

BEST Life
BEST Life and Health Insurance Company

Dental



Utah Dental PPO & Indemnity Plans

Group Sizes 2 or more

Underwritten by BEST Life and Health Insurance Co.

Affordable Dental Care with the Right Benefits



Employers with 2 or more employees enrolling can choose a PPO or Indemnity plan:

BEST LIFE TOPAZ

This product line offers PPO and indemnity plans with:

- Three plan design options: Premium, Classic and Primary;
- Access to a regional PPO provider for network savings;
- Automatic access to DenteMax's national PPO network when outside primary network service area;
- Lifetime Deductible in lieu of Calendar Year Deductible;
- Oral surgery, periodontic and endodontic services that can be moved independently between Basic or Major;
- Implants and posterior composites covered;
- Adult and/or child orthodontia; and
- Out-of-network UCR reimbursement at the 80th or 90th percentile.

OTHER BEST LIFE DENTAL PRODUCT FEATURES

BEST Life's dental plans include the following features:

Dental Networks

Members on our dental Plans have two networks: Total Dental Administrators (TDA), a regional network, and DenteMax as the secondary network.

Special Benefits

BEST Life provides 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 18 and is automatically included with all Topaz 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 \$1,000.



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.)

EyeMed Discount Program¹

Groups who purchase orthodontia with their dental 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.)

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.

Bundle and Save

We offer discounts when groups purchase multiple lines of coverage. Contact your BEST Health Plans Sales Representative or General Agent for more information.

Mid-sized to Large Groups

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

Dual Choice

Dual choice is available for groups interested in offering more than one dental plan. For details, please refer to our Underwriting Guidelines.

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.

BEST Life Topaz Series - PPO

Plan Design Options – Group Size 2+

Plan Design	Dental PPO Plans					
	Premium Plan		Classic Plan		Primary Plan	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum:	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Individual Calendar Year Deductible (3 per family max):	\$0, \$25, \$50, \$75 or \$100 Applies to Basic and Major services					
Lifetime Deductible Option:	\$100 Lifetime Deductible in lieu of a Calendar Year Deductible					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care Services – Routine oral exam, cleanings, fluoride treatment for children, X-rays, sealants	100%	100%	100%	80%	80%	80%
Basic Services – Fillings (amalgam, porcelain & plastic), anterior and posterior composites, anesthesia (general or intravenous sedation), emergency palliative treatment, space maintainers for children, pathology	90%	80%	80%	60%	80%	50%
Major Services – Crowns & gold fillings, inlays, onlays and pontics, implants, fixed bridges, complete and partial dentures	60%	50%	50%	50%	50%	50%
Oral Surgery	Basic or Major					
Endodontics	Basic or Major					
Periodontics	Basic or Major					
Waiting Periods	12 month waiting periods applies to Major and Ortho services*					
Orthodontics (optional)	50%					
Coverage Options**	Child and adult or Child only					
Benefit Options	\$1,500 Lifetime Maximum with a \$750 Calendar Year Maximum or \$1,000 Lifetime Maximum with a \$500 Calendar Year Maximum					
Special Dental Accident Benefit	\$1,000 maximum per accident					
Children's Good Vision Benefit	Included with Orthodontia					
Out-of-Network Reimbursement Level	80 th or 90 th percentile					

*Waived for qualifying groups. Please refer to the dental Underwriting Guidelines for more details.

**Child orthodontia is available to groups with 5 or more employees enrolling. Adult orthodontia is available to employer-contributory groups with 25 or more employees enrolling.

BEST Life Topaz Series - Indemnity

Plan Design Options – Group Size 2+



Plan Design	Dental Indemnity Plans		
	Premium Plan	Classic Plan	Primary Plan
Benefits			
Calendar Year Maximum:	\$1,500 \$1,000	\$1,500 \$1,000	\$1,500 \$1,000
Individual Calendar Year Deductible (3 per family max):	\$0, \$25, \$50, \$75 or \$100 Applies to Basic and Major services		
Lifetime Deductible Option:	\$100 Lifetime Deductible in lieu of a Calendar Year Deductible		
Preventive Care Services – Routine oral exam, cleanings, fluoride treatment for children, X-rays, sealants	100%	100%	80%
Basic Services – Fillings (amalgam, porcelain & plastic), anterior and posterior composites, anesthesia (general or intravenous sedation), emergency palliative treatment, space maintainers for children, pathology	90%	80%	80%
Major Services – Crowns & gold fillings, inlays, onlays and pontics, implants, fixed bridges, complete and partial dentures	60%	50%	50%
Oral Surgery	Basic or Major		
Endodontics	Basic or Major		
Periodontics	Basic or Major		
Waiting Periods	12 month waiting periods applies to Major and Ortho services*		
Orthodontics (optional)	50%		
Coverage Options**	Child and adult or Child only		
Benefit Options	\$1,500 Lifetime Maximum with a \$750 Calendar Year Maximum or \$1,000 Lifetime Maximum with a \$500 Calendar Year Maximum		
Special Dental Accident Benefit	\$1,000 maximum per accident		
Children's Good Vision Benefit	Included with Orthodontia		
Out of-Network Reimbursement Level	80 th or 90 th percentile		

*Waived for qualifying groups. Please refer to the dental Underwriting Guidelines for more details.

**Child orthodontia is available to groups with 5 or more employees enrolling. Adult orthodontia is available to employer-contributory groups with 25 or more employees enrolling.

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 may vary by state. Refer to the plan's Certificate of Insurance or your Sales Representative for details.

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

On the dental PPO plan, "usual, customary and reasonable" (UCR) means the fee shown in the Preferred Provider Fee Schedule for dental services and supplies generally furnished for cases of comparable severity and

nature. For Non-Preferred Provider dental services, UCR means the plan will pay a reasonable fee based on (a) 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 same range of fees customarily charged for the services or supplies in the geographic area concerned.

On the indemnity plan, "usual, customary and reasonable" (UCR) means the plan will pay a reasonable fee based on (a) 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 same range of fees customarily charged for the services or supplies in the geographic area concerned.

Advance Notice of Dental Treatment

Any course of treatment a provider estimates to be in excess of \$500 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 two.

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:

- An appliance used to repair or replace missing teeth, or modification of an appliance, 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;
- 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 initial installation of a prosthetic device (a fixed bridge, implant, 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;
- Charges in excess of Usual, Reasonable and Customary charges or in excess of the Calendar Year Maximum amount stated in the "Schedule of Dental Benefits" section of this Plan, or in excess of the Preferred Provider Fee Schedule;
- Services and supplies not reasonably necessary, or not otherwise specifically listed as an Eligible Expense;
- Charges for service provided for temporomandibular joint dysfunction (TMJ); expenses incurred for congenital or developmental malformations;
- Services and supplies performed outside of the United States of America are subject to a fixed fee schedule. Please see your schedule of benefits for description;
- Implants, implant services and implant supported prosthetics are not covered for patients under the age of 16;
- Any services or supplies for correction or alteration of occlusion, or any occlusal adjustments; expenses incurred for night guards or any other appliances for the correction of harmful habits;
- Expenses for "safe fees" (gloves, masks, surgical scrubs and sterilization);
- 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 for services for which You would not legally have to pay if there were no insurance;
- 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 You or any of Your Dependents transfer 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;
- Adjustment, repairs or relines of prostheses for a period of one year from initial placement if the prostheses were paid for under this plan;
- 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;
- The extraction of immature erupting third molars and non-pathologic, asymptomatic third molar extractions;
- Expenses for gross debridement allowed one time at the beginning of the periodontal treatment plan prior to pocket depth charting;
- 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;
- Temporary services are considered an integral part of the final services rather than a separate service and are therefore not eligible for benefits;
- X-rays are considered an integral part of the endodontic procedure rather than a separate service and are therefore not eligible for benefits;
- Any combination of eight or more x-rays (including but not limited to bitewings or periapicals/intraorals) will be combined into a full mouth x-ray series;
- Expenses incurred for a core buildup will only be considered in conjunction with a crown;
- Chemotherapeutic agents and any other experimental procedures;
- Expenses incurred for veneers and related procedures.



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.

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

2505 McCabe Way
Irvine, CA 92614
www.bestlife.com
800.237.8543