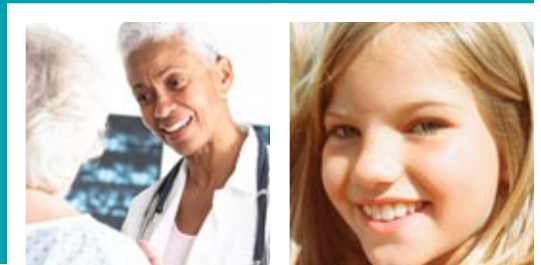


BEST Life
BEST Life and Health Insurance Company

Medical



*PPO and HDHP
Medical Plans*

Group Sizes 2-50

Underwritten by BEST Life and Health Insurance Co.

Customizable Health Solutions

With BEST Life, small businesses can offer their employees quality medical insurance and personal service for affordable prices. Our products are developed to custom fit a group's needs and wants.



HEALTH SOLUTIONS II - MEDICAL PPO CO-PAY

For groups who like traditional PPO medical plans, our "Build Your Own" product gives them the choice to select the options they want:

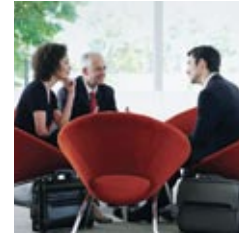
- Broad range of deductible, co-pay, coinsurance and out-of-pocket maximum combinations;
- Preventive services covered at 100%;
- Caremark prescription drug card with the choice of 3-tier co-pay and deductible options or Discount only.

HEALTH SOLUTIONS - HIGH DEDUCTIBLE HEALTH PLANS

Our High Deductible Health Plan (HDHP) can be purchased alone or it can be paired with a Health Savings Account for significant tax benefits. HDHP members can use any bank to open a Health Savings Account.



Medical



✓ OTHER HEALTH PLAN FEATURES \$500 Supplemental Accident Benefit

Our medical PPO plans include the option of a supplemental accident benefit. This benefit provides 100% coverage up to \$500 towards the eligible expenses incurred within the first 90 days of an accidental injury. The benefit is not subject to the medical plan's deductible or coinsurance, and can be applied to both in-network and out-of-network services.

This benefit is not available on the High Deductible Health Plans.

Prescription Coverage

Medical PPO plans include a Caremark prescription drug card. Caremark's network has over 60,000 participating pharmacies nationwide and offers the option to refill prescriptions by mail.

Enrolled employees and dependents on our High Deductible Health Plan will receive a discount card. Benefits include the option to refill prescriptions by mail and to receive discounted prices from a Caremark pharmacy. There are no co-pays, and costs for prescriptions are applied to the plan's deductible and then to the coinsurance.

Network Savings

Employers have the option to select from regional or national PPO networks.

BEST Life contracts with: Beech Street, a Viant Company, HealthSmart Preferred Care, First Health, PHCS/Multi Plan, Arizona Foundation for Medical Care, Idaho Physicians Network, Cofinity, Sagamore Health Network and Universal Health Network.

In addition, enrolled employees and dependents who do not have PHCS/Multi Plan as their primary PPO network will get access to the PHCS Healthy Directions Network, when outside their service area. This allows them to take advantage of in-network benefit levels and negotiated discounts when they receive services from a Healthy Directions Network provider.

EyeMed Discount Program¹

Groups who purchase a BEST Life health plan will also receive an EyeMed Discount Program for discounts off of exams, eyeglasses, progressive lenses, UV coating, tints, polycarbonates, contacts and laser vision correction. Discounts are only available at EyeMed locations (Not insurance, discount only.)

LASIK Eye Surgery Discounts¹

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. (Not insurance, discount only.)

¹Discount programs are available through the BEST Employers Association. Association membership is required to purchase a BEST Life insurance product. Employees become members prior to enrolling in a BEST Life plan.

Where are Medical PPO plans available?

Our medical products are available: AZ, GA, ID, IL, IN, MO, NV, OH, OK, TN, TX and UT.

Dual plan choices

Employers can elect to provide dual option medical plans for their employees. For load and participation requirements, please refer to the Medical PPO Guidelines. Available to groups with 10+ employees enrolling. Not available for TX.

Health Solutions II Medical PPO Co-pay

These PPO Co-pay plans provide coverage for the following services:

	In-Network	Out-of-Network
Preventive Office Visits (includes annual routine physical exam, screenings and immunizations, prostate and colorectal cancer screening/testing, flu shot, pap smear and mammogram)	100%	100%
Baby/Child Wellness Visits (includes exams, screenings, immunizations and vaccinations, lab and x-ray through age 17)	100%	100%
Physician Office Visit - Professional Fee (includes Lab and X-ray when performed by Physician on the same day of visit)	Co-payment and then 100% up to \$250 per visit, then Deductible and then Coinsurance	Deductible, then Coinsurance
Physician Office Visit, Other than Professional Fee	Deductible, then Coinsurance	Deductible, then Coinsurance
Lab and X-ray Services	Co-payment and then 100% up to \$250 per visit, then Deductible and then Coinsurance	Deductible, then Coinsurance
Emergency Ambulance Services	Deductible, then Coinsurance	Deductible, then Coinsurance
Hospital Charges	Deductible, then Coinsurance	\$1,000 Hospital Admissions Co-pay, Deductible and then Coinsurance
Emergency Room (co-pay waived if admitted)*	\$100 Co-payment*, then Deductible and then Coinsurance	\$100 Co-payment*, then Deductible and then In-network Coinsurance
Urgent Care (facility or clinic)	Co-payment and then 100% up to \$250 per visit, then Deductible and then Coinsurance	Deductible, then Coinsurance
Outpatient Surgery (facility or hospital)	Deductible, then Coinsurance	Deductible, then Coinsurance
CareMark Prescription Coverage	Co-pay or deductible depending on coverage selected	

These services are subject to change upon notification of the United States Department of Health and Human Services.

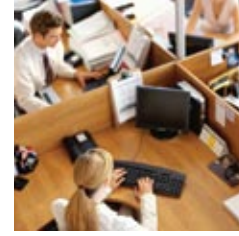
This highlight sheet provides a brief description of plan benefits, limitations and participation requirements. Please consult the Certificate Booklet, which is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage. These plans are fully insured by BEST Life and Health Insurance Co.

Health Solutions High Deductible Health Plans

These high deductible health plans provide coverage for:



Medical



	In-Network	Out-of-Network
Preventive Office Visits (includes annual routine physical exam, screenings and immunizations, prostate and colorectal cancer screening/testing, flu shot, pap smear and mammogram)	100%	100%
Baby/Child Wellness Visits (includes exams, screenings, immunizations and vaccinations, lab and x-ray through age 17)	100%	100%
Physician Office Visit - Professional Fee (includes Lab and X-ray when performed by Physician on the same day of visit)	Deductible, then Coinsurance	Deductible, then Coinsurance
Physician Office Visit, Other than Professional Fee	Deductible, then Coinsurance	Deductible, then Coinsurance
Lab and X-ray Services	Deductible, then Coinsurance	Deductible, then Coinsurance
Emergency Ambulance Services	Deductible, then Coinsurance	Deductible, then Coinsurance
Hospital Charges	Deductible, then Coinsurance	Deductible, then Coinsurance
Emergency Room	Deductible, then Coinsurance	Deductible, then In-network Coinsurance
Urgent Care (facility or clinic)	Deductible, then Coinsurance	Deductible, then Coinsurance
Outpatient Surgery (facility or hospital)	Deductible, then Coinsurance	Deductible, then Coinsurance
CareMark Prescription Coverage	Deductible, then Coinsurance	Deductible, then Coinsurance

This highlight sheet provides a brief description of plan benefits, limitations and participation requirements. Please consult the Certificate Booklet, which is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage. These plans are fully insured by BEST Life and Health Insurance Co.

These services are subject to change upon notification of the United States Department of Health and Human Services.

Need dental, vision, or life?

We have those products available. Multiple plan discounts may apply. Please refer to our sales kit or contact your BEST Health Plans Representative for more information.

“Build Your Own” PPO Medical Plans

Go ahead! Custom-build BEST Life medical plans with the options your clients want, at the rates your clients can afford.

For a quote, please call your BEST Health Plans Sales Representative, or your General Agent.

Health Solutions II - Medical Co-pay Plans				
Calendar Year Deductible (3 member family max):	<input type="checkbox"/> \$500 In / \$1,000 Out <input type="checkbox"/> \$750 In / \$1,500 Out <input type="checkbox"/> \$1,000 In / \$2,000 Out <input type="checkbox"/> \$1,500 In / \$3,000 Out		<input type="checkbox"/> \$2,000 In / \$4,000 Out <input type="checkbox"/> \$2,500 In / \$5,000 Out <input type="checkbox"/> \$5,000 In / \$10,000 Out	
In-network Office Visit Co-pay:	<input type="checkbox"/> \$0 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$40			
Coinsurance Levels and Out-of-Pocket Maximums* (3 member family max):	Coinsurance	Individual Out-of-Pocket Maximum	Coinsurance	Individual Out-of-Pocket Maximum
	<input type="checkbox"/> 100% In / 70% Out	<input type="checkbox"/> \$0 In / \$3K Out <input type="checkbox"/> \$0 In / \$6K Out <input type="checkbox"/> \$0 In / \$9K Out	<input type="checkbox"/> 80% In / 50% Out	<input type="checkbox"/> \$1K In / \$5K Out <input type="checkbox"/> \$2K In / \$10K Out <input type="checkbox"/> \$4K In / \$15K Out
	<input type="checkbox"/> 90% In / 70% Out	<input type="checkbox"/> \$500 In / \$3K Out <input type="checkbox"/> \$1K In / \$6K Out <input type="checkbox"/> \$2K In / \$9K Out	<input type="checkbox"/> 70% In / 50% Out	<input type="checkbox"/> \$1.5K In / \$5K Out <input type="checkbox"/> \$3K In / \$10K Out <input type="checkbox"/> \$6K In / \$15K Out
	<input type="checkbox"/> 80% In / 60% Out	<input type="checkbox"/> \$1K In / \$4K Out <input type="checkbox"/> \$2K In / \$8K Out <input type="checkbox"/> \$4K In / \$12K Out		
Air/Ground Ambulance:	<input type="checkbox"/> \$3,000 Standard <input type="checkbox"/> \$10,000 Buy-up (for AZ, NV and UT only)			
Prescription:				
Coverage Option:	<input type="checkbox"/> \$10 Generic / \$25 Brand Formulary / \$40 Non-formulary <input type="checkbox"/> \$10 Generic / \$30 Brand Formulary / \$50 Non-formulary <input type="checkbox"/> \$15 Generic / \$90 Brand Formulary / \$150 Non-formulary <input type="checkbox"/> Discount Only (no deductible) <input type="checkbox"/> 50% Coinsurance (no deductible)			
Rx Deductible Option:	<input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200			
Supplemental Accident Coverage:	100%, not subject to individual coinsurance/deductible, up to \$500 per accident, in or out-of-network. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Maternity:	As any other illness or sickness (optional for groups of 2-14; mandatory for groups with 15+, may vary by state) <input type="checkbox"/> Yes <input type="checkbox"/> No			

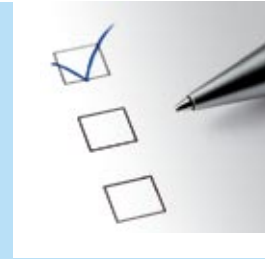
* Deductible and co-pays do not apply to out-of-pocket maximum.

“Build Your Own” High Deductible Health Plan



Medical

You can build these plans to be HSA - Compatible, depending on the family deductible option you select.



Health Solutions - High Deductible Health Plans		
Individual Calendar Year Deductible (2 member family max):	<input type="checkbox"/> \$1,500 In / \$3,000 Out* <input type="checkbox"/> \$2,000 In / \$4,000 Out* <input type="checkbox"/> \$2,500 In / \$5,000 Out	<input type="checkbox"/> \$3,000 In / \$6,000 Out <input type="checkbox"/> \$4,000 In / \$8,000 Out <input type="checkbox"/> \$5,000 In / \$10,000 Out
Family Deductible:	<input type="checkbox"/> Aggregate ¹ <input type="checkbox"/> Embedded ²	
Coinsurance Levels and Out-of-Pocket Maximum** (2 member family max):	Coinsurance	Individual Out-of-Pocket Max
	<input type="checkbox"/> 100% In / 80% Out	\$0 In / \$2K Out
	<input type="checkbox"/> 90% In / 70% Out	\$500 In / \$3K Out
	<input type="checkbox"/> 80% In / 60% Out	\$1K In / \$4K Out
Air/Ground Ambulance:	<input type="checkbox"/> \$3,000 Standard <input type="checkbox"/> \$10,000 Buy-up (for AZ, NV and UT only)	
Prescription Coverage:	Discount Card, costs will be applied to deductible, then coinsurance	
Maternity:	As any other illness or sickness (optional for groups of 2-14; mandatory for groups with 15+ may vary by state) <input type="checkbox"/> Yes <input type="checkbox"/> No	

¹ All costs for each family member are combined to meet the family deductible amount before benefits are paid.

² Two individual deductible amounts must be met, which when added together equal the total family deductible amount. Benefits are paid for the family member that meets the individual deductible amount first. Costs for everyone else in the family will be combined to meet the second individual deductible amount before benefits are paid.

* Not available as an Embedded option.

** Deductible does not apply to out-of-pocket maximum.

Need dental, vision, or life?

We have those products available. Multiple plan discounts may apply. Please refer to our sales kit or contact your BEST Health Plans Representative for more information.

The Fine Print

Availability

These plans are only available in the following states: AZ, GA, ID, IL, IN, MO, NV, OH, OK, TN, TX and UT.

Business Eligibility

Applications from all industries will be reviewed for eligibility. Some businesses or industries may be subject to special rates, based on the hazards associated with certain industries. Any special rates applied because of industry or health conditions are applied in accordance with the small group laws of your state. For specific details, please refer to the Medical Underwriting Guidelines.

Employee Eligibility

Eligible employees are defined as:

- Full-time,
- Active employees working at least 30 hours a week (may vary by state).
- Who are paid a salary or earnings from which federal, state and Social Security taxes are withheld (may vary by state).
- Partners and owners working 30 hours a week or more are also eligible for coverage (may vary by state).

There must be an employer-employee relationship in a bona-fide, full-time business pursuit. 1099 individuals are not eligible unless permitted by the state (states permitting 1099 individuals include: ID, IL, MO, NV, TN, TX & UT).

Dependent Eligibility

Eligible dependents include spouses and dependent children. Dependent children are eligible for coverage until they reach a limiting age, which may be extended under certain circumstances according to your state law. The definition of dependent may vary by state. Refer to the plan's Certificate of Insurance or your Sales Representative for details.

Out-of-Network Charges

Covered expenses incurred for out-of-network services (where in-network or wraparound network benefits do not apply) are limited to: the limited fee schedule, or if no schedule exists for the services, the average cost of service based on the Medicare Resource Based Relative Value Scale as published and determined each year by the U.S. Center for Medicare and Medicaid Services. Benefit payables are subject to the plan's deductibles, co-payments and coinsurance percentages. The covered person is personally responsible for any uncovered out-of-pocket expenses.

Review Program

The following covered services will require a review before a member receives them:

- All inpatient admissions;
- Emergency admissions (must request review within 24 hours, or as soon as possible, after the admission);
- Non-emergency inpatient admissions (review must be obtained at least 5 days before the admission date);
- Extended stay review for continued stays after a review is obtained for an inpatient admission and member is admitted as an inpatient (must request review before original admission period expires);
- For any outpatient surgery procedures, MRIs, CAT scans, PET Scans, nuclear imaging and transplants (must obtain review at least 5 days prior to scheduled procedure); and
- For any outpatient procedures requiring review (must obtain review at least 5 days prior to scheduled procedure).

Failure to obtain a required review for a procedure could result in a reduction of benefits and additional financial responsibility to the member.

Pre-existing Conditions

A pre-existing condition is a condition, other than pregnancy, for which a Provider recommended or provided medical advice, diagnosis, care or treatment within the 6-month period prior to the Covered Person's effective date. Expenses incurred for pre-existing conditions are not considered eligible until the covered person's coverage has been in effect for 12 consecutive months (18 months for a late enrollee). The pre-existing condition exclusion period will be reduced by the number of days that a covered person is covered under credible coverage without a 63-day break in coverage, immediately prior to their effective date. The period of continuous coverage shall not include any waiting period. The exclusionary time periods, prior treatment periods, time periods between prior coverage and new coverage, and credit for qualifying prior coverage may vary according to the applicable laws of the employer's state.

Exclusions



The following is a summarized list of services and supplies that are not generally covered. Please note that the plan's Certificate Booklet may contain exceptions to this list based on state mandates or the plan design purchased and should be consulted.

Unless provided by endorsement or specifically included as a covered service, the following are not covered:

- Acupuncture, unless used in lieu of anesthesia;
- Administration of drugs;
- An injury or illness that occurs in the course of or during participation in a criminal activity or riot, or that is self-inflicted, including attempted suicide;
- Breast reduction;
- Chelation therapy services or supplies;
- Complications arising out of services or supplies or injuries or illnesses not covered;
- Cosmetic services or supplies;
- Court order services or supplies;
- Dental care;
- Durable medical equipment charges not specifically named as a covered service;
- Eligible expenses in excess of Medicare RBRVS fee schedule or usual and customary;
- Employer provided services or supplies;
- Injury or illness arising out of employment for wage or profit, or service or supply required as a prerequisite to or as a part of employment;
- Expenses where payment is not required, due to coverage by other insurance, except Medicaid, or which would not have been billed if no insurance coverage were in place;
- Expenses incurred before the effective date of coverage under the Policy or after coverage under the Policy terminates, regardless of the date of the injury or illness;
- Experimental or investigational services or supplies;
- Foot care services;
- Government facility services or supplies, unless there is a legal obligation to pay;
- Growth hormones;
- Services or supplies provided in preparation of or for a gender change;
- Hearing impairment or loss;
- Hospital admission room and board charges for diagnostic or evaluation procedures;
- Infertility services, including impotence, erectile dysfunction and fertilization;
- Services or supplies provided by a member of the employee's family or a person residing in the employee's residence;
- Injury or illness that occurs during active service in any Armed Forces or auxiliary units;
- Injuries or illnesses arising out of any war, declared or undeclared, or act of war or terrorism;
- Learning disability or impairment services;
- Non-covered services;
- Non-covered expenses for transportation;
- Non-medically necessary services or supplies;
- Over the counter supplies, except diabetic supplies;
- Services or supplies for the care of a pre-existing condition;
- Private duty nursing services, except for covered home health care services;
- Reversal of sterilization;
- Unbundled charges;
- Uvulopalatopharyngoplasty;
- Veterans Administration hospital services or supplies for armed service connected disabilities;
- Vision impairment or loss services or supplies;
- Weight control services including services or supplies provided for eating disorders, weight reduction or obesity, even if correction of the disorder or reduction of weight might improve health; and
- Treatment for addiction to tobacco, alcohol, drugs or any addictive substances.

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



Sponsored by BEST Employers Association



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

Notes



Medical

BEST  **Life**
BEST Life and Health Insurance Company

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