

BEST  **Life**™

BEST Life and Health Insurance Company

Group Dental Plans





BEST Life has been providing dental benefits to individuals, families and employers for more than 45 years with quality plans and affordable rates. We pride ourselves on our superior customer service, rapid claims payment and the quality health plans that remain the BEST Life trademark.



More Choice. More Savings.

Members have the freedom to choose any dental provider of their choice, plus get additional cost-savings with access to our national and regional networks.

Network	States of Coverage	Products/Plans
DenteMax	National	PPO and Indemnity
Diversified Dental Services (DDS)	NV	PPO and Indemnity
First Dental Health (FDH)	CA	PPO and Indemnity
Maverest Dental Network	IN	PPO and Indemnity
Total Dental Administrators (TDA)	AZ* and UT	PPO and Indemnity
Connection Dental (through PPO USA)	DC, FL, MD, MO, NE, PA and TX	PPO Plans Only

*Network available for PPO plans only.



Supplemental Dental Accident Benefit

Every BEST Life dental plan includes coverage for injuries to sound, natural teeth of up to \$1,000 per incident. And it's not counted toward the calendar year maximum benefit.

Implant Coverage

Our dental plans provide coverage for implants.

Good Vision Benefit for Children

When you purchase a dental plan with orthodontic benefits, you also get 50% of UCR coverage for an eye exam once every 12 months for eligible dependent children through age 18.



We are **BEST**

Real People

Rapid Claims Payment

Great Service



PPO Dental Plans

- Employer sponsored available to groups of 2+
- Voluntary available to groups of 5+

Benefits	High Plan		Mid Plan		Basic Plan		Value Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$2,500	\$2,000	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
	\$1,500	\$1,000	\$1,000	\$1,000	\$500	\$500	\$500	\$500
	\$1,000	\$1,000						
Calendar Year Deductible (3 per family max)	\$0, \$25, \$50, \$75 or \$100 Waived on Preventive Services							
Class I: Preventive Services Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants	100%	100%	100%	80%	100%	80%	100%	80%
Class II: Basic Services Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery	90%	80%	80%	80%	80%	50%	50%	20%
Class III: Major Services Crowns & gold fillings, inlays, onlays & pontics, fixed bridges, implants, complete & partial dentures	60%	50%	50%	50%	0%	0%	0%	0%
Endodontics Not covered if moved to Class III on the Basic and Value plans.	Class II or Class III							
Periodontics Not covered if moved to Class III on the Basic and Value plans.	Class II or Class III							
Waiting Periods Waived for qualifying groups.	12 month waiting period may apply to major and orthodontic services				None			
Special Dental Accident Benefit	\$1,000 maximum per accident to sound, natural teeth							
Out-of-Network Reimbursement	UCR at 80th or 90th Percentile or MAC							
Orthodontics (optional) Child Orthodontia is available for groups with 5 or more employees enrolling. Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolling.	50%				Not offered			
Child Only Orthodontic Benefit Option (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum							
Adult/Child Orthodontia Benefit Option	\$1,000 Lifetime / \$500 Calendar Year Maximum							
Children's Good Vision Benefit (Included with Orthodontia)	Covers 50% of UCR for an eye exam once every 12 months for children through 18							

Available in AZ, CA, DC, FL, IL, IN, MD, MI, MO, NE, NV, OH and PA. MAC available in AZ, CA, NV and UT only.

Effective January 1, 2014: the ACA requires coverage of the 10 Essential Health Benefits with specific pediatric dental components for children 0-18 that are not included in this plan.



Indemnity *Dental Plans*

- Employer sponsored available to groups of 2+
- Voluntary available to groups of 5+

Benefits	High Plan	Mid Plan	Basic Plan	Value Plan
Calendar Year Maximum:	\$2,500	\$2,000	\$1,500	\$1,500
	\$2,000	\$1,500	\$1,000	\$1,000
	\$1,500	\$1,200	\$500	\$500
	\$1,000	\$1,000		
Calendar Year Deductible (3 per family max)	\$0, \$25, \$50, \$75 or \$100 Waived on Preventive Services			
Class I: Preventive Services Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants	100%	100%	100%	100%
Class II: Basic Services Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery	90%	80%	80%	50%
Class III: Major Services Crowns & gold fillings, inlays, onlays and pontics, fixed bridges, implants, complete & partial dentures	60%	50%	0%	0%
Endodontics Not covered if moved to Class III on the Basic and Value plans.	Class II or Class III			
Periodontics Not covered if moved to Class III on the Basic and Value plans.	Class II or Class III			
Waiting Periods Waived for qualifying groups.	12 month waiting period may apply to major and orthodontic services		None	
Special Dental Accident Benefit	\$1,000 maximum per accident to sound, natural teeth			
Out-of-Network Reimbursement	UCR at 80th or 90th Percentile or MAC			
Orthodontics (optional) Child Orthodontia is available for groups with 5 or more employees enrolling. Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolling.	50%		Not offered	
Child Only Orthodontic Benefit Option (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum			
Adult/Child Orthodontia Benefit Option	\$1,000 Lifetime / \$500 Calendar Year Maximum			
Children's Good Vision Benefit (Included with Orthodontia)	Covers 50% of UCR for an eye exam once every 12 months for children through 18			

Available in AK, AL, AR, AZ, CA, CO, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NM, NV, OH, OK, OR, PA, SC, SD, TN, VA, WA and WY.
MAC available in AZ, CA, NV and TX.

Effective January 1, 2014: the ACA requires coverage of the 10 Essential Health Benefits with specific pediatric dental components for children 0-18 that are not included in this plan.

Member Benefits

As a member of BEST Life, you automatically gain access to these additional discounts and benefits. Visit our website at www.bestlife.com for more information.



BEST Life and Health Insurance Company

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