

About Your BEST Life *Vision Indemnity Plan*

Welcome to BEST Life! This flyer explains how your Vision 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?

With BEST Life's Vision Indemnity plan there is no network; you and your dependents can go to any licensed ophthalmologist or optometrist for vision care. You or your vision care provider will then file a vision claim form with BEST Life for reimbursement.

How are my benefits covered?

Your plan includes a yearly deductible, allowances and frequency. How you are reimbursed will depend on the combination of the following:

- **Yearly Deductible:** the amount each member must meet before claims are paid.
- **Allowances:** the amount BEST Life will reimburse the member for that service. Each service has a different allowance amount.
- **Frequency:** The number of months exams, frames, lenses and contacts benefits becomes available for use again. Some plans may have different frequencies for each category of services.

Your plan's Certificate Booklet provides detailed information about your plan. We encourage our members to become familiar with the Certificate Booklet before they use their benefits.

Does my plan cover contacts in addition to frames and lenses?

Depending on your plan, contacts may be covered in lieu of frames and lenses, or may be covered in addition to frames and lenses.

If your plan covers contacts in lieu of frames and lenses, then you will be reimbursed for the contacts only. Frames and lenses will not be available for reimbursement until after the lenses and frames benefit is ready for use again.

If your plan covers contacts in addition to frames and lenses, then you can be reimbursed for all three items. Each item will still be subject to the plan's frequencies.

To find out what your plan covers, please refer to your Certificate Booklet.

How do I file a claim?

You can download a vision claim form by clicking on the "Forms" link on this site.

Completed forms should be mailed to:

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