

BEST Dental

PPO M-15 Plan

For families

Your oral health is an important part of overall health maintenance. In fact, keeping your mouth healthy helps to keep your whole body healthy and can actually reduce your risk for more serious problems. Did you know that more than 120 medical conditions can be detected in early stages by your dentist?

For adults and dependent children 19 and older.

Adult	In-Network	Out-of-Network
Annual Maximum	\$1,500	
Annual Deductible Applies to basic and major services in or out-of-network	You pay the first \$50 for individual, \$150 for family	
Diagnostic & Preventive Services Exams, cleanings, x-rays	You pay 0%	You pay 20%
Basic Services Fillings, anterior and posterior composites, emergency palliative treatment, pathology, anesthesia (general or IV sedation)	You pay 20%	
Major Services Crowns and gold fillings, inlays, onlays and pontics, implants, fixed bridges, complete and partial dentures, oral surgery, periodontics, endodontics	You pay 50% After 12 month waiting period.	

Satisfies the ACA pediatric dental requirement for children up to age 19.

Pediatric	In-Network	Out-of-Network
Out-of-Pocket Maximum	\$350 for 1 child \$700 for 2 or more children	
Annual Deductible Applies to diagnostic and preventive services received out-of-network and basic and major services received in or out-of-network.	You pay the first \$75 per child	You pay the first \$100 per child
Diagnostic & Preventive Services Exams, cleanings, sealants, fluoride treatment, x-rays, space maintainers, emergency palliative treatment	You pay 0%	You pay 20%
Basic Services Fillings	You pay 40%	You pay 70%
Major Services Crowns and casts, prosthodontics, maxillofacial prosthetic, periodontics, endodontics, oral surgery, general anesthesia, nitrous oxide	You pay 50%	You pay 70%
Orthodontic Services <i>(Medically necessary)</i> Diagnosis and treatment for repair of a disabling malocclusion or cleft palate, severe craniofacial defects or injury impacting function of speech, swallowing or chewing	You pay 50%	You pay 70%



BEST One

PPO M-15 Plan

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BEST Life has been providing great dental benefits for more than 40 years with quality plans, affordable rates and superior customer service.

More Choice. More Savings.

What dentist you see is completely up to you. But you can gain additional savings when you see a dentist within network. With BEST Life, members have access to some of the largest national networks available with more than 280,000 dental access locations throughout the country. It's easy to find the best dentists in your area with our Provider Look-up at www.bestlife.com. And with rigorous credentialing criteria for providers, you're assured the highest-quality network available.

When you choose BEST Life, you can rest easy.

Your smiles are safe with us.™

EXCLUSIONS ON PEDIATRIC DENTAL PLAN

The following exclusions are not covered.

1. Treatment by someone other than a doctor of medical dentistry or a doctor of dental surgery, except where performed by a licensed hygienist under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a dentist.
2. Expenses incurred while on active duty with any military, naval, or air force of any country or international organization.
3. Expenses incurred as a result of participating in a riot or insurrection or the commission of a felony.
4. Services and supplies covered under any Workers' Compensation Act or similar law or incurred due to treatment rendered by the employer.
5. Services and supplies started and not completed before coverage, including but not limited to an appliance, or modification of one, where an impression was made before coverage; a crown, bridge or other lab fabricated restorations for which the tooth was prepared before coverage; root canal therapy if the pulp chamber was opened before coverage.
6. Services not completed on or before the date of termination.
7. Expenses incurred from failure to comply with a professionally prescribed treatment.
8. Telephone consultations.
9. Charges for failure to keep a scheduled appointment.
10. Services and supplies which are given primarily for cosmetic reasons including alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
11. Orthodontic treatment and orthodontia type procedures unless such procedures are defined as a covered expense.
12. Service provided for temporomandibular joint dysfunction (TMJ).
13. Charges in excess of any cost-sharing amounts shown on the schedule of benefits.
14. Any services or supplies for correction or alteration of occlusion, or any occlusal adjustments or incurred for night guards or any other appliances for the correction of harmful habits, except as defined as a covered expense.
15. "Safe fees" (gloves, masks, surgical scrubs and sterilization).
16. Copies of records, charts, x-rays and any other costs associated with the forwarding or mailing of these copies, or for completing dental forms.
17. State or territorial taxes associated with dental services performed.
18. If care is transferred from one dentist to another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, payment will only be for the amount that would have been charged had one dentist rendered the services.
19. Treatments which are experimental or investigational.
20. Any service or procedure not within the scope of practice by a licensed dentist, including but not limited to, those that are not medically necessary or would not meet generally accepted standards of dental practice.
21. Services for which the member would not legally have to pay if there were no insurance, unless mandated by the state.
22. Services or supplies for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
23. Duplicate or provisional services or supplies.
24. Plaque control programs, oral hygiene instruction, and dietary instructions.
25. Gold foil restorations.
26. Hospital costs, including charges for treatment at the hospital.
27. Adjustment of a denture or bridgework made within six (6) months after installation, by the same provider who installed it.
28. Home health aides, including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
29. Sealants for teeth other than permanent molars.
30. Replacement of lost, stolen or misplaced dentures.
31. Repair or replacement of damaged lost or missing appliances.
32. Fabrication of athletic mouth guard.
33. Internal bleaching, nitrous oxide, oral sedation, and topical medicament centers are not eligible expenses.
34. Bone grafts in connection with extractions, apicoectomies or non-covered or non-eligible implants.
35. Treatment rendered by a family member. For the purpose of this limitation, "family member" includes, but is not limited to, lawful spouse, domestic partner, child, child of domestic partner, parent, step-parent, grandparent, brother, sister, cousin of the first degree or in-law.
36. Expenses that are applied toward satisfaction of a deductible, if any.
37. Temporary services are considered an integral part of the final services rather than a separate service and are therefore not eligible for benefits.
38. Veneers and related procedures.
39. Services and supplies not listed as a covered service.
40. Services and supplies performed outside of the US.

EXCLUSIONS ON SUPPLEMENTAL DENTAL PLAN

The following exclusions are not covered.

1. Treatment by someone other than a doctor of medical dentistry or a doctor of dental surgery, except where performed by a licensed hygienist under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a dentist.
2. Expenses incurred while on active duty with any military, naval, or air force of any country or international organization.
3. Expenses incurred as a result of participating in a riot or insurrection or the commission of a felony.
4. Services and supplies covered under any Workers' Compensation Act or similar law or incurred due to treatment rendered by the employer.
5. Services and supplies begun and not completed prior to the effective date, including but not limited to an appliance, or modification of one, where an impression was made before coverage; a crown, bridge or other lab fabricated restorations for which the tooth was prepared before coverage; root canal therapy if the pulp chamber was opened before coverage.
6. Services and supplies which are given primarily for cosmetic reasons including alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
7. Pulp capping with final restoration. Final restoration is defined as the installation of inlays, onlays or crowns and fillings or other lab fabricated restorations.
8. Tests, examinations, diagnostic casts and oral cancer screenings other than those listed as a covered service.
9. Sedative fillings, prescribed drugs, pre medication or analgesia.
10. The initial installation of a prosthetic device (a fixed bridge, implant, or denture, crowns, inlays and abutments) to replace teeth missing before coverage, except when the installation also replaces a tooth extracted while covered under this plan and commences after continuous coverage for at least three (3) years immediately prior to the date installation begins.
11. Veneers and related procedures.
12. Replacement of a lost or stolen or discarded prosthetic device.
13. Adjustment, repairs or relines of prostheses for a period of one (1) year from initial placement if the prostheses were paid for under this plan.
14. Core buildup will only be considered in conjunction with a crown.
15. If multiple endodontic treatments are necessary on the same tooth within a period of one (1) year, only one (1) procedure will be allowed.
16. X-rays are considered an integral part of the endodontic procedure rather than a separate service and are therefore not eligible for benefits.
17. The extraction of immature erupting third molars and non-pathologic, asymptomatic third molar extractions.
18. Gross debridement allowed one time at the beginning of the periodontal treatment plan prior to pocket depth charting.
19. Temporary services are considered an integral part of the final services rather than a separate service and are therefore not eligible for benefits.
20. Orthodontic treatment and orthodontia type procedures unless such procedures are a covered expense.
21. Surgical procedures incidental to orthodontic treatment, including but not limited to, extraction of teeth solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate.
22. Charges for service provided for temporomandibular joint dysfunction (TMJ).
23. Congenital or developmental malformations.
24. "Safe fees" (gloves, masks, surgical scrubs and sterilization).
25. Any services or supplies for correction or alteration of occlusion, or any occlusal adjustments or incurred for night guards or any other appliances for the correction of harmful habits.
26. Chemotherapeutic agents and any other experimental procedures.
27. Charges in excess of the cost-sharing amounts shown on the schedule of benefits.
28. Expenses that are applied toward satisfaction of a deductible, if any.
29. Treatment rendered by a family member. For the purpose of this limitation, "family member" includes, but is not limited to, lawful spouse, domestic partner, child, child of domestic partner, parent, step-parent, grandparent, brother, sister, cousin or in-law;
30. Services for which the member would not legally have to pay if there were no insurance.
31. Services not completed on or before the date of termination.
32. If care is transferred from one dentist to another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, payment will only be made for the amount that would have been charged had one dentist rendered the services.
33. Any service or procedure not within the scope of practice by a licensed dentist. Such procedures are identified within the current Common Dental Terminology (CDT Codes) published by the American Dental Association (AMA).
34. Treatments which are experimental or investigational.
35. Services and supplies not listed as a covered service.
36. Services and supplies performed outside of the US.
37. Services covered on a pediatric only dental plan.