

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@mvmagnoliarx.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. 	

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Class II – Basic Dental Services (Non-Restorative) – Paid at 80% after Deductible	
• Other X-rays (except films related to orthodontic procedures or temporomandibular joint dysfunction).	
• Histopathological examination.	
• 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 	
• Pulpotomy	
• 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.	
• 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.	
• Retrograde filling – per root.	
• Root amputation – per root.	
• 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.	
• Periodontal scaling and root planning (per quadrant), limited to (1) one time per quadrant of the mouth in any (24) twenty-four month period.	
• Periodontal maintenance procedure (following active treatment), limited to one dental prophylaxis or one periodontal maintenance procedure in any (6) six-month period.	
• 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. 	
• Osseous grafts.	
Class II – Basic Dental Services (Non-Restorative) – Paid at 80% after Deductible	
• Pedicle grafts.	
• Tissue grafts.	
• Periodontal appliances, limited to (1) one appliance in any (12) twelve-month period.	
• Simple extraction.	

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<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.

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<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.

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<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.