BEST One Dental

$5,000 DENTAL PLAN*

PER CALENDAR YEAR, PER COVERED FAMILY MEMBER

- NO Waiting Periods* and NO Deductibles
- Affordable Rates Stay as of Issue Age
- NO Claim Forms In Network
- Two National PPO Networks

Primary Dental Network has Over 20 Million Members

Your Name when Appointed	Your Email
Your Phone	Your Website

This is a Limited Benefit Insurance Policy for Dental Expenses.
Underwritten by Best Life & Health Insurance Company, Irvine, CA
Dental0374-BR-0520

*On $5,000 CHOICE PLAN.

CHOICE DENTAL PLAN

Calendar Year Benefits Max Options: $5,000 or $3,000

Issue Ages 18-99 Individual, Spouse & Dependent Children

NO Deductible - $25 Co Pay per visit	**In-Network** (No Claim Forms)	**Out-of-Network**
BASIC SERVICES Exams, Cleanings, Bitewing X-rays	**100%** (You pay 0%) **NO WAITING PERIOD**	Pays the same as in-network, subject to balance billing
INTERMEDIATE SERVICES Fillings, anterior & posterior composites, emergency palliative treatment, pathology, panoramic radiographic image and Full Mouth Series of radiographic images ...**and much more!**	**First 12 months:** **50%** (you pay 50%) **After 12 months:** **80%** (you pay 20%) **NO WAITING PERIOD**	
MAJOR SERVICES Implants[1], crowns, inlays, onlays and pontics, fixed bridges, complete and partial dentures, oral surgery, anesthesia (general or IV sedation), periodontics, endodontics, **and much more!**	**First 12 months:** **10%** (you pay 90%) **After 12 months:** **60%** (you pay 40%) **NO WAITING PERIOD**	

ECONOMY DENTAL PLAN

Calendar Year Benefits Max Options: $1,500

Issue Ages 18-99 Individual, Spouse & Dependent Children

NO Deductible - $25 Co Pay per visit	**In-Network** (No Claim Forms)	**Out-of-Network**
BASIC SERVICES Exams, Cleanings, Bitewing X-rays	**100%** (You pay 0%) **NO WAITING PERIOD**	Pays the same as in-network, subject to balance billing
INTERMEDIATE SERVICES Fillings, anterior & posterior composites, emergency palliative treatment, pathology, panoramic radiographic image and Full Mouth Series of radiographic images ...**and much more!**	**All Years:** **80%** (you pay 20%) **6 MONTH WAITING PERIOD**	
MAJOR SERVICES NOT COVERED	**NOT COVERED** In Network Discounts Only	**NOT COVERED**

Certain services include limitations; see Policy for details.

[1]Implants covered on same benefit schedule as a fixed prosthetic.

For Provider Search Link Visit: www.BestLife.com/Provider_Search

BESTOne Dental

$25 CO PAY DENTAL PPO PLAN

Dental Benefits
(descriptions / details)

BASIC COVERED SERVICES

PREVENTIVE:

- Prophylaxis – adult and covered children; once every six months
- Topical fluoride – two per twelve months

DIAGNOSTIC:

- Oral evaluations; one every six months
- Comprehensive periodontal evaluations; one every six months
- Bitewing X-rays; one set every twelve months
- Vertical bitewings; one set every twelve months

INTERMEDIATE COVERED SERVICES

DIAGNOSTIC & TREATMENT SERVICES:

- Palliative (emergency) treatment of dental pain
- Panoramic radiographic image and Full Mouth Series of radiographic images

PREVENTIVE:

- Sealants – once every sixty months for 1st and 2nd molars only

RESTORATIVE:

- Amalgam, primary or permanent & resin-based composite

...and more!

AM I COVERED IF I TRAVEL TO ANOTHER STATE? **YES!**

MAJOR COVERED SERVICES

RESTORATIVE & CROWNS:

- Inlays , onlays and recementing
- Crowns; cast posts and core buildups
- Pin retention in addition to restoration
- Crown repair due to restorative material failure

ENDODONTICS:

- Pulp caps; therapeutic pulpotomy; endodontic therapy
- Apexification / recalcification; apicoectomy / periradicular surgery
- Retrograde fillings
- Root canal; root amputation

PERIODONTAL SERVICES:

- Gingivectomy or gingivoplasty
- Gingival flap procedure
- Osseous surgery
- Periodontal scaling and root planing – one every thirty-six months
- Full-mouth debridement to enable comprehensive evaluation and diagnosis
- Periodontal maintenance – one every six months per individual

PROSTHODONTICS:

- Complete and partial dentures – for complete dentures to replace missing/broken teeth
- Adjustment and repair of dentures

IMPLANTS:

- Limited to one in a lifetime per site and covered as an alternative to a fixed prosthetic only
- Cost of fixed prosthetic will be applied to the total value of the implant and implant-related services, not to exceed the cost of the fixed prosthetic

ORAL SURGERY:

- Extraction of erupted tooth; removal of impacted tooth
- Incision and drainage of abcess
- Surgical removal of residual tooth roots (cutting procedure)
- Excision of hyperplastic tissue; excision of pericoronal gingival

ADJUNCTIVE GENERAL SERVICES:

- Deep sedation/general anesthesia
- Intravenous conscious sedation/analgesia
- Treatment of complications (post-surgical)

...and more!

COVERAGE INFORMATION

12 Month Rate Guarantee!

Coverage begins: When Best Life has approved your application and you have paid your premium; coverage will begin on the Policy date shown in the Policy schedule.

Renewability: Guaranteed Renewable for Life requires that you do not allow your policy to terminate, and you reside in a state in which BEST Life and Health is licensed to sell insurance products.

Premium Changes: Best Life reserves the right to change premiums, on a class basis, becoming due under the Policy at any time; provided Best Life has provided you written notice of at least 31 days prior to the effective date of the revised rates. Such change will be on a class basis. The premium for the Policy is based on issue age of the insured person at the time the Policy becomes effective.

Predetermination: Predetermination is not required, but is recommended. A predetermination is a way for the company to let you know how recommended services will be covered under this policy, both in and out of network. Predetermination is not required, but is recommended. Both in and out of network. Services that are not Medically Necessary or appropriate may not be covered at all.

eyemed

EyeMed Discount Plan Details

As a BEST Life customer, you and your dependents receive access to value-added discount programs that can help provide cost savings on vision care, eyewear, and more. These programs are automatically available to all members that are not currently enrolled on a fully-insured vision plan with BEST Life.

BESTOne Dental

$25 CO PAY DENTAL PPO PLAN

For a complete listing of benefits, exclusions and limitations - please refer to your Policy. In the event of any discrepancies contained in this brochure, terms and conditions in the Policy documents shall govern. This brochure provides only a summary of information and the benefits and rates may vary by state.

EXCLUSIONS - This policy excludes and will not reimburse for the following services or charges.

- Services provided by anyone other than a doctor of medical dentistry or a doctor of dental surgery, unless a licensed hygienist performs the services under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a denturist.
- Services received while on active duty with a military service of any country or international organization.
- Services needed because of participation in a riot or insurrection or the commission of a felony.
- Services needed as a result of a work-related injury or illness, whether or not covered under Worker's Compensation;
- Services provided by an employer.
- Services started before your effective date. Examples of excluded services under this paragraph include but are not limited to the following: obtaining an impression for an appliance, or a modification of one, before your effective date; preparing a tooth for a crown, bridge or other lab fabricated restorations before your effective date; opening a pulp chamber for root canal therapy before your effective date.
- Services not completed before your termination date.
- Services required because you failed to comply with professionally prescribed treatment.
- Telephone consultation services.
- Charges for your failure to keep a scheduled appointment.
- Services that are primarily for cosmetic reasons. Examples include alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
- Services for orthodontic treatment and orthodontia type procedures unless this policy defines those services as covered services.
- Services received for or related to temporomandibular joint dysfunction (TMJ).
- Charges in excess of the agreed to coverage amounts, as shown on the schedule of benefits.
- Services 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, except as defined as a Covered Dental Expense.
- Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
- Charges for copies of records, charts, x-rays and any other costs associated with the forwarding or mailing of these copies, or for completing dental forms.
- Charges for state or territorial taxes associated with dental services.
- Charges for services received from two or more providers for a single procedure or course of care, if those charges would have been less if received from one provider and you made the decision to transfer your care during the procedure or course of care.
- Services that are experimental or investigational.
- Services that are not within the scope of the treating provider's practice.
- Services that are not Medically Necessary or that would not meet generally accepted standards of practice.
- Charges that you would not legally have to pay if you did not have insurance unless mandated by law.
- Services for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
- Charges for duplicate or provisional services or supplies.
- Charges for plaque control programs, oral hygiene instruction, and dietary instructions.
- Charges for gold foil restorations.
- Charges for treatment at the hospital.
- Service to adjust a denture or bridgework within six months after it is installed or adjusted, by the same provider who installed or adjusted it.
- Charges for home health aides, including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
- Services to seal teeth, other than permanent molars.
- Charges to replace lost, stolen or misplaced dentures.
- Charges to repair or replace damaged, lost or missing appliances.
- Services to fabricate an athletic mouth guard;
- Charges for internal bleaching, nitrous oxide, oral sedation, and/or topical medicament centers.
- Charges for bone grafts in connection with extractions, apicoectomies or non-covered or non-eligible implants.
- Charges for a Deductible, Coinsurance, or other cost-sharing amounts for which you are responsible.
- Temporary services that are considered an integral part of a final services rather than a separate service.
- Charges for veneers and related procedures.
- Services not listed as a covered service.
- Services received outside of the United States.

Underwritten by Best Life & Health Insurance Company PO Box 19721, Irvine, CA 92623

BEST Life™

This is a brief description of Policy Forms. State Variations:
GID-CPP-1019AL, GID-CPP-1019AZ, GID-CPP-1019GA, GID-CP15L-1019ID, GID-CP30H-1019ID, GID-CP50H-1019ID, GID-CPP-1019IL, GID-CPP-1019IN, GID-CPP-1019IA, GID-CPP-1019KS, GID-CPP-1019LA, GID-CPP-1019MI, GID-CPP-1019MS, GID-CPP-1019MO, GIDCPP-1019MT, GID-CPP-1019NE, GID-CPP-1019NC, GID-CPP-1019OH, GID-CPP-1019OK, GID-CPP-1019OR, GID-CPP-1019PA, GIDCPP-1019SC, GID-CPP-1019TN, GID-CPP-1019TX, GID-CPP-1019UT, GID-CPP-1019WY. **NOT AVAILABLE IN ALL STATES**