



# Agent Guide for *Personal Dental*

Association Sponsored Dental Insurance  
for Individuals and Families in California



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

Sponsored by



[www.beassoc.org/personaldental](http://www.beassoc.org/personaldental)

Underwritten by BEST Life and Health Insurance Co.

# Personal Dental

## Affordable Dental Benefits with Personal Service

### Personal Dental has a lot to offer your clients!

Perfect for individuals and families, Personal Dental provides comprehensive coverage at affordable rates and includes the quick, personal service BEST Life is known for.

#### Plan Highlights:

- A selection of two progressive indemnity plans and two scheduled reimbursement plans
- No deductibles for preventive care
- \$50 yearly deductible
- Coverage for preventive, basic and major services
- Preventive care covered at 100% or 80% coinsurance, or at a reimbursed amount
- Coverage for sealants, fluoride treatment and space maintainers for children



#### Added Value:

- Discounts on eye exams and eye wear through the EyeMed Vision Care network
- 5-day claims processing\*
- Calls answered by a live person
- Coverage provided by a company with over 40 years of stability and dental experience
- Access to all BEA member discount programs

### Association Sponsored Dental Insurance

Personal Dental is offered to members of the BEST Employers Association. Anyone can join BEA to purchase a Personal Dental plan. Membership dues are added to the premium and membership information is provided along with the Personal Dental ID card and plan documents.

\* Based on 4th Quarter 2011 data.

# Personal Dental Plan Comparison

Customers can choose from a selection of four plans: two progressive indemnity plans or two scheduled reimbursement plans.

Waiting periods apply for the initial time period only; after they are satisfied there are no more waiting periods.

Plan Type	Personal 100			Personal 80		Personal Value 40		Personal Value 36	
Calendar Year Maximum	\$1,500			\$1,000		\$1,500		\$1,000	
Calendar Year Deductible	\$50 per person / \$150 per family Deductible does not apply to Preventive Care Services								
	Percentage Payable					Amount Reimbursed			
<b>Preventive Care Services</b>	No waiting period			After initial 60 day waiting period					
Periodic oral evaluation	100%			80%		\$40		\$36	
Comprehensive oral evaluation	100%			80%		\$62		\$56	
Bitewings – two films	100%			80%		\$35		\$31	
Adult cleanings (prophylaxis)	100%			80%		\$76		\$69	
Child cleanings (prophylaxis)	100%			80%		\$56		\$50	
Topical application of fluoride (including prophylaxis) – child	100%			80%		\$79		\$71	
<b>Basic Services</b>	After initial 6 month waiting period								
Sealant – per tooth				80%		\$44		\$39	
Amalgam – one surface	1st Year: 80%	2nd Year: 80%	3rd Year: 90%	80%		\$86		\$54	
Resin-based composite – one surface, anterior				80%		\$97		\$61	
Complete series x-rays				80%		\$106		\$95	
<b>Major Services</b>	After initial 12 month waiting period								
Crown – porcelain fused to noble metal				80%		\$427		\$342	
Space maintainer – fixed – unilateral				80%		\$220		\$137	
Complete upper denture				80%		\$527		\$421	
Upper partial denture	1st Year: 50%	2nd Year: 60%	3rd Year: 70%	1st Year: 50%	2nd Year: 60%	\$581		\$465	
Root canal therapy – bicuspid				80%		\$343		\$274	
Periodontal scaling & root planing – 4 or more teeth, per quadrant				80%		\$101		\$80	
Removal of impacted tooth – partially bony				80%		\$281		\$176	
<b>Orthodontic Services, teeth whitening and other non-covered services</b>	Not covered by plan. Network discount may apply, refer to network provider for more details.								
<b>Out-of-Network Reimbursement</b>	UCR at the 80th percentile					Not applicable			

## How do plans cover costs?

### Personal 100 and Personal 80

These plans provide the option to use the First Dental Health (“FDH”) PPO network in California, and the DenteMax network when traveling. When members use a PPO network provider, the plan’s percentage payable is applied to the network discounted fees for the area where dental services are performed. When members use a non-network provider, reimbursements are based on the usual and customary charge for procedures performed in that particular area.

### Personal Value 40 and Personal Value 36

These plans provide a list of the maximum amount we will reimburse for each procedure. While selecting an FDH network provider is optional, members may save money with a network provider that is contracted with FDH or DenteMax to accept discounted fees as payment in full.

# Personal Dental Rates & Area Factors

Rates vary by area. To find the rates for your area, locate your ZIP Code below.

		Personal Dental 100	Personal Dental 80	Personal Value 40	Personal Value 36
<b>Area A</b> 917-925, 932-939, 952-961	Member Only	\$47.00	\$36.50	\$31.50	\$28.00
	With Spouse	\$93.50	\$72.50	\$62.50	\$56.00
	With Child	\$74.50	\$58.00	\$50.00	\$44.50
	With Children	\$111.50	\$86.50	\$74.50	\$66.50
	With Family	\$152.50	\$118.50	\$102.00	\$91.00

		Personal Dental 100	Personal Dental 80	Personal Value 40	Personal Value 36
<b>Area B</b> 900-916, 926-931	Member Only	\$48.50	\$37.50	\$32.00	\$28.50
	With Spouse	\$97.00	\$74.50	\$63.50	\$57.00
	With Child	\$77.50	\$59.50	\$51.00	\$45.50
	With Children	\$115.50	\$89.00	\$76.00	\$68.00
	With Family	\$158.50	\$122.00	\$104.00	\$93.00

		Personal Dental 100	Personal Dental 80	Personal Value 40	Personal Value 36
<b>Area C</b> 945-951	Member Only	\$50.50	\$38.50	\$32.50	\$29.00
	With Spouse	\$100.50	\$77.00	\$65.00	\$58.00
	With Child	\$80.50	\$61.50	\$51.50	\$46.50
	With Children	\$120.00	\$91.50	\$77.00	\$69.00
	With Family	\$164.50	\$125.50	\$105.50	\$94.50

		Personal Dental 100	Personal Dental 80	Personal Value 40	Personal Value 36
<b>Area D</b> 940-944	Member Only	\$52.50	\$39.50	\$33.00	\$29.50
	With Spouse	\$104.50	\$79.00	\$66.00	\$59.00
	With Child	\$83.50	\$63.00	\$52.50	\$47.00
	With Children	\$124.50	\$94.00	\$78.50	\$70.50
	With Family	\$170.50	\$129.00	\$107.50	\$96.50

Expires January 1, 2013. Rates may change at any time.

Rates do not include an additional \$1 monthly BEA Membership Fee, \$5 Billing Fee, and \$10 one-time non-refundable Initial Enrollment Fee. Billing fees are charged for processing payment, based on the billing option selected.

# Purchasing *Personal Dental* is easy!



Everything you need to purchase *Personal Dental* is online.

Go to [www.beassoc.org/personaldental](http://www.beassoc.org/personaldental) for:

- Answers to frequently asked questions
- To download Plan Details
- To download a brochure
- To locate a network dentist

Once your clients are ready to enroll, they can download an application and provide us with your BEST Life Agent Number.

## Where to get Plan Details

A summary of Plan Details is provided online for every plan listed. This is available on the “Dental Plans” and “Quote Now” web pages.

Dental brochures may also be downloaded or provided upon request by contacting our Sales Department at 1.800.237.8543, Monday through Friday, 7am to 5pm Pacific Time.

## About BEST Life

Founded in 1962, BEST Life and Health Insurance Company (“BEST Life”) provides affordable medical, dental, vision and life insurance products to small and large employers and associations.

Created to serve 2 to 100+ employer groups in 39 states, BEST Life has a legacy based on great services and quality plan designs. Our dedication to personal service and rapid claims payments are BEST Life’s trademarks. There is no IVR system during business hours – real people answer calls within seconds – and we pay claims within 5 days.\*

Personal Dental is offered through the BEST Employers Association.

## About BEA

The BEST Employers Association (“BEA”) is an association for employers, their employees, insurance agents, and individuals located in the United States. By joining BEA, association members can save on insurance products and business related services offered through the Association. BEA has served American businesses since 1970 and is currently offered to 84,000 members nationally.

\* Based on 4th Quarter 2011 data.

# Member Frequently Asked Questions

## 1. Do I need to join the BEST Employers Association to purchase a Personal Dental plan?

Yes. The Personal Dental plans are offered through the BEST Employers Association (“BEA”). Joining BEA is easy; you are automatically enrolled before you have submitted a completed and signed Personal Dental Application. Once accepted, you will have more access to discounts offered to BEA members. For more information about BEA, visit [www.beassoc.org](http://www.beassoc.org).

## 2. What are the advantages of joining BEA?

As a BEA member, you will have the option to take advantage of the discount programs the Association provides. Some of these programs include discounts for: LASIK eye surgery, eye exams, glasses and contacts, access to Global Medical Conexions’ medical tourism services, car rentals and appliances and more. For program details, please visit BEA’s website at [www.beassoc.org](http://www.beassoc.org).

## 3. Are there any fees?

Yes, there is a \$1 monthly BEA Association Membership Fee, a \$5 Billing Fee, and a \$10 one-time non-refundable Initial Enrollment Fee. Billing fees are charged for processing payment, based on the billing option selected.

## 4. How do these dental plans work?

Our Personal Dental plans are offered through the BEST Employers Association (BEA) and do not solely rely on a network. You may either make an appointment with any licensed dentist in the country or locate a dentist from the First Dental Health or DenteMax PPO networks.

All the Personal Dental plans have a Calendar Year Maximum, a Yearly Deductible, and separate waiting periods for each type of dental treatment. The Personal 80 and 100 dental indemnity plans base payment on a percentage payable; the Personal Value 36 and 40 scheduled reimbursement plans base payment on a maximum reimbursed amount for each procedure. (See “How are benefits covered?” for more details.)

When you are ready, call the dentist of your choice to set up an appointment. Bring your ID card with you to your visit. Either you or the dentist will file a claim form with BEST Life, and we will base payments on the level of coverage set by the Personal Dental plan you selected.

**Please note:** It is important that you meet any waiting periods before using your plan. Any services provided before the waiting period are not eligible for coverage.

On the Personal 100 plan, you may start using your preventive care benefits immediately after you are enrolled. On all other plans, you will have to meet the initial and one-time only 60-day waiting period for preventive services after you are enrolled.

Basic services are not eligible for coverage until the initial and one-time only 6-month waiting period is satisfied. Major services are not eligible for coverage until the initial and one-time 12-month waiting period is met.

## 5. How are benefits covered?

Your plan will include a Calendar Year Maximum, a Yearly Deductible, Percentage Payable or Reimbursed Amount. Each of these helps BEST Life determine how to pay your claims:

- **Calendar Year Maximum:** the maximum amount BEST Life will cover for that calendar year.
- **Yearly Deductible:** the amount each member must meet before claims are paid. In a family, only three members must meet this amount before claims are processed. Deductibles do not apply to Preventive Services.
- **Percent Payable (applies to the Personal 80 and 100 plans):** the percentage we will pay for procedures within a treatment category.
- **Reimbursed Amount (applies to the Personal Value 36 and Value 40 plans):** the maximum amount we will pay for a procedure. The Certificates for these plans contain a Schedule of Reimbursements, which lists the amount we will reimburse for each procedure.

For exact information on your benefits, please refer to the plan’s Certificate of Insurance.

## 6. Are there any discounts for services not listed on the plan?

Discounts for orthodontia, teeth whitening and other services not listed on the plan’s Schedule of Benefits are available if offered by a network-contracted dentist. Because these services are not covered by the Personal Dental plans, discounts may be applied at the time of your visit and your dentist may bill you for any amounts due for these services. You are responsible for all services not covered by the plan.

A listing of covered procedures is available in the plan's Certificate. You will receive your Certificate along with your ID card once your enrollment application has been approved. A Schedule of Benefits will be available for your review early in the online purchase process.

## 7. Is there a waiting period before I can see a dentist?

Yes. Services will not be eligible for coverage until after you and your dependents have met the waiting periods. Once a waiting period is met, services will remain eligible for coverage for as long as you are enrolled on the plan.

Depending on the plan you select, there is an initial 60-day waiting period for preventive services, an initial 6-month waiting period for basic services and an initial 12-month waiting period for major services.

If you enroll a dependent after you have initially purchased a plan, that dependent will need to meet the waiting period applied for each type of service. This will have no affect on your waiting periods, whether or not you have met them.

Please review the plan's Certificate for the services covered under each preventive, basic and major.

## 8. Who can enroll?

You and your dependents are eligible if you live in California and you are between 18 and 64 years of age. Your dependents may qualify if they are:

- Your lawful spouse/domestic partner, if between 18 and 64 years of age
- Your or your spouse's/domestic partner's child or children, including a natural child, step-child, foster child, lawfully adopted child or child in the process of being adopted, from the date of placement, or any child for whom you or your spouse/domestic partner have been granted legal custody, provided they are:
  - Unmarried; and
  - Through age 25 and
- A child named in a qualified medical child support order.

For more information on eligible dependents, please review the plan's Certificate of Insurance.

## 9. How do I enroll?

Enrollment is easy. Complete an enrollment application provided on the "Quote Now" web page. The enrollment application provides a section where you can select the plan of your choice. Complete the application and mail a check for the first month's amount, plus any applicable fees to:

**Personal Dental New Enrollments**  
BEST Life and Health Insurance Company  
PO Box 19721  
Irvine, CA 92623-9721

## 10. When does my plan become effective?

Your plan becomes effective the first day of the month following receipt of payment and written approval of your enrollment application. BEST Life will email you confirmation of this.

## 11. What are my payment options?

We offer payment and billing on a monthly basis. We accept personal checks, credit card or debit card payment.

## 12. Do I get an ID card?

Yes. After your application has been approved, you will receive your member ID card along with your Certificate of Insurance. This card will provide you with the PPO network you may access for additional discounts, and the claims information your dentist will need to process a claim on your behalf.

## 13. Can I use a PPO network?

You can use any licensed dentist in the country, and you also have the option to save on out-of-pocket expenses when you receive care from a PPO network provider. Personal Dental offers access to the First Dental Health ("FDH") network, one of the largest networks in California. You may also use the DenteMax network when outside of the FDH service area.

Once enrolled, your member ID card will provide you with the information you need to access the FDH network. You can either call the phone number provided on your ID card, or locate an FDH dentist online with our Dental Locator located on the upper left hand side of the Personal Dental website. Just call the dentist of your choice to confirm they are in the network and then set up an appointment. Bring your member ID card with you to your appointment.

# Member Frequently Asked Questions

## 14. What if I have questions about the treatment plan my dentist recommends?

Your plan offers Advance Notice of Dental Treatment (also known as Predetermination), which is an estimate BEST Life provides for treatment that may cost more than \$300. This is a service we offer members so that you may know exactly how much the plan will pay and what your payment responsibility will be.

An Advance Notice of Dental Treatment is usually requested by the dentist on your behalf and is reported to us before any work is done. Once we receive a report, BEST Life will then provide you and your dentist with an explanation of how the dental plan will cover costs.

Emergency treatment, oral examinations and routine cleanings (prophylaxis), and any treatment less than \$300 do not require a Predetermination.

## 15. How do I file a claim?

Network-contracted dentists will file a claim on your behalf. If you are asked to file a claim, you can download a claim form from the BEST Life website at [www.bestlife.com](http://www.bestlife.com), select "Members" then "Forms".

**Completed forms should be mailed to:**

BEST Life and Health Insurance Company  
PO Box 890  
Meridian, ID 83680-0890

**Email:** [personaldentalcs@bestlife.com](mailto:personaldentalcs@bestlife.com)

**Fax:** 208.893.5040

## 16. What if I have more questions?

Once enrolled on a plan, our Customer Service Department can provide assistance for questions on networks, how to use your benefits, and billing. Contact Customer Service at 1.800.433.0088, Mondays through Fridays 8am to 5pm Pacific Standard Time. You can also submit an email with our online Contact Form or by emailing [personaldentalcs@bestlife.com](mailto:personaldentalcs@bestlife.com).

# Provisions for Coverage

## Eligibility

**Eligible Member:** All persons who are 18 or older are eligible to be insured under the Group Policy. We may require evidence of insurability.

**Eligible Dependent:** Each Insured Member will be eligible to cover his or her Eligible Dependents on the later of the following dates:

1. the day the Insured Member becomes eligible for insurance; or
2. the day the Insured Member acquires his or her first Eligible Dependent.

We may require evidence of insurability.

## Effective Date

**Insured Members are covered on the first of the month coincident with or following the date he or she becomes an Eligible Member if:**

1. We have received the Eligible Member's completed and signed application;
2. Our underwriting rules are met; and
3. We have received the required premium on or before the Eligible Member's effective date of coverage.

## Termination of Insurance

**Member:** Coverage for an Insured Member will end on the earliest of the following dates:

1. The last day of the month in which the Insured Member is no longer a member in good standing of the Association;
2. The day before the due date of any premium which remains unpaid at the end of the grace period;
3. The date You request that coverage be terminated; or
4. The date the Group Policy terminates.

**Dependent:** Coverage for an Insured Dependent will end on the earliest of the following dates:

1. The date Your insurance terminates;
2. The day before the due date of any premium for such Dependent which remains unpaid at the end of the grace period;
3. The last day of the month in which an Eligible Dependent is no longer an Eligible Dependent as defined; or
4. The date You request that coverage for the Eligible Dependent be terminated.

# Dental Exclusions

No payments will be made for and covered dental expenses do not include:

1. Treatment by someone other than a Dentist, except where performed by a duly qualified technician under the direction of a Dentist;
2. Expenses incurred while on active duty with any military, naval, or air force of any country or international organization. Premiums will be refunded on a pro-rata basis for any Insured Person who enters such military services and all coverage for that Insured Person will be suspended until such military service is over;
3. 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;
4. Replacement of a lost or stolen or discarded prosthetic device;
5. 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;
6. The replacement of a crown, prosthesis, fixed bridge or denture if such crown, prosthesis, fixed bridge or denture was installed less than five years before, unless:
  - a. Such replacement is made necessary by the initial extraction of an adjoining functional natural tooth;
  - b. A crown or prosthesis, while in the oral cavity, has been damaged beyond repair as a result of a non-chewing 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 missing before an Insured Person was covered under the Group Policy, except when:
  - a. it also replaces a tooth that is extracted while covered; or
  - b. such installation commences after the Insured Person has remained continuously covered under the Group Policy for at least three years immediately prior to the date such installation commences;
8. Expenses incurred as a result of participating in a riot or insurrection or the commission of a felony;
9. Charges in excess of Usual, Reasonable and Customary charges;
10. Services and supplies not reasonably necessary;
11. Charges for service provided for temporomandibular joint dysfunction (TMJ);
12. Services and supplies covered under any Worker's Compensation Act or similar law;
13. Services and supplies performed outside of the United States of America;
14. Expenses incurred for congenital or developmental malformations. This will not apply to newborn children;
15. Expenses incurred for dental implants and related procedures, including but not limited to endosteal and subperiosteal;
16. Any services or supplies for correction or alteration of occlusion, or any occlusal adjustments;
17. Charges for prescribed drugs, pre medication or analgesia;
18. Expenses for "safe fees" (gloves, masks, surgical scrubs and sterilization);
19. Expenses incurred for night guards or any other appliances for the correction of harmful habits;
20. Expenses incurred due to treatment rendered by a Family Member;
21. Expenses incurred due to treatment rendered by Your employer;
22. Expenses not otherwise specifically listed as a Covered Expense;
23. Expenses for services for which an Insured Person would not legally have to pay if there were no insurance;
24. For services not completed on or before the date of termination;
25. Expenses that are applied toward satisfaction of a Deductible, if any;
26. For procedures that are begun, but not completed;
27. Adjustment, repairs or relines of prostheses for a period of six months from initial placement if the prostheses were paid for under the Group Policy;

28. 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;
29. 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;
30. The extraction of immature erupting third molars and non-pathologic, asymptomatic third molar extractions;
31. Temporary services are considered an integral part of the final services rather than a separate service and are therefore not eligible for benefits;
32. Expenses for gross debridement allowed one time at the beginning of the periodontal treatment plan prior to pocket depth charting;
33. Surgical procedures incidental to Orthodontia 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;
34. Any amounts in excess of the maximum amount stated in the "Schedule of Dental Benefits" section of this Certificate;
35. Application of chemotherapeutic agents;
36. Ridge augmentation, ridge preservation, bone graft and guided tissue regeneration in extraction sites; and
37. Expenses incurred for Orthodontia treatment and Orthodontia type procedures.



2505 McCabe Way | Irvine, CA 92614 | [www.bestlife.com](http://www.bestlife.com)



Sponsored by BEST Employers Association

[www.beassoc.org/personaldental](http://www.beassoc.org/personaldental)



**BEST HEALTH PLANS**

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

**Contact the BEST Health Plans Sales Team at 1.800.237.8543**