

# About Your BEST Life *Health Solutions II Medical Plan*

**Welcome to BEST Life!** This flyer explains how your medical 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 my plan work?

You can start using your benefits by calling the provider of your choice to set up an appointment. When you go to a provider for treatment, the provider will file a claim on your behalf, and we will base payments on the level of coverage set by your BEST Life plan.

## How are benefits covered?

Your plan includes in-network co-pays, yearly deductibles, out-of-pocket maximums and coinsurance. Each of these determines how benefits are covered on your plan.

- **In-network Co-pay:** the amount the member pays at the time of the visit. This amount is also listed on your ID card.
- **Yearly Deductible:** the amount that must be met before claims are processed. In a family, only three members must meet this amount before claims are paid. In some cases, the deductible will apply after the co-pay and/or maximum amount covered for that service is met. Your Certificate Booklet outlines when the deductible applies for all covered services.
- **Out-of-Pocket Maximum:** the maximum amount a member pays for the calendar year (includes deductibles and the member's portion of the coinsurance). Once met, the member will no longer pay for their portion of the coinsurance. In a family, only three members must meet this amount. Out-of-pocket maximums do not include any amounts over what the plan covers.
- **Coinsurance:** the percentage BEST Life pays for a category of procedures. Some procedures are covered at a higher percentage than others, and there is a different coinsurance for services rendered by a non-network provider.

Your plan's Certificate Booklet provides a detailed summary of the above for each category of procedures.

## How are Preventive Care Services covered?

Your BEST Life plan includes an in-network Preventive Care Maximum, which covers annual routine physical exams, annual woman care exams and mammograms at 100% up to a set maximum amount. Baby/Child Wellness (preventive pediatric services) is also covered at 100% up to a set maximum amount per visit. Any preventive care services received after you've reached your maximum amount or by a non-network provider may require a co-pay and/or will be applied to your plan's deductible and coinsurance.

Please refer to your Certificate Booklet for the Preventive Care Maximum and for an exact listing of preventive care services covered by your plan.

## Are there any services that require a prior approval?

Prior approval or "pre-certification" is required for inpatient admissions, outpatient surgery procedures, MRIs, CAT scans, PET scans, nuclear imaging and transplants. If pre-certification is not obtained before these services are rendered, there may be a reduction of benefits and/or additional financial responsibility. Your Certificate Booklet lists what your financial responsibility would be if a pre-certification is not obtained.

Instructions for obtaining a pre-certification are provided on the back of your member ID card, and in most instances, your provider will process the pre-certification on your behalf.

## Why should I see a network provider?

You and your dependents can select any licensed health care professional, but will save money with a network provider.

Your plan is designed to cover more costs for services provided by a network-contracted provider. This is done through co-payments, a lower in-network deductible, a higher in-network coinsurance and an in-network preventive care maximum. In addition, when you receive treatment from a network provider you will receive discounts for the services covered by your plan.

(To ensure that you receive in-network savings, please check with the provider and ask if he or she is part of the network before you make an appointment.)

### **How do I find a network provider?**

Your member ID card lists which network you can use along with contact information. You can also go to our website [www.bestlife.com](http://www.bestlife.com) and click on "PPO Networks", or call our Customer Service Department at 800.433.0088 for assistance.

### **Am I covered when I'm outside my "home" service area?**

You can choose to go to any network or non-network provider in the country and still receive coverage. If you want to receive in-network coverage while away from home, BEST Life provides a PHCS Healthy Directions secondary network for all members who do not have PHCS/Multi Plan as the primary network provider.

When you or a covered dependent are outside your primary PPO network's coverage area, you can take advantage of in-network benefit levels and negotiated discounts by going to a PHCS Healthy Directions Network doctor.

To access the PHCS Healthy Directions Network, call the phone number listed on the back of your BEST Life ID card, or log on to [www.multiplan.com](http://www.multiplan.com).

### **How do I file a claim?**

Network providers will file a claim on your behalf. If you are asked to file a claim, you can download a medical claim form by clicking on the "Forms" link on this site.

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

### **How can I save money with my medical plan?**

While receiving care from a network provider is one important method (discussed earlier in this brochure), we also offer Precertification services.

Our Precertification program is required on your BEST Life plan and will help prevent unnecessary or excessive medical costs. Call 1.877.773.7933 when 1) A hospital admission is necessary; 2) Inpatient or outpatient elective surgery is to be performed; 3) A pregnancy has been confirmed by a physician; or if you have any questions about the program.

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