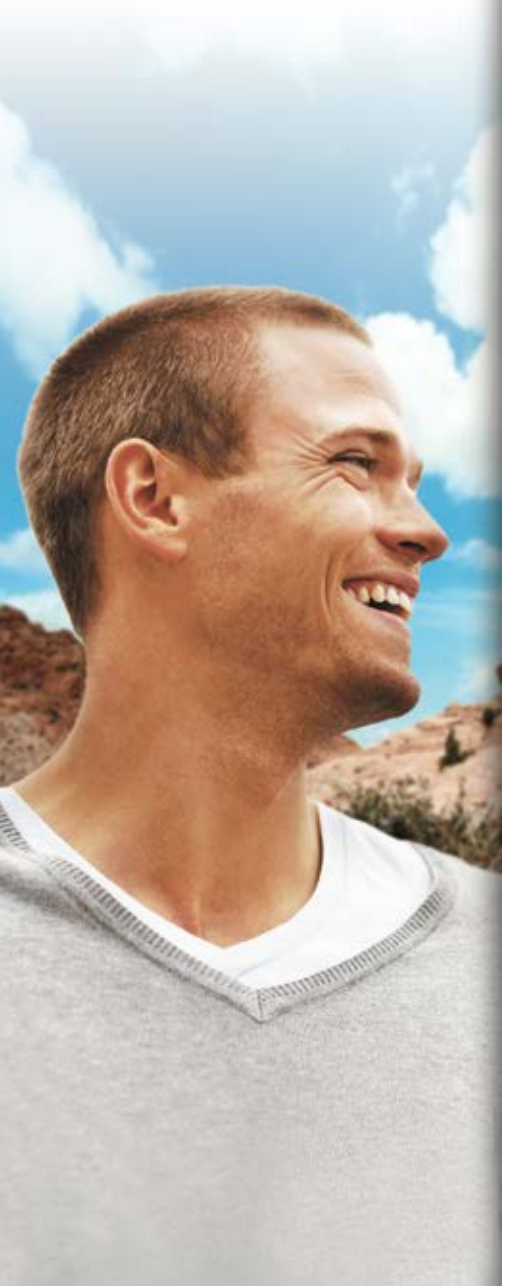
BEST Life™
BEST Life and Health Insurance Company



BEST Dental

Choice-H 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	$1,200	$1,000
Annual Deductible Applies to intermediate and major services.	You pay the first $50 for individual, $150 per family.	
Basic Services Exams, cleanings, x-rays	You pay 0%	You pay 20%
Intermediate Services Fillings, anterior and posterior composites, emergency palliative treatment, pathology	You pay 20%	You pay 30%
Major Services Crowns and gold fillings, inlays, onlays and pontics, implants, fixed bridges, complete and partial dentures, oral surgery, anesthesia (general or IV sedation), periodontics, endodontics	You pay 50% After 12 month waiting period.	You pay 60% 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	$700 for 1 child $1,400 for 2 or more children
Annual Deductible Applies to basic services received out-of-network and intermediate and major services received in or out-of-network.	You pay the first $50 per child	
Basic Services Exams, cleanings, sealants, fluoride treatment, x-rays, space maintainers, emergency palliative treatment	You pay 0%	You pay 10%
Intermediate Services Minor restorative services, fillings, pulpal treatment, periodontal maintenance, denture adjustment and repair, surgical extractions, anesthesia (general or IV sedation)	You pay 30%	You pay 40%
Major Services Major restorative services, crowns and casts, prosthodontics, implants, periodontics, endodontics, occlusal guard	You pay 50%	You pay 60%
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%	

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. BEST Life is a Qualified Health Plan issuer in the Pennsylvania Health Insurance Marketplace.

Pennsylvania

BEST Dental

Choice-H Plan

BEST Life has been providing great dental benefits for more than 50 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 265,000 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

This Policy excludes and will not reimburse for the following services or charges.

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 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 include 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, unless it is dentally necessary to complete the services over more than one service date. Multi-staged services that extend beyond the termination date will be covered if completed within thirty (30) days of 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 care was transferred 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 be 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 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, domestic partner, child, child of a domestic partner, 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 wervice.
42. Services received outside of the U.S., except in emergency circumstances.

EXCLUSIONS ON FAMILY 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 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 include 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, unless it is dentally necessary to complete the services over more than one service date. Multi-staged services that extend beyond the termination date will be covered if completed within thirty (30) days of the termination date.
8. Services required because of failure to comply with professionally prescribed treatment.
9. Telephone consultation services.
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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 care was transferred 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 be 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.
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