

For the purpose(s) of customer service and related activities, I hereby agree, on my behalf and on behalf of my minor dependents, that information regarding coverage or any claim regarding me or my dependents may be released by Preferred Administrators, to me, my spouse, my parents (for dependents age 18 or over), my medical providers, my plan sponsors/employers, my agent(s) of record, as applicable, or as may be otherwise lawfully permitted, or as I may further authorize below.

Medical Information

I hereby authorize, on behalf of myself and my dependents, that information available as to the present or former physical health condition, including drug and alcohol or domestic abuse and/or treatment of me or my dependents and all such information, including, but not limited to, medical records, health-care provider notes, laboratory tests and results, diagnoses, treatments, and prognoses regarding me or my dependents may be used for the administration and servicing of my benefit plan and may be released to me and my dependents, reinsurance companies, physicians, medical practitioners, hospitals, clinics, plan sponsors/employers, agent(s) of record, veterans administration facilities or medically related facilities, or other persons or organizations performing business, medical or legal services in connection with coverage or coverage for any claim, medical management, or pharmacy benefit management activities (including the release of claims and medical information to treating physicians regarding potential problematic drug use patterns), or as may be otherwise lawfully permitted or as I may further authorize below. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by state or federal law. This authorization is not applicable to psychotherapy notes.

Customer Signature

Customer Social Security Number

Date

If signed by a representative of applicant, please indicate the representative's authority to act on behalf of applicant.

I agree that a photographic copy of this authorization shall be as valid as the original and that this authorization shall expire 15 months after the termination of any coverage I obtain. I understand that I may request a copy of this authorization. I understand that I may revoke this authorization at any time in writing unless action has been taken in reliance on my authorization. I understand that I may refuse to sign this authorization. Should I choose to sign this authorization I understand that I have the right to request access to my protected health information that may be used or disclosed.

For specific individuals not covered above, please complete the following for additional authorization.

I _____ authorize _____	
Customer First and Last Name	Authorized Individual First /Last Name/Relationship to Customer
to receive confidential information about me/my spouse/my dependents (circle one or more).	