

About Your BEST Life *Dental PPO Plan*

Welcome to BEST Life! This flyer explains how your Dental PPO plan works. If you have any other questions about your plan, please contact BEST Life’s Customer Service Department at **800.433.0088** or by email at **cs@bestlife.com**.

How does the plan work?

To start using your benefits, it’s simple: call the dentist of your choice to set up an appointment. When you go to a dentist for treatment, either you or your dentist will file a claim with BEST Life, and we will pay the claim for the services covered by your plan.

How are my benefits covered?

Your plan includes a calendar year maximum, a yearly deductible and coinsurance. Each of these helps BEST Life determine how to pay your claims:

- **Calendar Year Maximum:** the maximum amount BEST Life will cover for that 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 paid. Deductibles do not apply to preventive services.
- **Percentage Payable:** the percentage we will pay for a category of treatment procedures. There are three or four categories (Preventive, Basic, Major, and Orthodontia, if covered) and each category will have a different percentage.

For exact information on your benefits, please refer to your plan’s Certificate Booklet.

Why should I see a network provider?

On this plan you can select any licensed dentist, but will save money with a network dentist.

Your plan is designed to cover more costs for services rendered by a network dentist. This is done through a higher calendar year maximum and percentage payable levels. In addition, dentists contracted with a network have agreed to provide dental services at a discounted price, which can translate to a savings of 25% to 57% off what would normally be charged (depending on the procedure and the area in which you live in). When you see a network dentist, your plan’s benefits are applied to the discounted amounts, which make your out-of-pockets lower than if you went to a dentist out of the network.

(To ensure that you receive in-network savings, please make sure the provider is part of the network before you make an appointment.)

How much do I save with a network dentist?

Here is an illustration of how much you save with a network dentist on a Dental PPO Mid Plan with a \$0 deductible. (Actual costs may vary by geographic location, procedure and by dentist.)

How do I find a network provider?

Your member ID card lists which network you can use along with contact information. A directory of network links is available on our website at **www.bestlife.com** (click on “Provider Look-up”), or call our Customer Service Department at **800.433.0088** for assistance.

Treatment	Network Dentist	Non-Network Dentist
Routine Oral Exam	Charges: \$45.00	Charges: \$45.00
	Provider Discount: -\$20.00	Allowable Charge
	\$25.00	Paid at 100%: -\$24.00
	Paid at 100%: -\$25.00	You Pay: \$21.00
	You Pay: \$0	
Amalgam Filling	Charges: \$86.00	Charges: \$86.00
	Provider Discount: -\$30.00	Allowable Charge of \$60
	\$56.00	Paid at 80%: -\$48.00
	Paid at 80%: -\$44.80	You Pay: \$38.00
	You Pay: \$11.20	
You realize a savings of:	\$119.80	\$72.00

What is Predetermination?

Predetermination is an estimate of how benefits will be processed, and is a great way to ensure that you have what you need to make informed decisions. Any treatment a dentist estimates to cost in excess of \$300 or \$500, depending on your plan, is required to be reported to us before any work is done. Once we receive a report, BEST Life provides you and your dentist with an explanation of how your dental plan will cover costs.

How do I file a claim?

In most instances, the dentist will file a claim on your behalf. If you are asked to file a claim, you can download a dental claim form at **www.bestlife.com**, select “Employees” and then “Forms”.

Completed forms should be mailed to:
BEST Life and Health Insurance Company
PO Box 890 | Meridian, ID 83680-0890