BEST Life™
BEST Life and Health Insurance Company

kynect
Kentucky's Healthcare Connection

BEST Dental
Value 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 21 and older.

Adult	In-Network	Out-of-Network
Annual Maximum	$1,000	$750
Annual Deductible Applies to basic and major services in or out-of-network	You pay the first $50 for individual, $150 per family.	You pay the first $75 for individual, $225 per family.
Basic Services Exams, cleanings, x-rays	You pay 0%	You pay 30%
Intermediate Services Fillings, anterior and posterior composites, emergency palliative treatment, pathology	You pay 40%	You pay 60%
Major Services Crowns and gold fillings, inlays, onlays and pontics, fixed bridges, implants, complete and partial dentures, oral surgery, anesthesia (general or IV sedation), periodontics, endodontics	You pay 60% After 12 month waiting period.	You pay 80% After 12 month waiting period.

Satisfies the ACA pediatric dental requirement for children up to age 21.

Pediatric	In-Network	Out-of-Network
Out-of-Pocket Maximum	$350 for 1 child $700 for 2 or more children	$700 for 1 child $1,400 for 2 or more children
Annual Deductible Applies to diagnostic and preventive, basic and major services received in or out-of-network.	You pay the first $75 per child	You pay the first $100 per child
Basic Services Exams, cleanings, sealants, x-rays, space maintainers, palliative treatment	You pay 0%	You pay 20%
Intermediate Services Fillings	You pay 40%	You pay 60%
Major Services Prefabricated crowns, prosthodontics, maxillofacial prosthodontics, periodontics, endodontics, oral surgery, IV sedation, hospital call	You pay 50%	You pay 70%
Orthodontic Services *(Medically necessary)* 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%

This document provides a summary of the plan benefits only. For the official plan details and exclusions and limitations, please refer to the plan certificate of insurance. Plans not available in all areas.

Kentucky

BEST Dental
Value Plan

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.™

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EXCLUSIONS ON PEDIATRIC DENTAL PLAN

The following exclusions are not covered.

1. 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.
2. Services received while on active duty with a military service of any country or international organization.
3. Services needed because of voluntary participation in a riot or insurrection or the commission of a felony.
4. Services needed as a result of a work related injury or illness, whether or not covered under Workers' Compensation.
5. Services provided by an employer.
6. Services started before the effective date. Examples of excluded services under this paragraph include but are not limited to obtaining an impression for an appliance or a modification of one before coverage; preparing a tooth for a crown, bridge or other lab fabricated restorations before coverage; opening a pulp chamber for root canal therapy before coverage.
7. Services not completed before the termination date.
8. Services required because of failure to comply with professionally prescribed treatment.
9. Telephone consultation services.
10. Charges for failure to keep a scheduled appointment.
11. 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.
12. Services for orthodontic treatment and orthodontia type procedures unless defined as covered services.
13. Services received for or related to temporomandibular joint dysfunction (TMJ).
14. Charges in excess of the agreed to coverage amounts, as shown on the schedule of benefits.
15. 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.
16. Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
17. 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.
18. Charges for state or territorial taxes associated with dental services.
19. 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 the member made the decision to transfer care during the procedure or course of care.
20. Services that are experimental or investigational.
21. Service that are not within the scope of the treating provider's practice.
22. Services that are not medically necessary or that would not meet generally accepted standards of practice.
23. Charges that would not legally have to pay if member did not have insurance, unless mandated by law.
24. Services for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
25. Charges for duplicate or provisional services or supplies.
26. Charges for plaque control programs, oral hygiene instruction and dietary instructions.
27. Charges for gold foil restorations.
28. Charges for treatment at the hospital.
29. Service to adjust a denture or bridgework within six (6) months after it is installed or adjusted by the same provider who installed or adjusted it.
30. Charges for home health aides including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
31. Services to seal teeth, other than permanent molars.
32. Charges to replace lost, stolen or misplaced dentures.
33. Charges to repair or replace damaged, lost or missing appliances.
34. Services to fabricate an athletic mouth guard.
35. Charges for internal bleaching, nitrous oxide, oral sedation and/or topical medicament centers.
36. Charges for bone grafts in connection with extractions, apicoectomies or non-covered or non-eligible implants.
37. Services received from a family member. "Family member" includes but is not limited to a lawful spouse, child, parent, step-parent, grandparent, brother, sister, cousin of the first degree, or in-law.
38. Charges for a Deductible, Coinsurance, or other cost sharing amount for which member is responsible.
39. Temporary services that are considered an integral part of a final services rather than a separate service.
40. Charges for veneers and related procedures.
41. Services not listed as a covered service.
42. Services received outside of the U.S.

EXCLUSIONS ON ADULT DENTAL PLAN

The following exclusions are not covered.

1. 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.
2. Services received while on active duty with a military service of any country or international organization.
3. Services needed because of voluntary participation in a riot or insurrection or the commission of a felony.
4. Services needed as a result of a work related injury or illness, whether or not covered under Workers' Compensation.
5. Services provided by an employer.
6. Services started before the 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 coverage; preparing a tooth for a crown, bridge or other lab fabricated restorations before coverage; opening a pulp chamber for root canal therapy before coverage.
7. Services not completed before the termination date.
8. Services required because of failure to comply with professionally prescribed treatment.
9. Telephone consultation services.
10. Charges for failure to keep a scheduled appointment.
11. 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.
12. Services for orthodontic treatment and orthodontia type procedures unless defined as covered services.
13. Services received for or related to temporomandibular joint dysfunction (TMJ).
14. Charges in excess of the agreed to coverage amounts as shown on the schedule of benefits.
15. 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.
16. Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
17. 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.
18. Charges for state or territorial taxes associated with dental services.
19. 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 the member made the decision to transfer care during the procedure or course of care.
20. Services that are experimental or investigational.
21. Service that are not within the scope of the treating provider's practice.
22. Services that are not medically necessary or that would not meet generally accepted standards of practice.
23. Charges that would not legally have to paid if the member did not have insurance, unless mandated by law.
24. Services for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
25. Charges for duplicate or provisional services or supplies.
26. Charges for plaque control programs, oral hygiene instruction and dietary instructions.
27. Charges for gold foil restorations.
28. Charges for treatment at the hospital.
29. Service to adjust a denture or bridgework within six (6) months after it is installed or adjusted, by the same provider who installed or adjusted it.
30. Charges for home health aides, including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
31. Services to seal teeth, other than permanent molars.
32. Charges to replace lost, stolen or misplaced dentures.
33. Charges to repair or replace damaged, lost or missing appliances.
34. Services to fabricate an athletic mouth guard.
35. Charges for internal bleaching, nitrous oxide, oral sedation and/or topical medicament centers.
36. Charges for bone grafts in connection with extractions, apicoectomies or non-covered or non-eligible implants.
37. Services received from a family member. "Family member" includes but is not limited to a lawful spouse, child, parent, step-parent, grandparent, brother, sister, cousin of the first degree, or in-law.
38. Charges for a deductible, coinsurance, or other cost sharing amount for which the member is responsible.
39. Temporary services that are considered an integral part of a final services rather than a separate service.
40. Charges for veneers and related procedures.
41. Services not listed as a covered service.
42. Services received outside of the U. S.

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Member Benefits

With BEST Life, you already get quality plans, vast networks and great rates. But did you know that you also gain automatic access to other discounts and benefits? It's easy when you're a BEST Life member. Tell your family and friends!

Jenny Craig

Get healthy with Jenny Craig and BEST Life and Health Insurance Company

Jenny Craig clients lose 3x more weight than dieting on their own.** Your consultant will help you find the program that fits your life. Plus, they'll work with you to create a menu of delicious, nutritionally-balanced meals to help you keep feeling full and satisfied every step of the way!

**Rock CL, Flatt SW, Karanja N, et al. JAMA. 2010;304(16):1803-1811. Clients following our program, on average, lose 1-2 lbs per week.

As a BEST Life and Health Insurance member, you can choose one of these discounted offers from Jenny Craig:

- Free 30-Day Program*

or

- 30% off of the Jenny All Access Membership*

Visit www.jennycraig.com/orgcode=bestlife to register and unlock your discounts.

Then call 1-877-Jenny70 to get started.

*Plus the cost of food. Plus the cost of shipping, if applicable. Valid at participating centers and through Jenny Anywhere. No cash value. One offer per person. Not valid with any other program offers or discounts. Restrictions apply.

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WellCard Savings gives you access to pre-negotiated discounts on prescription drugs and a wide range of health care services. All services are available with no administrative fees.

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bestlife.com/wellcardsavings

WellCard Savings is a FREE non insurance program available to all. Discounts apply at participating providers and will depend on the geographic location and type of service provided. To receive these discounts you must pay for services at the time they are rendered.

EyeMed Vision Care®

Discounts on eye exams, eyewear and eye correction surgery at affordable prices and with no limitations to how many times you access them.

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877.507.4448

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Sears Commercial

As a member, you can take advantage of the Sears Commercial Appliance Select Plus Program. You'll receive special pricing on brand name appliances, exercise equipment, televisions and more.

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Pets Best Insurance

Members save 5% on eligible plans offering accident and illness coverage for dogs and cats.

877.738.7237

bestlife.com/petsbest

For more information, please visit us online at www.bestlife.com.

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