



BEST HEALTH PLANS



Advantage Plus Dental PPO/Indemnity

Texas

Advantage Plus Dental PPO/Indemnity Plans



Optimize the advantage of choice by offering two dental plans. By offering an Advantage Plus Dental PPO or Indemnity plan alongside an Advantage Dental HMO, your client's employees can customize their dental benefits to suit their needs.

With Advantage Plus Dental there are

- ✓ No preauthorized referrals for specialty care
- ✓ No waiting periods for qualifying groups
- ✓ Access to CONNECTION Dental and DenteMax PPO networks
- ✓ Deductibles, Calendar Year Maximums and Coinsurance
- ✓ Orthodontic benefits available on select plans
- ✓ Available if purchased with an Advantage Dental HMO Plan
- ✓ Offered as employer-contributory only

The BEST Health Plans Network

Members on the Advantage Plus Dental PPO/Indemnity Plans can select any primary care dentist from our Texas-based PPO network, and each family member may choose a different primary care dentist. Because no pre-selection is required at enrollment, members can change dentists without having to call Customer Service.

When members are outside of the CONNECTION Dental network, they can receive care from a DenteMax contracted dentist – truly providing them optimal access through two PPO networks!

Bringing Value by Offering Choice

Dental plans have a high perceived value among employees.* With BEST Health Plans, employer groups as small as 10 employees enrolling can offer the choice of an Advantage Plus PPO dental plan alongside an Advantage Dental HMO plan.

Advantage Plus Dental PPO/Indemnity plans only require 20% participation, with a minimum of 5 employees enrolled. Total group participation requires 100% participation for groups with less than 25 employees enrolling, with waivers. Groups with more than 25 employees enrolling require 75% participation.

Employees with other group dental coverage do not count towards participation requirements and dependent participation is not required.



Advantage Plus Dental PPO Plan Overview

Type of Dental Plan	Dental PPO	Dental PPO	Dental PPO	PPO Mac
Plan Name	TX205	TX206	TX207	TX208
Calendar Year Maximum:	\$2,000	\$1,500	\$1,500	\$1,500
Calendar Year Deductible:	\$50 per person \$150 per family Applies to Basic and Major Services			
Preventive & Diagnostic Services Routine oral exam, cleanings, fluoride treatment for children, X-rays, sealants	100%	100%	100%	100%
Basic Services Fillings (amalgam, porcelain & plastic), general anesthesia, emergency palliative treatment, space maintainers for children, pathology, endodontics, periodontics, and oral surgery	90%	90%	80%	80%
Major Services Crowns and gold fillings, inlays, onlays and pontics, fixed bridges, complete and partial dentures	60%	60%	50%	50%
UCR Reimbursement	90 th Percentile	90 th Percentile	90 th Percentile	Set Fee Schedule
Child only ortho available?	Yes	Yes	No	No

Child Only Orthodontia	50% \$1,000 Lifetime Maximum available to eligible children up to age 18
Waiting Periods	No waiting periods for groups with 10 or more employees enrolling on Dual Option Program. Groups with less than 10 enrolling may waive coverage for employees with proof of prior PPO coverage.

Specialty Care

When a member requires treatment by a dental specialist, members may self-refer to any participating dental specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, Prosthodontist or Pedodontist).

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 marketing purposes only and provides a summary of the plan's benefits. For the official plan details, please refer to the plan's Schedule of Benefits and Certificate Booklet, which is available upon request. The accuracy of this summary is not guaranteed and is subject to change without notice.



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