



BEST HEALTH PLANS



Advantage Dental HMO Plans

For Texas | Group Sizes 2 or more

Plan is underwritten by National Pacific Dental, Inc.
Marketed and Distributed by BEST Health Plans, LLC.

Bringing Value with Affordable Dental Care

Dental plans are the second benefit most asked for by employees. With BEST Health Plans Advantage Dental HMO plans, employer groups as small as 2 employees enrolling can now offer these valuable benefits to their organization.

Voluntary Dental Plans

All of the Advantage Dental HMO plans are offered on a voluntary basis and provide a low-cost option for employers. Voluntary rates are available for groups who demonstrate less than 50% participation, have less than 50% contribution or who do not have proof of prior coverage. A minimum of 2 employees enrolling is required.

Dual Option

BEST Health Plans sell a variety of dental plans that can be offered alongside these Dental HMO plans. Please contact your BEST Health Plans Sales Representative for plan information.



Advantage Dental HMO Plans



Advantage Dental HMO



Offer your clients the advantage of affordability with a dental HMO plan. Individuals and families enrolled on the Advantage plans receive most diagnostic and preventive care at no charge. Our plans are guaranteed to provide copayments between 25% and 60% discount of what is normally charged for dental care.

With Advantage Dental HMO there are

- ✔ No waiting periods
- ✔ No claim forms required
- ✔ No deductibles
- ✔ Posterior composites available at copay
- ✔ Adult and child orthodontia services covered at copay

The BEST Health Plans Network

Members on the Advantage Dental HMO Plans can select any general dentist from the BEST Health Plans network, and each family member may choose a different general dentist. To ensure access to care, members select a participating general dentist at the time they enroll in the plan. To change dentists, members can call our Member Services Department.

My Dental Health Web Portal

The Advantage Dental HMO Plans provides members an online portal where they can logon for:

- **Dentist Locator** enables members to find general dentists and specialists close to their home or office, including maps and printable driving directions to the dentist's office. Members can also Nominate a Dentist to join the DBP network.
- **Plan Information** for verifying eligibility for family members, request ID cards and review benefit plan summaries which detail the amount the plan pays for procedures. The treatment cost calculator allows for members to determine their out of pocket costs prior to seeing a dentist. A Frequently Asked Questions provides answers to commonly asked questions about the dental plan, including Member Service and Claims information.
- **The Dental Education** section offers little-known facts about the dental industry, dental articles, brushing and flossing techniques, an A-Z guide of frequently used dental words, and more.



Advantage Dental HMO Plan Overview

Code	Benefit	SE550	SE450	SE350	SE250
09999	Office visit	\$5	\$5	\$5	\$5
Diagnostic Services					
00120	Periodic oral evaluation (every 6 months)	No Charge	No Charge	No Charge	No Charge
00150	Comprehensive oral evaluation	No Charge	No Charge	No Charge	No Charge
00210	Complete series x-rays	No Charge	No Charge	No Charge	No Charge
00270	Bitewings – single film	No Charge	No Charge	No Charge	No Charge
00330	Panoramic film	No Charge	No Charge	No Charge	No Charge
Preventive Services					
01110	Prophylaxis – adult (every 6 months)	No Charge	No Charge	No Charge	No Charge
01120	Prophylaxis – child (every 6 months)	No Charge	No Charge	No Charge	No Charge
01201	Topical application of fluoride (including prophylaxis) < age 14 (every 6 months)	No Charge	No Charge	No Charge	No Charge
01351	Sealant – per tooth	\$4	\$5	\$6	\$7
01510	Space maintainer – fixed - unilateral	\$36	\$45	\$55	\$66
Restorative & Prosthodontic Services					
02140	Amalgam – one surface	\$8	\$10	\$12	\$17
02391	Resin-based composite – one surface, posterior	\$32	\$40	\$50	\$50
02752	Crown – porcelain fused to noble metal	\$210	\$230	\$255	\$305
05110	Complete upper denture	\$260	\$260	\$300	\$350
06242	Pontic – porcelain fused to noble metal	\$210	\$230	\$255	\$305
Endodontic Services					
03320	Root canal therapy – bicuspid	\$118	\$118	\$150	\$165
03330	Root canal therapy – molar	\$162	\$162	\$225	\$260
Periodontic Services					
04260	Osseous surgery	\$140	\$195	\$300	\$250
04341	Periodontal scaling & root planing – per quadrant	\$20	\$35	\$50	\$65
04910	Periodontal maintenance after active therapy	\$24	\$24	\$30	\$50
Oral Surgery					
07230	Removal of impacted tooth – partially bony	\$45	\$50	\$65	\$80
Orthodontic Services					
08080	Comprehensive orthodontic treatment of adolescent dentition (24 month case)	\$1,800	\$2,100	\$2,400	\$2,500
08090	Comprehensive orthodontic treatment of adult dentition (24 month case)	\$2,000	\$2,200	\$2,600	\$2,700
08660	Pre-orthodontic treatment visit (Orthodontic consult)	\$95	\$120	\$150	\$200

Specialty Care

When a member requires treatment by a dental specialist, the member's general dentist will submit a referral to BEST Health Plans for pre-authorization. Listed services provided by a participating dental specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, Prosthodontist or Pedodontist) are covered at copay

The following is a summarized list of exclusions and limitations. For a complete list, please refer to the plan's Schedule of Benefits.

Limitations

1. Crowns, bridges and dentures (including immediate dentures) are not to be replaced within a five- year period from initial placement and only if it is unsatisfactory and cannot be made satisfactory by reline or repair;
2. Partial dentures are not to be replaced within any five- year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
3. Denture relines are limited to one per denture during any 12 consecutive months;
4. Treatment is generally limited to conventional techniques and does not include hemisection, implants, over-dentures and grafting;
5. The plan allows a treatment plan up to five units of crown or bridgework per arch. Upon the sixth unit, the Plan considers the treatment to be full-mouth reconstruction.
6. The patient is responsible for fees incurred for anything beyond the fifth unit at usual and customary fees;
7. Periodontal treatments (root planing/subgingival curettage) are limited to four quadrants during any 12 consecutive months;
8. A full mouth x-ray is defined as a minimum of 6 periapical films plus bitewing x-rays or panorex plus bitewing x-rays on the same date of service;
9. Sealant benefits include the application of sealants on posterior teeth with no decay, with no restorations and with the occlusal surface intact, up to age fourteen when the treating dentist determines necessity. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application;
10. Single unit cast metal and/or ceramic restorations and crowns are covered only when the tooth cannot be adequately restored with other restorative materials. Crown build-ups including pins are only allowable as a separate procedure in the exceptional instance where extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and x-rays;
11. Cosmetic dental care is limited to composite restorations on posterior teeth, if a listed benefit, when a Plan dentist determines treatment to be appropriate dental care. All other cosmetic procedures are excluded from coverage.

Exclusions

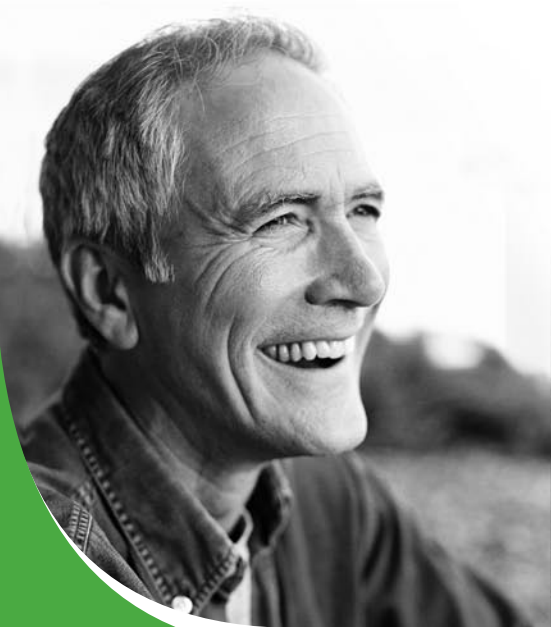
1. Hospital or ambulatory facility administered dental services; general anesthesia; intravenous and inhalation sedation; services of a special anesthesiologist; prescription drugs or other related hospital or ambulatory facility fees;
2. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision;
3. Treatment required by reason of war;
4. Treatment of fractures and dislocations;
5. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
6. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage; and dental expenses incurred for treatment in progress prior to Member's eligibility with us (e.g.: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics);
7. Any service that is not specifically listed as a covered expense;
8. Procedures, appliances or restorations to replace developmentally missing teeth or other developmental conditions; developmental malformations (including but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, anodontia) and the removal/replacement of supernumerary teeth;
9. Treatment/removal of malignancies, cysts over 1.25 centimeters, tumors or neoplasms;

10. Dispensing of drugs/medications in a dental office;
11. Treatment as a result of accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from external forces to the mouth;
12. Cases which in the professional opinion of two (2) of our attending dentists, or our Dental Director, determine that a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
13. Dental services received from any dental office other than our contracted dental office, unless expressly authorized in writing by us or as cited under "Emergency Dental Services"
14. Elective procedures, including but not limited to the removal of impacted asymptomatic teeth, extractions for orthodontic purposes, surgical orthodontic procedures and crown exposure;
15. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
16. Crown lengthening procedures;
17. Replacement of long standing missing tooth or teeth (usually 5 years or more) in an otherwise stable dentition;
18. Dental Services and treatments for restoring tooth structure loss from wear, bruxism, attrition and/or erosion; changing or restoring vertical dimension; and full-mouth reconstruction to enhance occlusion; diagnosis and/or treatment of the temporomandibular joint (TMJ);
19. Dental services not performed in our general practice dental office because of physical, medical or behavioral limitations of eligible dependents/members over the age of eight years. This exclusion shall not apply to an enrollee who is unable to undergo dental treatment in a office setting or undergo local anesthesia due to a documented physical, mental, or medical reason as determined by the enrollee's physician or the dentist providing dental care.

ORTHODONTIC EXCLUSIONS AND LIMITATIONS (IF A COVERED BENEFIT UNDER YOUR PLAN)

1. Orthodontic treatment must be provided by one of our contracting dentists
2. Plan benefits shall cover 24 months of usual and customary orthodontic treatment and an additional 24 months of retention. Treatment extending beyond such time periods will be subject to a per-office-visit charge.
3. The following are not included as orthodontic benefits:
 - A. repair or replacement of lost or broken appliances
 - B. re-treatment of orthodontic cases
 - C. treatment in progress at inception of eligibility
 - D. changes in treatment necessitated by an accident
 - E. treatment involving:
 1. maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia
 2. surgically exposing impact teeth (i.e. maxillary cuspids)
 3. hormonal imbalances or other factors affecting growth or developmental disturbances
 4. treatment related to temporomandibular joint disorders
 5. lingually placed direct bonded appliances and arch wires ("invisible braces")
 6. functional appliances that are used in conjunction with fixed appliances
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.

notes



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