

BEST Life IndemnityPlus Dental Insurance Plans

for groups with two or more employees



Plans feature:

Adult & Child Orthodontia Options

Optional 2-Year Rate Guarantees

Childrens' "Good Vision" Benefit

**New Indemnity
Dental Plans!**

BEST  **LIFE**

Indemnity Plan

Calendar Year Maximum

Choose your level of benefits

Class I Preventive Services

includes dental exams, cleanings, fluoride treatments for children, x-rays

Deductible

Waiting period

Class II Basic Services includes emergency palliative treatment, fillings (amalgam, porcelain and plastic), oral surgery*, anesthesia, space maintainers and pathology

Deductible

Waiting period

Periodontics/Endodontics³

Class III Major Services includes prosthetics, crowns & gold fillings, inlays, onlays, pontics and other eligible services

Deductible

Waiting period²

Periodontics/Endodontics³

Class IV Orthodontics (optional)

Waiting period²

Child or Adult⁴

Lifetime Maximum benefit

Supplemental Dental Accident Benefit - covers injury to sound, natural teeth

Children's Good Vision Benefit⁵

Marketed By:

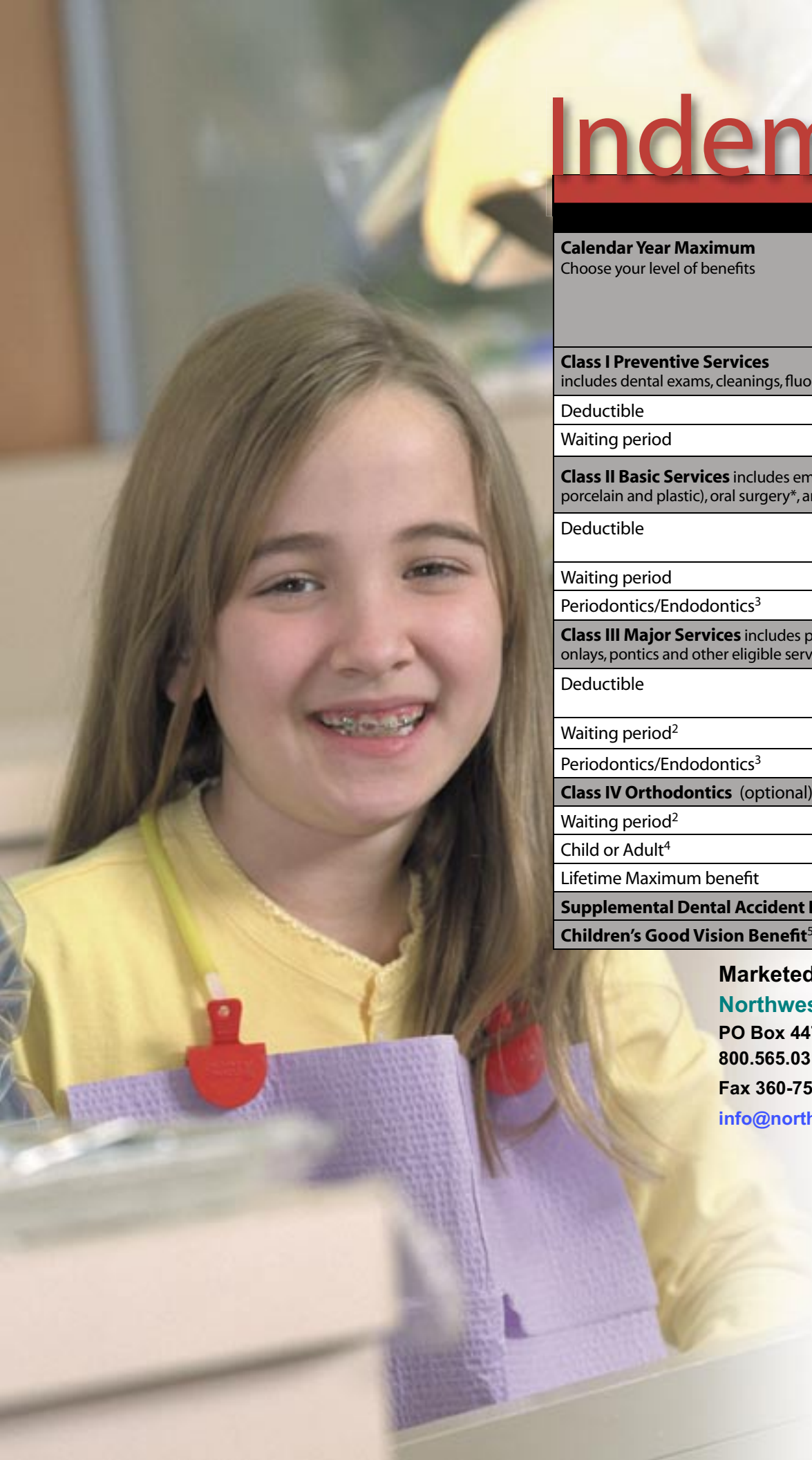
Northwest Marketing Resources, Inc.

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Ask about our two-year initial rate guarantee option¹

us dental plans

All plans are available as		Employer-Sponsored or Voluntary	
	High Plan	Medium Plan	Basic Plan
	\$2,500	\$2,000	\$1,000
	\$2,000	\$1,500	\$750
	\$1,500	\$1,200	\$500
	\$1,000	\$1,000	
	100% coverage for eligible expenses	100% coverage for eligible expenses	80% coverage for eligible expenses
	\$0	\$0	\$0
	No	No	No
	90% coverage for eligible expenses	80% coverage for eligible expenses	80% coverage for eligible expenses; *oral surgery is covered in Class III
	\$25 or \$50 per calendar year, 3 per family maximum	\$25 or \$50 or \$75 per calendar year, 3 per family maximum	\$50, \$75 or \$100 per calendar year, 3 per family maximum
	No	No	No
	Class II or Class III	Class II or Class III	Covered in Class III
	60% coverage for eligible expenses	50% coverage for eligible expenses	50% coverage for eligible expenses
	Calendar year deductible applies	Calendar year deductible applies	Calendar year deductible applies
	12 month initial	12 month initial	12 month initial
	Class II or Class III	Class II or Class III	50%
	50% coverage for eligible expenses	50% coverage for eligible expenses	50% coverage for eligible expenses
	12 month initial	12 month initial	12 month initial
	Child with adult option	Child with adult option	Child only
	\$1,000	\$1,000	\$1,000
	\$1,000 maximum per accident	\$1,000 maximum per accident	\$1,000 maximum per accident
	Yes	Yes	Yes

- Employer-sponsored plans:* 12-month initial rate guarantee. Two year option available for groups of 25 or more enrolled employees. Two year rate guarantee not available for loaded industries, and may not be available in all states, or with all plans and cannot be combined with any other marketing discounts. *Voluntary plans:* 12-month initial rate guarantee. Two year rate guarantee not available.
- Employer-sponsored plans:* 12-month waiting period on periodontics, endodontics and all Class III and IV services will be waived for groups of five or more enrolled employees with comparable coverage and 25 or more enrolled employees with no prior coverage. Late entrant provision does not apply during open enrollment for groups of ten or more enrolled employees. *Voluntary plans:* 12-month waiting period on periodontics, endodontics and all Class III and IV services are waived for groups of 10 or more with previous comparable coverage.
- Periodontics/endodontics are available as either Class II or Class III in the High and Mid Plans.
- Adult ortho only available for employer-sponsored plans with 25 or more employees enrolling. Child ortho available for dependent children through age 20.
- 50% of usual and customary expenses for a vision exam once every 12 months for dependent children through age 20. This is only available to groups that elect orthodontia.

caring for you

Why choose BEST Life and Health Insurance Company for your dental plans?

Personal attention and customer service

All phone calls are greeted by our experienced staff, not voicemail. We believe that service is the core of a good business relationship. We respect and appreciate the independent insurance agents who guide their clients to us.

Online dental quoting available 24 hours a day

Just go to www.besthealthplans.com, add your group size and SIC code and you'll have a quote in minutes.

Access to national PPO networks

Our passive PPO networks include national dental networks, such as DenteMax. And of course, we also offer regional networks, such as First Dental Health (FDH), Total Dental Administrators (TDA) and others. Accessing these networks will reduce members' out-of-pocket costs.

Products tailored to meet your clients' needs

Pick and choose options to customize a plan for each group. You can view the many options on our website.

Simplified underwriting processing and quick claims turnaround

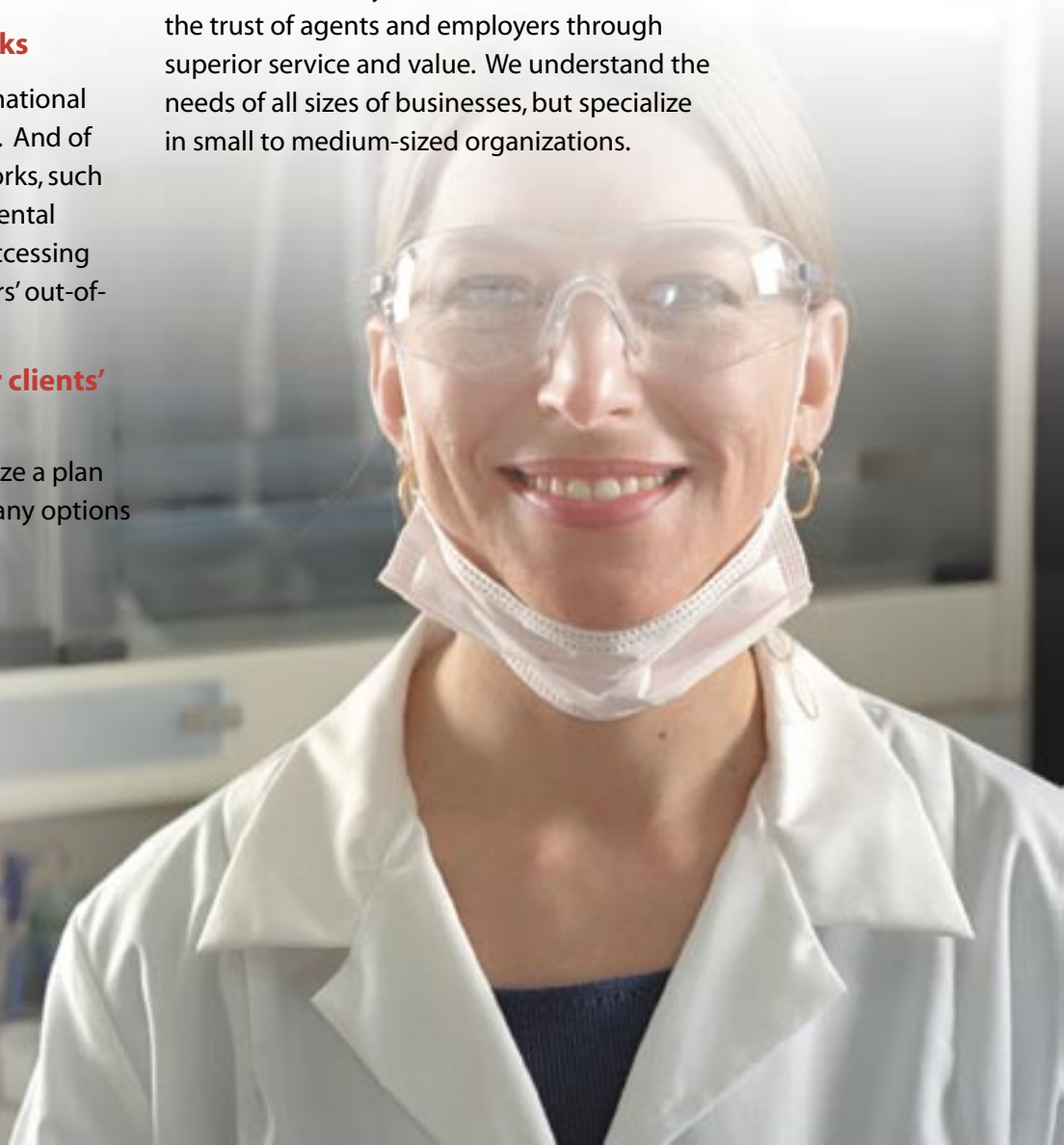
BEST Life maintains all of our administrative and claims-paying services in-house, along with our underwriting and marketing departments.

Sophisticated claims system

Our electronic claims paying system gives us the capability to process claims accurately within days, instead of months, like other carriers.

Financial stability, strength and demonstrated market commitment.

For more than 35 years, BEST Life has earned the trust of agents and employers through superior service and value. We understand the needs of all sizes of businesses, but specialize in small to medium-sized organizations.





about the plans

One size doesn't fit all

BEST Life has a variety of dental products to suit almost any need. Our plans encourage preventive care to keep members' teeth healthy and to help reduce costly procedures.

Indemnity dental plans

Indemnity dental plans mean freedom of choice for members. They can visit any licensed dentist for care. The BEST Life IndemnityPlus Dental Plans allow them to continue receiving care from the providers they trust.

Voluntary Dental Plans

If your group cannot meet the participation requirements of our employer-sponsored plans, it may qualify for the voluntary option. Voluntary plans require a minimum of ten eligible employees and 20% of all eligible employees enroll. These plans allow employers the opportunity to offer a low-cost dental package to employees at no additional cost to the employer.

A voluntary plan allows for convenient payroll deductions and a chance for members to save even more by taking advantage of pre-tax savings.

Custom quotes for larger groups

We offer custom dental plans for groups with more than 100 employees. For groups with ten or more enrolling, dual plan choices are available. Please call your BEST Life representative for a custom quote.

Special Benefits

BEST Life also offers the **Childrens' Good Vision Benefit**. This benefit pays 50% of usual, customary and reasonable expenses for a vision exam once every 12 months for dependent children through age 20 (dental plan must include orthodontia option). We also include a **Special Supplemental Accident Benefit**, which helps to cover accidental injuries to sound, natural teeth.

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the fine print

1. Employee Effective Date

Your insurance will take effect on the later of:

- the date your employer becomes a participating employer if your enrollment card is received within 31 days of that date; or
- the first day of the next calendar month following the date you complete the Waiting Period as elected by your participating employer. Your enrollment card must be received within 31 days after you satisfy the waiting period. If an employee is not working full-time for the employer on the date he or she would otherwise become covered, the employee will not be covered 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.

2. Who is a dependent?

Eligible dependents include your spouse and dependent children. The definition of dependent child varies by state. Refer to your certificate for more information.

3. Dependent's Effective Date

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 next calendar month following the dependent's enrollment date, provided the enrollment is made within 31 days of the dependents initial eligibility date.

4. 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.

5. Usual, Customary and Reasonable

Usual, Customary and Reasonable (UCR) means (a) the plan will pay a reasonable fee based on what is usually and customarily accepted as payment for dental services and supplies generally furnished for cases of comparable severity and nature within the

geographic area in which the services or supplies are furnished; and (b) a fee level which is in the range of fees determined by BEST Life customarily charged for the service or supply in the geographic area concerned.

6. Advance Notice of Dental Treatment

Any course of treatment your 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.

7. Coordination of Benefits

Benefits will be coordinated with the benefits of any other group dental plan to which the individual is entitled.

8. Extension of Dental Benefits

We will continue to pay dental benefits for thirty (30) days following the date your coverage or your dependent's coverage terminates 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
- your 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, your pulp chamber was opened before termination.

9. Termination of Coverage

Employee coverage and dependent coverage will terminate on the earliest of the following dates: (1) the date the employee ceases to be an eligible employee or the date the dependent is no longer eligible as a dependent under the plan; (2) the date the plan is terminated; (3) the date the employer terminates the coverage by failing to pay the required premium; (4) the date the group policy is terminated; (5) the date the group no longer meets minimum participation requirements.

Underwriting Information

1. Which employees are eligible?

All eligible employees must be full-time and working at least 30 hours per week.

2. Which employees are generally not eligible?

- Part-time, seasonal, retired or pensioned employees, leased, consultants, employees covered under collective bargaining agreements, employees who are paid as 1099 employees.
- Directors or stockholders who do not work full-time or at least 30 hours per week in the business.

3. Waiting periods:

Employer-sponsored plans: 12-month wait on periodontics, endodontics and all Class III and Class IV services is waived for groups of five or more with comparable coverage and for groups of 25 or more with or without comparable coverage. Late entrant provision does not apply during open enrollment for groups of ten or more.

Voluntary Plans: 12-month wait on periodontics, endodontics and all Class III and Class IV services is waived for groups of ten or more with comparable coverage.

- **Open enrollment:** groups with ten or more enrolled employees may have an open enrollment period every twelve months. Employees electing coverage at that time will not be subject to the late entrant provision. Employees and dependents who are late entrants are subject to major service waiting periods regardless of group size.

4. Participation requirements

Employer-sponsored plans: For groups with less than five employees, 100% of eligible employees and 50% of eligible dependents must be enrolled. For groups of five to 24 employees, 75% of eligible employees and 50% of eligible dependents must be enrolled. For groups of 25 or more, 60% of eligible employees and 50% of eligible dependents must be enrolled. Employees and dependents with other group dental coverage do not count towards participation requirements.

- *Voluntary plans:* 20% of eligible employees with a minimum of ten enrolled.

5. Underwriting rights reserved

The insurance company reserves the right to require additional information before acting on an individual's or group's request for coverage. The insurance company reserves the right to decline any particular case or applicant regardless of size. Approval of all eligibility and enrollment requirements must be met before insurance can be put in force.

Expenses Not Covered

Covered expenses do not include and no payments will be made for:

1. Treatment by someone other than a dentist or physician, except where performed by a qualified technician under direction of a dentist or physician.
2. Expenses incurred while on active duty with any military, naval, or air force of any country or international organization.
3. An appliance, or modification of one, where an impression was made before the patient was covered; a crown, bridge or other lab fabricated restoration 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.
4. Replacement or repair of a lost, stolen or damaged prosthetic device, including orthodontic appliances if covered under the Plan.
5. Dental services and supplies which are given solely for cosmetic reasons including alteration or extraction of sound teeth for the purpose of changing appearance.
6. The replacement of any prosthesis (a crown, fixed bridge or denture) if such prosthesis was installed less than five years before, unless:
 - (a) such replacement is made necessary by the initial extraction of an adjoining natural tooth; (b) the prosthesis, while in the oral cavity, has been damaged beyond repair as a result of injury while covered.
7. The initial installation of a prosthetic device (a fixed bridge or denture), including crowns and inlays which form abutments, to replace teeth extracted before the Insured was covered under the Plan, except when it also replaces a tooth that is extracted while covered unless such installation commences after the Insured has remained continuously covered under this plan for at least three years immediately prior to the date such installation commences.
8. Expenses incurred for orthodontic treatment and orthodontia type procedures unless such procedures are covered under the plan. The orthodontic benefit will cease once braces are removed.
9. Expenses incurred as a result of participating in a riot or insurrection or the commission of a felony.
10. Charges in excess of Usual, Customary and Reasonable (UCR) charges for indemnity plans.
11. Services and supplies not reasonably necessary;
12. Charges for service provided for temporomandibular joint dysfunction (TMJ).
13. Services and supplies covered under any Worker's Compensation Act or similar law.
14. Services performed and supplied outside of the United States.
15. Expenses incurred for congenital or developmental malformations.
16. Expenses incurred for dental implants, including but not limited to endosteal and subperiosteal.
17. Any services, supplies, or correction to malocclusion or any occlusal adjustments.
18. Charges for prescribed drugs, pre-medication or analgesia.
19. Charges for night guards or any other appliances for the correction of harmful habits.
20. Expenses incurred due to treatment rendered by a family member. For the purposes of this limitation, "family member" includes, but is not limited to, an Insured's lawful spouse, child, parent, grandparent, brother or sister, cousin or in-law.
21. Charges for a "safe fee"; (gloves, masks, surgical scrubs, sterilization).
22. Expenses not otherwise specifically listed as a Covered Expense as described in the plan Certificate Booklet.
23. Expenses due to treatment rendered by your employer.
24. Expenses for which you would not legally have to pay if there were no insurance.
25. For services not completed on or before the date of termination unless the services are covered under any applicable Extension of Dental Benefits provision.
26. Expenses that are applied toward satisfaction of a Deductible, if any.
27. For procedures that are begun, but not completed.
28. Adjustment, repairs or relines of prostheses for a period of six months from initial placement if the prostheses were paid for under this Plan.
29. 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.
30. If multiple endodontic treatments are necessary on the same tooth within a period of one year, the allowance will be made for only one procedure.
31. The extraction of immature erupting third molars and nonpathologic, asymptomatic third molar extractions.
32. Temporary services are considered an integral part of the final services rather than a separate service, and are therefore not eligible for benefits.
33. Expenses for gross debridement allowed one time at the beginning of the periodontal treatment plan, prior to pocket depth charting.
34. Surgical procedures incidental to orthodontic treatment, including but not limited to, extraction of teeth solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate.
35. Orthodontic treatment in conjunction with oral surgical procedures, including but not limited to orthognathic surgery, if orthodontic coverage is applicable.
36. Any amounts in excess of the maximum amounts stated in the "Schedule of Dental Benefits" section of this Plan.

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

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