

2,00

1-19-14

J. Lane

fax

1/9

11:50

**Number of Pages  
(Including Cover Sheet)**3**Date**1-9-14**To**Wei Change**Fax Number**212-889-5573**From**Shane Lane**Phone Number**863-422-0583**Fax Number**8007801224**cc****Comments**Group # 243400-1Dental Benefit Summary

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Services are provided by Empire HealthChoice, LLC and/or Empire HealthChoice Assurance, Inc., independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## Progressive Dental Plan

CDT-4 ADA CODE	BEI/EFIT DESCRIPTION	Reimbursements
120	Periodic oral exam	\$13.25
150	Comprehensive oral evaluation	\$14.00
160	Detailed/extensive oral evaluation	\$14.00
180	Comprehensive periodontal evaluation	\$14.00
210	Intraoral radiograph - complete series including bitewings	\$28.00
220	Intraoral periapical radiograph - first film	\$5.75
230	Intraoral periapical radiograph - each additional film	\$6.25
240	Intraoral occlusive radiograph	\$13.00
270	Bitewing radiograph - single film	\$6.25
272	Bitewing radiograph - two films	\$10.75
274	Bitewing radiograph - four films	\$21.00
277	Vertical bitewings - 7-8 films	\$21.00
290	Posterior-anterior or lateral skull film	\$33.00
321	TMJ joint films	\$41.00
330	Panoramic film	\$27.00
1110	Prophylaxis (Adult)	\$24.00
1120	Prophylaxis (Child)	\$16.50
1201	Topical application of fluoride (incl. prophy child)	\$29.00
1203	Topical application of fluoride (excl. prophy child)	\$12.50
1204	Topical application of fluoride (incl. prophy adult)	\$12.50
1205	Topical application of fluoride (excl. prophy adult)	\$29.00
1510	Space maintenance fixed unilateral (primary teeth)	\$88.00
1515	Space maintenance fixed bilateral (primary teeth)	\$122.00
1520	Space maintenance removable unilateral (primary teeth)	\$120.00
1525	Space maintenance removable bilateral (primary teeth)	\$110.00
1550	Recementation of space maintainer	\$18.50
2140	Amalgam 1 surface	\$23.00
2150	Amalgam 2 surface	\$33.00
2160	Amalgam 3 surface	\$41.00
2161	Amalgam 4+ surface	\$49.00
2330	Resin 1 surface anterior (including acid etch)	\$33.00
2331	Resin 2 surface anterior (including acid etch)	\$44.00
2332	Resin 3 surface anterior (including acid etch)	\$51.00
2390	resin based composite anterior crown	\$61.00
2391	resin based composite - posterior one surface	\$23.00
2392	resin based composite - posterior two surfaces	\$33.00
2393	resin based composite - posterior three surfaces	\$41.00
2394	resin based composite - posterior four or more surfaces	\$41.00
2799	Provisional crown	\$28.50
2335	Resin 4 or more surfaces involving incisal angle/acid etch	\$61.00
2910	Recement Inlay	\$20.00
2920	Recement crown	\$18.50
2930	Prefabricated stainless steel crown, primary to age 19	\$71.00
2931	Prefabricated stainless steel crown, permanent to age 19	\$71.00
2940	Sedative filling	\$17.50
2980	crown repair, by report	\$28.50
3310	Root canal - anterior	\$164.00

7260	Oral antral fistula closure	\$227.00
7261	Primary closure of a sinus perforation	\$227.00
7285	Biopsy of oral tissue - hard (bone, tooth)	\$88.00
7286	Biopsy of oral tissue - soft (all others)	\$70.00
7310	Alveoloplasty in conjunction with extractions (per quadrant)	\$71.00
7320	Alveoloplasty not in conjunction with extractions (per quadrant)	\$95.00
7450	Removal of odontogenic cyst or tumor-lesion diameter up to 1.2	\$105.00
7451	Removal of odontogenic cyst or tumor-lesion diameter greater than	\$216.00
7460	removal of benign cyst/tumor	\$140.00
7461	removal of benign cyst/tumor	\$229.00
7610	maxilla- open reduction	\$420.00
7620	maxilla- closed reduction	\$298.00
7630	mandible - open reduction	\$601.00
7640	mandible- closed reduction	\$530.00
7710	maxilla- open reduction	\$563.00
7730	mandible - open reduction	\$679.00
7740	mandible- closed reduction	\$595.00
7960	Frenectomy, frenolectomy, frenotomy	\$105.00
7971	Excision of perioral gingival	\$35.00
9110	Palliative treatment minor procedures	\$17.50

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**Date**

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**To**

Wei Chang

**Fax Number**

212-889-5573

**From**

Spence Lane

**Phone Number**

856-422-2583

**Fax Number**

8007801224

**cc**

**Comments**

Group # 24346 - 1

HIPPA Letters

**Empire**   
BLUECROSS BLUESHIELD

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## Certificate of Prior Health Plan Coverage

### IMPORTANT - KEEP THIS CERTIFICATE

This certificate is evidence (or proof) of your health coverage under this plan, and for any person listed below. Under a federal law known as HIPAA, you may need this evidence:

1. to reduce a preexisting condition exclusion period under another plan,
2. to exercise your right to special enrollment in another plan, or
3. to get certain types of individual health coverage, commonly referred to as "guarantee issue" coverage, even if you have health problems.

This form includes educational information intended to help you understand your rights under HIPAA.

<b>Date Certificate Is Issued:</b>	01/09/14
<b>This certificate has been issued by:</b>	EMPIRE HEALTHCHOICE ASSURANCE, Inc. 1 Liberty Plaza 165 Broadway New York, NY 10006
<b>Participant/Subscriber's Name:</b>	Claude Simon
<b>Subscriber's Address:</b>	71 Tonjes Road Callicoon, NY 12723
<b>ID Number:</b>	YLD 80880685
<b>Group Health Plan Name:</b>	Veratex Inc
<b>For more information about this Certificate, please call:</b>	Telephone number on back of your insurance card

(Note: separate certificates will be furnished if information is not identical for the participant and each beneficiary.)

If the individual(s) has at least 18 months of creditable coverage the Waiting Period/Application Date and the Date of Coverage field will contain an asterisk(\*)

\* For group coverage, this is the date the person's coverage waiting period began (usually the date of hire). For individual (nongroup) coverage, this is the date a substantially completed application was received. These dates are used to mark the end of a prior break in coverage. However, the period of time between these dates and the date coverage began does not count toward creditable coverage.

6/24/05

## Statement of HIPAA Portability Rights

**Preexisting condition exclusions.** Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "preexisting condition exclusions". A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 6 months before your "enrollment date". Your enrollment date is your first day of coverage under the plan, or if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a preexisting condition exclusion cannot last for more than 12 months after your enrollment date, (18 months if you are a late enrollee). Finally, a preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption.

If a plan imposes a preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage); a plan may not have to count the coverage you had before the break.

**Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.**

**Right to get special enrollment in another plan.** Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.

**Therefore, once your coverage ends, if you are eligible for coverage in another plan, (such as a spouse's plan), you should request special enrollment as soon as possible.**

**Prohibition against discrimination based on a health factor.** Under HIPAA, a group health plan may not keep you (or your dependents, such as a spouse and/or children) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

**Right to individual health coverage.** Under HIPAA, if you are an "eligible individual", you have a right to buy certain individual health policies (or in some states, you have the right to buy coverage through a high-risk pool) without preexisting condition exclusion.

To be an eligible individual, you must meet the following requirements:

- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- Your most recent coverage was under a group health plan (which can be shown by this certificate);
- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired, or quit your job.

Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

**States have flexibility.** This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

**For more information.** If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for "Protecting Your Health Insurance Coverage"). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>, the DOL's interactive web pages - Health Elaws, or <http://www.cms.hhs.gov/hipaa>.



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