

BEST Life
BEST Life and Health Insurance Company

Dental



IndemnityPlus Dental Plans

Group Sizes 2 or more

Underwritten by BEST Life and Health Insurance Co.

Affordable Dental Care with Big Business Benefits

Best Life offers Indemnity dental plans for groups as small as 2 employees enrolling. Our IndemnityPlus dental plans have the same benefit levels in or out of network, yet include access to a network for out-of-pocket savings. With a wide range of benefit options to choose from, we're sure there is a product to meet your clients' needs.

Dental Plans for Group Size 2+



INDEMNITYPLUS

IndemnityPlus is BEST Life's Indemnity plan that offers access to a passive PPO network. The same benefit levels apply in or out-of-network and members have the freedom to choose any licensed provider or to access a passive network provider.

- Same coinsurance levels in and out-of-network;
- Access to passive PPO networks for additional out-of-pocket savings;
- Automatic access to DenteMax's national PPO network when outside primary network service area;
- High, mid and basic plan design options;
- Out-of-network UCR reimbursement at the 80th or 90th percentile;
- Child and adult orthodontia available as an option; and
- Discounts for ortho and non-covered services offered through the PPO provider network.

Voluntary Dental Plans

All of our dental plans can be offered as voluntary benefits. These plans allow employers the opportunity to offer a low-cost dental package to employees at no additional cost to the employer. For a group to qualify for our voluntary dental plans we require a minimum of 20% of all eligible employees to enroll, with no less than five enrolled.

Groups who demonstrate above 60% participation are eligible to receive their voluntary plan at employer-contributory rates.

Mid-sized to Large Groups

We offer customized dental plans for groups with more than 100 employees. Please contact your BEST Health Plans Representative for a custom quote.

Other BEST Life Dental Product Features



BEST Life’s dental plans include the following features:

Dental Networks

BEST Life’s dental plans offer access to national and regional PPO networks.

Network	States of Coverage
DenteMax	National
Diversified Dental Services (DDS)	NV
First Dental Health (FDH)	CA
Maverest Dental Alliance	IN
Total Dental Administrators (TDA)	AZ, CO, UT

Discounts for orthodontic and other non-covered services are also available through our PPO network.

Special Benefits

BEST Life offers a Children’s Good Vision Benefit, which pays 50% of usual, customary and reasonable expenses for a vision exam once every 12 months. This benefit is available for eligible dependent children through age 20 and is automatically included with dental plans that have an orthodontia option.

A Dental Accident Benefit is included with BEST Life dental plans. This benefit covers injuries to sound, natural teeth up to \$500 or \$1,000 depending on the plan design chosen. Both benefits are provided at no extra charge to the client.

EyeMed Discount Plan

Groups who purchase ortho coverage with their dental plan will also receive an EyeMed Discount Plan for discounts off of exams, eyeglasses, progressive lenses, UV coating, tints, polycarbonates, contacts, and laser vision correction. Discounts are only available at EyeMed locations.

LASIK Eye Surgery Discounts

BEST Life members are automatically eligible to participate in our LASIK Eye Surgery Discount program administered by QualSight. Those who call QualSight and identify themselves as a BEST Life member may receive 40-50% off the national average charge for LASIK procedures.

Where are BEST Life’s Dental Products Available?

PPO products are available in AZ, CA, DC, FL, IL, IN, MD, MI, MO, NV, OH, and UT.

PPO MAC products are available in TX.

Indemnity products are sold in AK, AL, AR, AZ, CA, CO, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, MD, MI, MS, MO, MT, NC, ND, NE, NM, NV, OH, OK, OR, SC, SD, TN, TX, UT, VA, WA and WY.



BEST Life Indemnity Dental Plans



Plan Design	IndemnityPlus		
	High Plan	Mid Plan	Basic Plan
Calendar Year Maximum:	\$2,500	\$2,000	\$1,000
	\$2,000	\$1,500	\$750
	\$1,500	\$1,200	\$500
	\$1,000	\$1,000	
Individual Calendar Year Deductible (3 per family max):	\$0, \$25, \$50, \$75 or \$100 Applies to Class II and Class III		
Class I: Preventive Care Services – Routine oral exam, cleanings, fluoride treatment for children, X-rays, sealants	100%	100%	80%
Class II: Basic Services – Fillings (amalgam, porcelain & plastic), general anesthesia, emergency palliative treatment, space maintainers for children, pathology	90%	80%	80%
Class III: Major Services – Crowns & gold fillings, inlays, onlays and pontics, fixed bridges, complete and partial dentures, endodontics, periodontics	60%	50%	50%
Oral Surgery	Class II	Class II	Simple & surgical extractions under Class II, other oral surgery under Class III
Endodontics	Class II or Class III		
Periodontics	Class II or Class III		
Waiting Periods	12 month waiting period applies to Major and Ortho services*		
Orthodontics (optional) **	50%		
Lifetime Maximum Benefit Options	\$1,000 Child with adult or \$1,000 or \$1,500 Child only	\$1,000 Child with adult or \$1,000 or \$1,500 Child only	\$1,000 or \$1,500 Child only
Special Dental Accident Benefit	\$1,000 maximum per accident		
Children's Good Vision Benefit	Included with Orthodontia only		
Reimbursement Level	80 th or 90 th percentile		

* Waived for qualifying groups. Please refer to the Dental Underwriting Guidelines for rules on waiving waiting periods.

** Orthodontic benefit options are available to groups with 5 or more employees enrolling. Adult orthodontia is available only to employer-contributory groups with 25 or more employees enrolling.

Dental

The Fine Print



Employee Effective Date

An employee's coverage will take effect:

- On the date the group's coverage takes effect if the employee's enrollment card is received within 31 days of that date and if there are no waiting periods to satisfy; or
- On the first day of the calendar month following the date the waiting period is met. The employee's enrollment card must be received within 31 days after satisfying the waiting period. If an employee is not working full-time on the date he or she would otherwise become covered, the employee will not be eligible for coverage until he or she returns to active work.

New employee hires can join the plan the first of the month after the date of hire, if elected by the employer on the Employer Application.

Dependent Eligibility

Eligible dependents include spouse and dependent children. The definition of dependent child varies by state. Refer to the Dental PPO-Indemnity Guidelines or the plan's Certificate Booklet for more information.

Dependent's Effective Date

An eligible dependent's insurance will take effect on the later of the following:

- If an eligible employee enrolls their eligible dependents at the time of the employee's initial enrollment, then the dependent's effective date is the same as the employee's effective date; or
- If, after the eligible employee's initial enrollment, the employee acquires an eligible dependent, then the acquired dependent's effective date is the first day of the calendar month following the dependent's enrollment date (provided the enrollment is made within 31 days of the dependent's initial eligibility date).

Late Entrants To The Plan

If an employee or dependent enrolls for coverage 31 days or more after becoming eligible, he or she will be considered a "late entrant" and only eligible for:

- Preventive services during the first 12 months of continuous coverage; and
- Preventive services and 50% of Basic services not to exceed a maximum of \$500 during the second 12 months of continuous coverage.
- Major services when the employee or dependent is no longer a "late entrant".

Usual, Customary and Reasonable

BEST Life bases claims payment on the "usual, customary and reasonable" (UCR) charge for covered dental services and supplies. UCR is determined by the fee commonly charged specifically for the severity and nature of the treatment within the dentist's particular geographic area. In-network claims are paid by the UCR fees listed in the Preferred Provider Fee Schedule. Out-of-network claims payments are based either on the UCR or on a fee level that is within the same range of fees considered to be UCR.

Advance Notice of Dental Treatment

Any course of treatment a provider estimates to be in excess of \$300 must be reported to the company for predetermination prior to the treatment being rendered. A predetermination is an estimate of how benefits will be processed.

Extension of Dental Benefits

We will continue to pay dental benefits for thirty (30) days following the termination date of the employee's or dependent's coverage if: the expenses incurred would have been eligible for payment had coverage remained in effect; and the impression for an appliance or modification of an appliance had been taken before termination and delivered and installed within 30 days following the termination of coverage; or a tooth was prepared for a crown, bridge or other lab fabricated restoration before termination; and it was delivered and installed within 30 days following the termination of coverage; or in the treatment of root canal therapy, where the pulp chamber was opened before termination.

Termination of Coverage

Employee and dependent coverage will terminate on the earliest of the following events: (1) the last day of the month in which active employment ceases, unless the employee is on leave of absence, temporary layoff or total disability and the employer decides to continue paying for coverage; (2) the last day of the month in which the employee and/or dependent ceases to be eligible for insurance; (3) the date the employer ceases to be a Participating Employer; (4) the day before the due date of any premium that remains unpaid at the end of the grace period; (5) the date the policy terminates; or (6) the date the number of insured employees of a Participating Employer falls below three.

For Underwriting Information, please refer to the Dental PPO-Indemnity Guidelines included with this Sales kit.



Exclusions

The following is a summarized list of services and supplies that are not generally covered and may vary by plan. For full details, refer to the plan's Certificate Booklet.

Unless specifically included as a covered service, the following are not covered:

- Expenses incurred while on active duty with any military, naval, or air force of any country or international organization;
- An appliance, or modification of one, where an impression was made before the patient was covered; a crown, bridge or other lab fabricated restorations for which the tooth was prepared before the patient was covered; root canal therapy if the pulp chamber was opened before the patient was covered;
- Pulp capping, if in conjunction with the installation of inlays, onlays or crowns and fillings;
- Replacement of a lost or stolen or discarded prosthetic device;
- Dental services and supplies which are given primarily for cosmetic reasons including alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons;
- The replacement of a crown, prosthesis, fixed bridge or denture if such crown, prosthesis, fixed bridge or denture was installed less than seven years before, unless such replacement is made necessary by the initial extraction of an adjoining functional natural tooth;
- The initial installation of a prosthetic device (a fixed bridge or denture), including crowns and inlays which form abutments, to replace teeth missing before You were covered under the policy, except when it also replaces a tooth that is extracted while covered unless such installation commences after You have remained continuously covered under this plan for at least three years immediately prior to the date such installation commences;
- Expenses incurred for orthodontic treatment and orthodontia type procedures unless such procedures are covered under a BEST Life orthodontic rider;
- Expenses incurred as a result of participating in a riot or insurrection or the commission of a felony;
- Charges in excess of Usual, Reasonable and Customary charges;
- Services and supplies not reasonably necessary;
- Charges for service provided for temporomandibular joint dysfunction (TMJ);
- Services and supplies covered under any Worker's Compensation Act or similar law;
- Services and supplies performed outside of the United States of America;
- Expenses incurred for congenital or developmental malformations;
- Expenses incurred for dental implants and related procedures, including but not limited to endosteal, subperiosteal, and any associated fixed or removable prosthetic device;
- Any services or supplies for correction or alteration of occlusion, or any occlusal adjustments;
- Expenses for "safe fees" (gloves, masks, surgical scrubs and sterilization);
- Expenses incurred for night guards or any other appliances for the correction of harmful habits;
- Expenses incurred due to treatment rendered by a family member. For the purpose of this limitation, "family member" includes, but is not limited to, Your lawful spouse, child, parent, step-parent, grandparent, brother, sister, cousin or in-law;
- Expenses incurred due to treatment rendered by Your employer;
- Expenses not otherwise specifically listed as a Covered Expense;
- Expenses for services for which You would not legally have to pay if there were no insurance; or
- Services not completed on or before the date of termination must be completed within 90-days of the termination date, unless such services are covered under the Extension of Dental Benefits. If an Insured person transfers from the care of one dentist to another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, BEST Life shall be liable only for the amount it would have been liable for had one dentist rendered the services;

This brochure is for descriptive purposes only. Please refer to Certificate Booklet for specific details about plan coverages, limitations and exclusions.

BEST Life products are marketed and distributed by BEST Health Plans, LLC. Underwritten by BEST Life and Health Insurance Co.



Notes

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