

Employer Administrative Guide and Online Access Tutorial

Employer Administrative Guide

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Welcome

You're more than just a number to us.

BEST Life has been providing affordable group benefits to small and large employers for more than 50 years. We offer vast regional and national networks, flexible plan designs tailored to meet your needs, and the same superior customer service that has become our legacy. We pay claims in a matter of days, not weeks. You're more than just a number to us. And when you call, you'll get a live person committed to your success. Every time. No exceptions.

You'll also find BEST Life dental plans on the health insurance marketplaces for individuals and families during open enrollment in more than 32 states across the country. Bottom line is that BEST plans are available to everyone - individuals or employers, both on and off the marketplace.

It's that simple. It's our family helping your families.



Contact Information

We pride ourselves on superior customer service, rapid claims payment and the quality health plans that have remained BEST Life trademarks.

Website

www.bestlife.com

Customer Service

Phone: 800.433.0088
Fax: 208.893.5040
Email: groupservice@bestlife.com

5 am – 5 pm Pacific Time
Monday – Friday

Premium Payments

BEST Life and Health Insurance Company
PO Box 19721
Irvine, CA 92623-9721

Claims

Phone: 800.433.0088
Fax: 208.893.5040
Email: claims@bestlife.com

5 am – 5 pm Pacific Time
Monday – Friday

BEST Life and Health Insurance Company
PO Box 890
Meridian, ID 83680-0890

Provider Lookup

www.bestlife.com.
Please refer to your ID card for your network.

Enrollments, Terminations and Other Changes

Online: <https://member.bestlife.com/group/login>
Email: changes@bestlife.com
Fax: 949.724.1603

BEST Life and Health Insurance Company
PO Box 19721
Irvine, CA 92623-9721



Find it Online

Our online portals for both employers and members make accessing your information with BEST Life easy and convenient. Just the way it should be.

Members

Online access allows members to:

- Access provider information.
- View and manage claims – by member, provider or time period.
- Find out when claims are paid and how payment was applied.
- Access plan summaries.
- See up-to-date benefit utilization.
- Print temporary ID card.

Employers

Online access also allows group administrators to:

- Enroll, change information or terminate members.
- View invoices and see changes to invoices.
- Print temporary ID card for members.

It's easy to get started. Simply visit us at bestlife.com. Select the **Employer/Employee** icon and then click on the **Member Login** or the **Employer Login** in the upper-right hand corner of the screen.

Employee and Dependent Eligibility

A personalized certificate of insurance and an ID card will be issued to each primary member showing the date coverage becomes effective. Eligibility is based on state law and may vary.

Employees, partners or proprietors who are actively working for the company on a full-time basis for at least 30 hours per week (or the number of hours required by state law) are generally considered eligible employees and are eligible for coverage on the later date of:

- The date your corporate coverage with BEST Life is effective.
- The first of the month following completion of the waiting period. For example, with one full calendar month waiting period, a full-time employee hired on May 10th is eligible for coverage effective July 1st.

Waiting periods begin on the employees date of hire if the employee was hired full-time or begins on the date the employee changes from part-time to full-time status. For more information, please refer to the policy or certificate of insurance.

Dependent Eligibility

Eligible dependents include spouses, domestic partners and dependent children up to age 26, regardless of student or marital status. Extended coverage is available for dependents in Florida and Nebraska through age 29 and Ohio through age 27, (full-time or part-time student status may be required). Partners and children through civil unions are provided coverage in Illinois.

Dependents are eligible for coverage on:

- The date the employee is eligible if the dependent qualifies on that date.
- The first of the month after the birth of a newborn child.
- The first of the month after the date of adoption.
- The first of the month after the date of a court order to provide coverage.
- The first of the month following the date of marriage for a spouse and the spouse's children, if applicable.

Note: Two employees of a group who are married or a dependent relationship can result in one being member, the other being dependent of member.



Enrolling or Adding Employees and Dependents

A certificate of insurance detailing plan benefits, limitation, exclusions and explanations is issued to the member upon approval. The certificate of insurance includes the effective date of coverage for the employee and dependents, including waiting periods if applicable. Members are encouraged to make sure the information on the statement of coverage and ID card are correct before using the plan benefits.

When coverage for the employee or dependent is approved, charges for the coverage will appear on your next bill. Coverage will take effect on the latter of the following:

- The date the employer becomes a participating employer if enrollment is received within 31 days of that date.
- The first of the month following the date an employee completes the waiting period or becomes eligible. Enrollment must be received within 31 days of the benefits effective date.

If employee or dependent enrollment is received after the effective date, they are considered late entrants.

Example:

Employee hired March 18. Group has a 30 day wait. Effective date of coverage would be May 1. The group has until May 31 to notify BEST of the enrollment. It would be effective May 1 and would not be a late entrant. Any notification after May 31 would be considered a late entrant and coverage would be effective in that current month.

Late Entrants

Dental and Vision late entrants have limited benefits for a period of time following their effective date of coverage. The exact limitations are specifically detailed in the certificate of insurance.

Life and Disability late entrants are required to complete evidence of insurability for review. If approved, coverage is effective the first of the month following receipt and review of this information.

To prevent individuals from becoming late entrants, enrollment forms should be submitted at the time they are hired.

Open Enrollment

Dental, Vision, Life and Disability plans include an annual open enrollment period. Employees and dependents that did not enroll when they were first eligible for coverage may enroll without penalty during the annual open enrollment period.

The open enrollment period occurs during the calendar month preceding your corporate anniversary or renewal effective date of coverage.

Example:

If the original date of corporate coverage was August 1st, open enrollment time period for enrollment is both July and August. Enrollments received during those two months in this example will be enrolled for an August 1st effective date with no late enrollment penalties. However, new hires are still subject to the companies new hire waiting period, if any.

Enrollment forms should be submitted online. If that is not an option, enrollment can be submitted by email, fax, or mail. (See our online tutorial at the end of this guide).

Online: **Employer/Plan Administrator:**

- Simply visit our website at: www.bestlife.com and select the **Employers & Employees** icon on the screen.
- In the upper right-hand corner of the page, click on the link for the **Employer Login**.
or
- <https://member.bestlife.com/group/login>

Email: changes@bestlife.com
Fax: 949.724.1603

Mail: BEST Life and Health Insurance Company
PO Box 19721 | Irvine, CA 92623-9721

If you have any questions about how the open enrollment process works, please contact us at **800.433.0088** or groupservice@bestlife.com.

Waiving Coverage

Eligible employees who do not wish to enroll for coverage or for dependent coverage may waive coverage by signing the refusal for coverage section on the employee enrollment form.

Terminating Coverage for Employees and Dependents

Qualifying events that result in termination of coverage are outlined in the certificate of insurance. Requests to terminate members must be submitted online or in writing no later than the 30th day after termination.

Coverage for members is automatically extended through the last day of the month in which the employee worked on a full-time eligible basis. Premiums are due for this last month of coverage and any refunds allowed on retroactive terminations are for 30 days only. Premium credits of more than one month are not permitted.

Example:

Employee is terminated March 18. Benefits termination date would be March 31. The group would have until April 30 to notify BEST of the termination. If BEST is notified by April 30 the retroactive term date would be March 31 (unless claims were paid). If BEST is NOT notified by April 30, premium will be due for the month of April and coverage would continue through April 30. This would repeat in 30 day cycles.

Some life insurance plans include the option for employees and dependents to convert their plan into an individual policy. To find out if you policy qualifies, please refer to the conversion privilege section of the certificate of insurance.

To terminate coverage for the entire company, the employer must provide written notice at least 31 days in advance. Terminations are effective after any period for which a premium has been paid. Once written notice has been received, the policy is terminated the first day following any period for which a premium has been paid. Premiums received prior to termination will not be refunded.

Termination should be submitted online. If that is not an option, terminations can be submitted by email, fax, or mail:

Online: **Employer/Plan Administrator:**

- Simply visit our website at: www.bestlife.com and select the **Employers & Employees** icon on the screen.
- In the upper right-hand corner of the page, click on the link for the **Employer Login**.
or
- <https://member.bestlife.com/group/login>

Email: changes@bestlife.com

Fax: 949.724.1603

Mail: BEST Life and Health Insurance Company
PO Box 19721 | Irvine, CA 92623-9721

If you have any questions about how the open enrollment process works, please contact us at **800.433.0088** or groupservice@bestlife.com.

COBRA

COBRA requires employers with 20 or more employees to offer certain members that would otherwise lose their eligibility the continuation of Dental and Vision benefits. Life and Disability benefits do not qualify for COBRA.

If coverage is terminating as a result of certain qualifying events, members may elect to continue coverage under COBRA. Before a member can apply for COBRA, the employer must send written notification that they are terminating coverage within 30 days of the qualifying event. The employer is also required to send a COBRA election form to the terminating member within 14 days of the qualifying event.

The member will have up to 60 days to elect COBRA coverage and an additional 45 days from election to remit all premium due for their coverage. The 60-day period begins on the date coverage would otherwise terminate.



Forms are available at bestlife.com. COBRA is an employer law and you should advise employees and dependents of these rights if coverage is ending. Please refer to your certificate of insurance or your corporate legal counsel for additional information about COBRA or for State Mandated Continuation. For help in electing the continuation of benefits on COBRA, please contact us at 800.433.0088 or cs@bestlife.com.

Claims Payments

Most providers, regardless of network affiliation will submit a claim on their patients behalf. When members are required to submit a claim, forms are available at bestlife.com. Follow the simple instructions provided on the form or employee ID card.

For additional assistance on submitting a claim, please contact us at **800.433.0088** or **claims@bestlife.com**.

Other Changes

Name Change – Submit the change online or by downloading an employee enrollment form at www.bestlife.com. If the change resulted from marriage of the employee, they will also need to either enroll the new spouse on an employee enrollment form or waive coverage for the spouse.

Change of Beneficiary for a Life Plan – Download the form at www.bestlife.com and email to changes@bestlife.com.

Change of the Corporate Address – Submit the change of address in writing. If your company is moving, you may be required to submit additional verification in the form of a valid business license, a state quarterly wage report or other documentation to show that there is an active, ongoing business of the same nature at the new address.

Changes should be submitted online. If that is not an option, changes can be submitted by email, fax, or mail:

Online: **Employer/Plan Administrator:**

- Simply visit our website at: www.bestlife.com and select the **Employers & Employees** icon on the screen.
- In the upper right-hand corner of the page, click on the link for the **Employer Login**.
- or
- <https://member.bestlife.com/group/login>

Email: changes@bestlife.com

Fax: 949.724.1603

Mail: BEST Life and Health Insurance Company
PO Box 19721 | Irvine, CA 92623-9721

Minimum Enrollment Requirements

We offer plans to employer-groups with a minimum number of employees enrolled. This minimum enrollment must be maintained by the employer in order for coverage to remain in force.

Dental Plans – Employer-sponsored Dental plans require a minimum of two employees enrolled. Voluntary Dental plans require a minimum of five employees enrolled.

Vision Plans – Require a minimum of five employees enrolled. A minimum of four employees if bundled with another line of coverage.

Companies dropping below minimum participation level as stated in the Dental or Vision policy will be terminated if additional employees are not enrolled and active for coverage within three months. Companies failing to continually meet the minimum enrollment requirements indicated above will not be eligible to renew coverage as of the next renewal date.

Premium Payments and Due Dates

Billing is at the beginning of each month for coverage of the following month. Premium is due by the 1st of each month for coverage of that month. Payments received after the 10th may incur late charges. Payments can be made online or by company check.

Online payments can be made via the BEST Life website at: https://www.bestlife.com/employers/payment_option.html

Company checks should be made payable to BEST Life and Health Insurance Company and should be for the full amount billed. Any remaining amounts not paid are subject to late fees and cancellations. Please include the remittance copy of the bill with your payment and mail to:

BEST Life and Health Insurance Company
PO Box 19721
Irvine, CA 92623-9721

Please view the online administrator portal or contact us and a copy of your bill will be sent to you by fax or email. Any payment not received by the 10th may still incur late charges even if you did not receive the bill.

Late Payments and Cancellation

Payments not received by the 10th are subject to a late fee of \$20.00. All coverage will be cancelled if premium payment is not received by the last day of that month.

Groups requesting reinstatement of coverage are subject to review and approval. If approved, a reinstatement fee of \$75.00 is charged to reinstate accounts the first time. A \$150.00 reinstatement fee will be charged for any subsequent reinstatements and all premiums and fees must be paid prior to reinstatement. Reinstatement is only available when requested within 60 days of the effective date of cancellation.

Reinstatement is not available for Life and Disability plans.

Please do not make adjustments to your monthly bill for new or terminated employees or dependents. When coverage for newly added or terminated employees or dependents is approved, the adjustment for the coverage will appear on your next bill.

For any questions regarding your bill, please contact us at **800.433.0088** or **groupservice@bestlife.com**.

Returned Checks

A service fee of \$30.00 is charged for any returned check. This fee plus the total premium due must be submitted by cashier's check or money order. A service fee of \$50.00 is charged for a second returned check and the fee plus the total premiums due must be submitted by cashier's check or money order. Only two instances are allowed per account. Please note that a returned check is treated as non-payment of premium and is subject to cancellation rules.

When you choose BEST Life, you can rest easy.

Your smiles are safe with us.™



Additional Member Benefits

As a member of BEST Life, you automatically gain access to these additional discounts and benefits.



WellCard Savings

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.

- More than 410,000 physicians and 45,000 ancillary provider locations
- More than 59,000 nationwide pharmacies accept WellCard Savings with availability for mail order and specialty pharmacy

 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®

BEST Life members and their families are also eligible for an EyeMed Vision Care discount plan. Discounts for exams, glasses, lens options and add-ons, contact lens and laser vision correction are included with no limitations on frequency. The EyeMed Vision Care Access network has more than 109,027 providers at 28,331 locations nationwide, including LensCrafters®, Target Optical®, Sears® Optical, JC Penny® Optical and most Pearle Vision® locations.

Members will receive a summary of all the discounts available with their Vision ID card. Members simply use their ID cards to gain access to these discounts. To locate an EyeMed provider, log on to bestlife.com.

Cannot be combined with EyeMed Vision PPO plan.

Discounts and benefits subject to change. Check website for current listing at bestlife.com

Online Administrative Portal

Features of the Online Administrative Portal

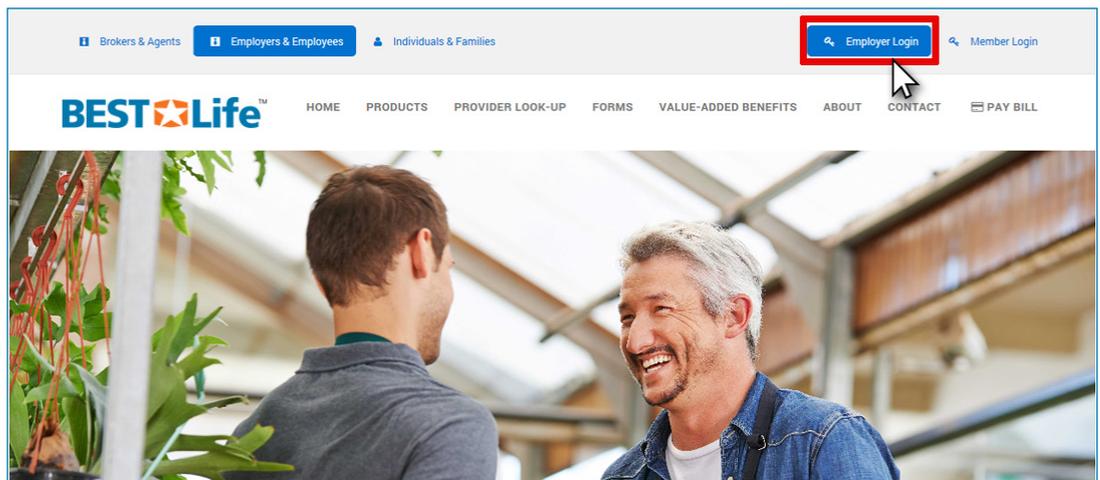
The goal of this online portal is to help make important information and administrative requests for our plan administrators as accessible and transparent as possible. Features included on the portal:

- Enroll new members
- Request member terminations
- Make changes to member information
- Review plan benefits
- View past and present invoices
- Print temporary ID cards for members
- View current enrollments and processed termination information
- Allow your broker to make changes, enrollments, or terminations for members on your behalf.

Accessing the Online Administrative Portal

Logging into the online portal account with BEST Life is easy:

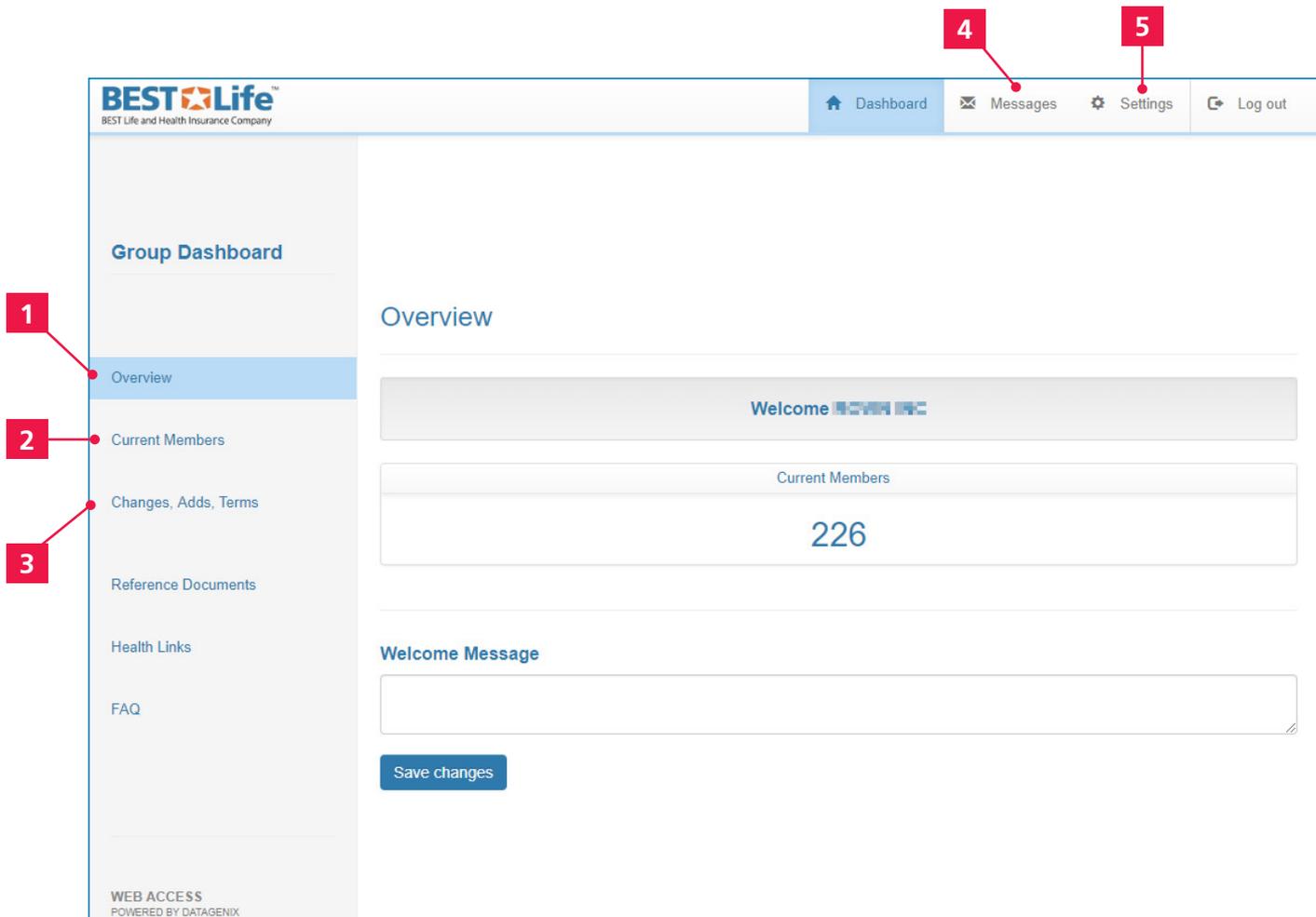
- Simply visit our website at: **www.bestlife.com** and select the **Employers & Employees** icon on the screen.
- In the upper right-hand corner of the page, click on the link for the **Employer Login**
 - **New User:** If this is your first time using the online portal or you have forgotten your log in information, please call our Customer Service Department at: **800.433.0088** or email at **cs@bestlife.com**.



Questions, Issues, or Feedback?

If you have any questions and need to talk to a live person, we are always here for you. To receive friendly and immediate assistance, please call our customer service department at: **800.433.0088**

Administrator Portal Home Page

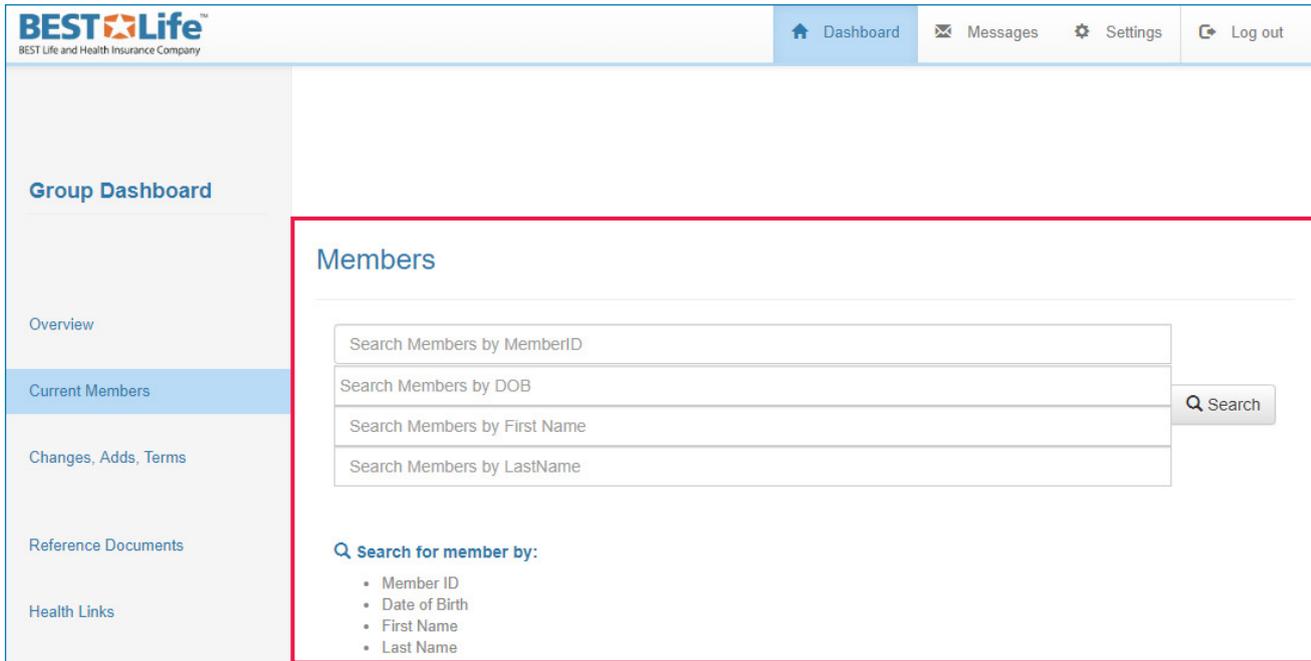


- 1 Overview:** Click here to view general information about your company.
- 2 Current Members:** Click here to search for member information and view current enrollment status.
- 3 Changes, Adds, Terms:** Click here to change member information, enroll new members or terminate members.
- 4 Messages:** Click here to directly contact customer service via email.
- 5 Settings:** Click here to change user name, password, email, and language preferences.

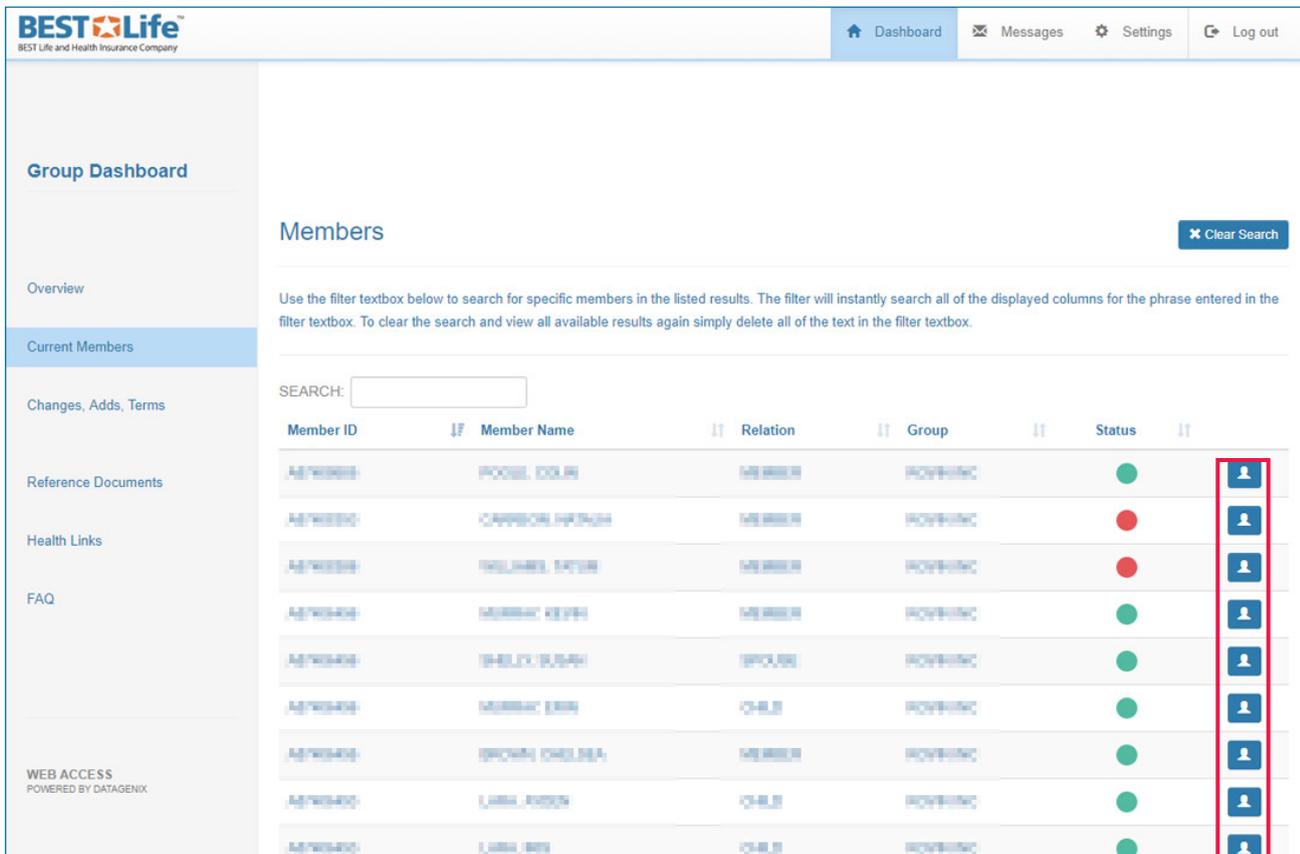
Members: Administrator Portal

Search Members by ID, date of birth or name.

1. Click "Current Member" on the left column. Search members by ID, date of birth or name.



2. View results. Click on member icons on the far right to view member details.



- Here you will see member, eligibility and dependent information and print ID cards. To print ID card, click on the "Action" on the top right and click "View ID Card".

The screenshot shows the BEST Life member dashboard. The top navigation bar includes "Dashboard", "Messages", "Settings", and "Log out". The left sidebar contains "Group Dashboard", "Overview", "Current Members", "Changes, Adds, Terms", "Reference Documents", "Health Links", and "FAQ". The main content area has a "Back" button and an "Action" dropdown menu. Below this, there are sections for "PERSONAL" information (First Name, Last Name, Email, Marital Status, Member ID, Relationship to Member), "ELIGIBILITY" (Effective Date, Termination Date, Group Name, Group Number, Coverage, Benefit Plan), and "DEPENDENT INFORMATION" (No dependents found). There is also an "ELIGIBILITY HISTORY" section.

- Click "Print" to print your temporary ID card.

This screenshot shows the same dashboard as the previous one, but with a red box highlighting the "Print" button in the top right corner. Below the "Print" button, a mouse cursor is visible. The main content area displays a "Dental Insurance Member Identification" card. The card includes the BEST Life and First Dental Health logos, the title "Dental Insurance Member Identification", and fields for Member Name, Member ID, and Effective Date. It also contains a "NOTE TO THE DENTIST:" section with instructions on pre-determination and claims submission, along with contact information for BEST Life and Health Insurance Company.

If you have questions, please contact our Customer Service Department at **cs@bestlife.com** or call **800.433.0088**.

Changes, Adds & Terms: Administrator Portal

Currently available via the online portal for dental and vision groups only

1. How do I enroll a new employee?

Step 1

Group Dashboard

Changes, Adds, Terms

Employer Group Census Management

Identifier: Customer Name [text], Customer Number [text]

Allow your broker to make changes, adds, or terms on your behalf? Yes No

Employee Search: Employee Last Name [text], Employee First Name [text], Employee Number [text], Hide Inactive Employees

Personal Information	Plan Information	Employee Number	Employee Last Name	Employee First Name	Date of Birth	Plan Name	Effective Date	Termination Date	Spouse	Number of Children	Continuing Coverage	Status
Add									<input type="checkbox"/>	0		Work In Progress
Edit	Edit	12345678	John	Smith	01/01/1980	Best Life Health Insurance Plan - Group Health Insurance	01/01/2018		<input checked="" type="checkbox"/>	2		Active
Edit	Edit	12345679	Jane	Smith	02/02/1985	Best Life Health Insurance Plan - Group Health Insurance	01/01/2018	01/01/2020	<input checked="" type="checkbox"/>	0		Inactive
Edit	Edit	12345680	Robert	Smith	03/03/1990	Best Life Health Insurance Plan - Group Health Insurance	01/01/2018		<input type="checkbox"/>	0		Inactive
Edit	Edit	12345681	Emily	Smith	04/04/1995	Best Life Health Insurance Plan - Group Health Insurance	01/01/2018		<input type="checkbox"/>	0		Active
Edit	Edit	12345682	Michael	Smith	05/05/2000	Best Life Health Insurance Plan - Group Health Insurance	01/01/2018		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	12345683	Sarah	Smith	06/06/2005	Best Life Health Insurance Plan - Group Health Insurance	01/01/2018		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	12345684	David	Smith	07/07/2010	Best Life Health Insurance Plan - Group Health Insurance	01/01/2018	01/01/2021	<input type="checkbox"/>	0		Inactive

1 2 3 4 5 6 7 8 9 10 ... 22

[Export List](#)

Step 2

Group Dashboard

Changes, Adds, Terms

Employer Group Census Management

Employee and Dependents - Demographic Information

Employee Information * Indicates a required entry

Last Name * [text]
 First Name * [text]
 Middle Initial [text]
 Date of Birth * [text]
 Gender * <Select One>
 Physical Address * [text]
 City, State [text]
 Zip Code * [text]

Phone [text]
 Email Address [text]
 Employee Classification * <Select One>
 Marital Status * <Select One>

Is Mailing address different from physical address? Yes No

New Enrollee
 Please allow for one business day before the member can access the BEST Life member portal. Member ID Card and Certificate will be mailed on the next business day. Please expect an email from BEST summarizing the Changes, Adds and Terms within 24 hours.

[Save and Exit](#) [Save and Request Coverage](#) [Cancel](#)

Step 3

Employee and Dependents - Coverage Request

Enrollment Reason

Full Time Hire

Qualifying Event

Indicate the Enrollment Reason for the Member: **Full Time Hire** or **Qualifying Event** (next example)
(Open Enrollment option will only be available during the group's open enrollment window)

Full Time Hire

Date of Full Time Hire *

- Employee - Child

Dental Vision

Apply coverage to

~~Mid - Low~~ ~~High~~

Dental

Mid - LOW CO-INS/CYM/ORTHO

High - HIGH CO-INS/CYM/NO ORTHO

Waive Coverage

Based on entered information, the member is eligible for the following Coverage Effective Date

Based upon the enrollment information entered, the member's effective date will appear here. Click **Save** when done.

Save **Cancel**

Step 4

Employee and Dependents - Coverage Request

Enrollment Reason

Full Time Hire

Qualifying Event

Full Time Hire

Date of Full Time Hire *

Special Enrollment - Qualifying Event

Qualifying Event *

- Employee - Child

Dental Vision

Apply coverage to

~~Mid - Low~~ ~~High~~

Dental

Mid - LOW CO-INS/CYM/ORTHO

High - HIGH CO-INS/CYM/NO ORTHO

Waive Coverage

Based on entered information, the member is eligible for the following effective date: Coverage Effective Date

Click **Save** when done.

Save **Cancel**

Group Dashboard

Overview

Current Members

Changes, Adds, Terms

Reference Documents

Health Links

FAQ

WEB ACCESS
POWERED BY DATAGENIX

Changes, Adds, Terms

Employer Group Census Management

Identifier: Customer Name [input] Customer [input]

Allow your broker to make changes, adds, or terms on your behalf? Yes No

Employee Search: Employee Last Name [input] Employee First Name [input] Employee Number [input] Hide Inactive Employees

When finished, the results will appear in the census for the group and "Work in Progress" will appear to indicate that the submission is being reviewed by BEST Life.

Personal Information	Plan Information	Employee Number	Employee Last Name	Employee First Name	Date of Birth	Plan Name	Effective Date	Termination Date	Spouse	Number of Children	Continuing Coverage	Status
Add	Edit	A07040001	Stuehlsch	Alan	03/01/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input type="checkbox"/>	0		Work In Progress
Edit	Edit	A07040002	Adams	John	02/07/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input checked="" type="checkbox"/>	2		Active
Edit	Edit	A07040003	Adams	John	04/09/1940	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input checked="" type="checkbox"/>	0		Inactive
Edit	Edit	A07040010	Anderson	Michael	04/01/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input type="checkbox"/>	0		Inactive
Edit	Edit	A07040011	Adams	John	02/07/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input type="checkbox"/>	0		Active
Edit	Edit	A07040005	Adams	John	02/07/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	A07040007	Adams	John	02/07/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input type="checkbox"/>	3		Active
Edit	Edit	A07040008	Adams	John	02/07/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	A07040009	Adams	John	02/07/1960	Plan: BCBS BC (Individual High - Self - PPO) Plan 1 - High	01/01/2014		<input type="checkbox"/>	0		Inactive

1 2 3 4 5 6 7 8 9 10 ... >>

Under the Status column, the enrollment will appear as either:

- **Work In Progress** – This represents that initial submission has been made.
- **Pending Approval** – BEST Life is reviewing the submitted information.
- **Pending Proof** – There was missing information; an email will automatically be sent out identifying the missing information and the time left to submit it.
- **Active** – Enrollment has been approved and member(s) are active on the plan.
- **Inactive** – Member has been terminated from the plan.

2. How do I add dependent coverage to an employee's plan?

Step 1

BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings

Group Dashboard

Changes, Adds, Terms

Overview

Current Members

Changes, Adds, Terms

Reference Documents

Health Links

FAQ

WEB ACCESS
POWERED BY DATAGENIX

Employer Group Census Management

Identifier
Customer Name [REDACTED] Customer Number [REDACTED]

Allow your broker to make changes, adds, or terms on your behalf? Yes No

Employee Search
Employee Last Name [REDACTED]
Employee First Name [REDACTED]
Employee Number [REDACTED] Hide Inactive Employees

Search Clear Criteria Invoices

Personal Information	Plan Information	Employee Number	Employee Last Name	Employee First Name	Date of Birth	Plan Name	Effective Date	Termination Date	Spouse	Number of Children	Continuing Coverage	Status
Add	Edit	AP000001	Michael	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input type="checkbox"/>	0		Work In Progress
Edit	Edit	AP000002	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input checked="" type="checkbox"/>	2		Active
Edit	Edit	AP000003	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input checked="" type="checkbox"/>	0		Inactive
Edit	Edit	AP000004	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input type="checkbox"/>	0		Inactive
Edit	Edit	AP000005	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input type="checkbox"/>	0		Active
Edit	Edit	AP000006	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	AP000007	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input type="checkbox"/>	3		Active
Edit	Edit	AP000008	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	AP000009	John	John	01/01/1980	Best Life Health Insurance Plan - 2018	01/01/2018		<input type="checkbox"/>	0		Inactive

1 2 3 4 5 6 7 8 9 10 ...

Export List

Select **Changes, Adds, Terms.**
Select **"Edit"** under the **Personal Information** column for the employee.

Step 2

Employee Spouse Health - Child Dependent - Child Add Dependent

Click Add Dependent

Employee Information * indicates a required entry

Last Name * [REDACTED] Phone [REDACTED]

First Name * [REDACTED] Email Address [REDACTED]

Middle Initial [REDACTED]

Date of Birth * [REDACTED]

Gender * Male

SSN * [REDACTED]

Physical Address * [REDACTED]

City, State Arlington, Texas Zip Code * [REDACTED]

Is Mailing address different from physical address? Yes No

Family Coverage

First Name	Last Name	Date of Birth	Relationship	Plan Name	Effective Date	Termination Date	Status
John	John	01/01/1980	Employee	Best Life Health Insurance Plan - 2018	01/01/2018		Active
John	John	01/01/1980	Spouse	Best Life Health Insurance Plan - 2018	01/01/2018		Active
John	John	01/01/1980	Child	Best Life Health Insurance Plan - 2018	01/01/2018		Active
John	John	01/01/1980	Child	Best Life Health Insurance Plan - 2018	01/01/2018		Active

Step 3

Employee and Dependents - Demographic Information

Dependent Information * indicates a required entry

Last Name *

First Name *

Middle Initial

Date of Birth *

Relationship *

Gender *

SSN

New Enrollee
Please allow for one business day before the member can access the BEST Life member portal. Member ID Card and Certificate will be mailed on the next business day. Please expect an email from BEST summarizing the Changes, Adds and Terms within 24 hours.

Enter the dependent information as requested, then click "Save and Request Coverage" when done. If additional information for the dependent enrollment is required, please submit the required documents as prompted.

Step 4

Employee and Dependents - Coverage Request

Enrollment Reason

Qualifying Event

Terminate Coverage

Dental

Indemnity Mid - LOW CO-INS/CYM/ORTHO

Indemnity High - HIGH CO-INS/CYM/NO ORTHO

Select the enrollment reason for the dependent. Under the tab for new dependent that was entered, select the dental and/or vision coverage options. Click **Save** when done.

Step 5 BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings

Group Dashboard

Overview
Current Members
Changes, Adds, Terms
Reference Documents
Health Links
FAQ

WEB ACCESS
POWERED BY DATAGENIX

Changes, Adds, Terms

Employer Group Census Management

Identifier

Customer Name Customer Number

Allow your broker to make changes, adds, or terms on your behalf? Yes No

Employee Search

Employee Last Name
Employee First Name
Employee Number Hide Inactive Employees

Search Clear Criteria Invoices

Personal Information	Plan Information	Employee Number	Employee Last Name	Employee First Name	Date of Birth	Plan Name	Effective Date	Termination Date	Spouse	Number of Children	Continuing Coverage	Status
Add	Edit	A0700001	Michael	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input type="checkbox"/>	0		Work In Progress
Edit	Edit	A0700002	John	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input checked="" type="checkbox"/>	2		Active
Edit	Edit	A0700003	John	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input checked="" type="checkbox"/>	0		Inactive
Edit	Edit	A0700004	Anderson	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input type="checkbox"/>	0		Inactive
Edit	Edit	A0700005	John	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input type="checkbox"/>	0		Active
Edit	Edit	A0700006	John	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	A0700007	John	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input type="checkbox"/>	3		Active
Edit	Edit	A0700008	John	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	A0700009	John	John	01/01/1980	Plan A (Self Only) - High Deductible Health Plan	01/01/2018		<input type="checkbox"/>	0		Inactive

1 2 3 4 5 6 7 8 9 10 ... 22

Export List

Under the Status column, the enrollment will appear as either:

- **Work In Progress** – This represents that initial submission has been made.
- **Pending Approval** – BEST Life is reviewing the submitted information.
- **Pending Proof** – There was missing information; an email will automatically be sent out identifying the missing information and the time left to submit it.
- **Active** – Enrollment has been approved and member(s) are active on the plan.
- **Inactive** – Member has been terminated from the plan.

3. How do I terminate members from an inforce group?

Step 1

BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings

Group Dashboard

Changes, Adds, Terms

Overview

Current Members

Changes, Adds, Terms

Reference Documents

Health Links

FAQ

WEB ACCESS
POWERED BY DATAGENIX

Employer Group Census Management

Identifier

Customer Name [REDACTED] Customer Number [REDACTED]

Allow your broker to make changes, adds, or terms on your behalf? Yes No

Employee Search

Employee Last Name [REDACTED]

Employee First Name [REDACTED]

Employee Number [REDACTED] Hide Inactive Employees

Search Clear Criteria Invoices

Personal Information	Plan Information	Employee Number	Employee Last Name	Employee First Name	Date of Birth	Plan Name	Effective Date	Termination Date	Spouse	Number of Children	Continuing Coverage	Status
Add	Edit	AP000001	Johnson	John	01/01/1980	Plan A (CO-INS/Ortho)	01/01/2015		<input type="checkbox"/>	0		Work In Progress
Edit	Edit	AP000002	Adams	Jane	02/01/1985	Plan A (CO-INS/Ortho) High - High	01/01/2015		<input checked="" type="checkbox"/>	2		Active
Edit	Edit	AP000003	Anderson	David	03/01/1990	Plan A (CO-INS/Ortho) - High	01/01/2015	01/01/2018	<input checked="" type="checkbox"/>	0		Inactive
Edit	Edit	AP000004	Anderson	Michael	04/01/1985	Plan A (CO-INS/Ortho) High - High	01/01/2015		<input type="checkbox"/>	0		Inactive
Edit	Edit	AP000005	Clark	John	05/01/1980	Plan A (CO-INS/Ortho) High - High	01/01/2015		<input type="checkbox"/>	0		Active
Edit	Edit	AP000006	Clark	John	05/01/1980	Plan A (CO-INS/Ortho) High - High	01/01/2015		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	AP000007	Clark	John	05/01/1980	Plan A (CO-INS/Ortho) High - High	01/01/2015		<input type="checkbox"/>	3		Active
Edit	Edit	AP000008	Clark	John	05/01/1980	Plan A (CO-INS/Ortho) High - High	01/01/2015		<input checked="" type="checkbox"/>	3		Active
Edit	Edit	AP000009	Clark	John	05/01/1980	Plan A (CO-INS/Ortho) High - High	01/01/2015		<input type="checkbox"/>	0		Inactive

1 2 3 4 5 6 7 8 9 10 ... 22

Export List

Select **Changes, Adds, Terms**.

Select **"Edit"** under the **Personal Information** column for the employee.

Step 2

Employee and Dependents - Coverage Request

Enrollment Reason

Qualifying Event

- Employee - Spouse - Child - Child

Terminate Coverage

Terminate Coverage

Is employment terminated for this employee? Yes No

Dependent Termination Warning

Dependent(s) are terminated on the same termination date as the Employee.

Dental Vision

Apply coverage to

Health Insurance Life Disability Supplemental

Dental

Indemnity Mid - LOW CO-INS/CYM/ORTHO

Indemnity High - HIGH CO-INS/CYM/NO ORTHO

Click **Save** when done.

Save Cancel

If the termination is for the **Employee**, select **"Termination"** under the Employee tab and answer the question below. This action will terminate coverage for the employee and all dependents.

If the termination is only for a **Dependent**, select the dependent tabs and then click **"Terminate Coverage"** under each dependent tab to complete the request.

The termination will go into effect on the 1st of the month following the request.

Step 3 BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings Log

Group Dashboard

Changes, Adds, Terms

Overview

Current Members

Changes, Adds, Terms

Reference Documents

Health Links

FAQ

WEB ACCESS
POWERED BY DATAGENIX

Changes, Adds, Terms

Employer Group Census Management

Identifier: Customer Name [REDACTED] Customer Number [REDACTED]

Allow your broker to make changes, adds, or terms on your behalf? Yes No

Employee Search: Employee Last Name [REDACTED] Employee First Name [REDACTED] Employee Number [REDACTED] Hide Inactive Employees

Search Clear Criteria **Invoices**

Personal Information	Plan Information	Employee Number	Employee Last Name	Employee First Name	Date of Birth	Plan Name	Effective Date	Termination Date	Spouse	Number of Children	Continuing Coverage	Status
Add	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Work In Progress
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	2		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	0		Inactive
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Inactive
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	3		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	3		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	3		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Inactive

1 2 3 4 5 6 7 8 9 10 ... >>

[Export List](#)

Under the Status column, the termination will appear as either:

- **Work In Progress** – This represents that initial submission has been made.
- **Inactive** – Member has been terminated from the plan.

4. How do I view invoices?

Step 1 BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings Log

Group Dashboard

Changes, Adds, Terms

Overview

Current Members

Changes, Adds, Terms

Reference Documents

Health Links

FAQ

WEB ACCESS
POWERED BY DATAGENIX

Changes, Adds, Terms

Employer Group Census Management

Identifier: Customer Name [REDACTED] Customer Number [REDACTED]

Allow your broker to make changes, adds, or terms on your behalf? Yes No

Employee Search: Employee Last Name [REDACTED] Employee First Name [REDACTED] Employee Number [REDACTED] Hide Inactive Employees

Search Clear Criteria **Invoices**

Under the **Changes, Adds, Terms** section, click on **"Invoices"**.

Personal Information	Plan Information	Employee Number	Employee Last Name	Employee First Name	Date of Birth	Plan Name	Effective Date	Termination Date	Spouse	Number of Children	Continuing Coverage	Status
Add	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Work In Progress
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	2		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	0		Inactive
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Inactive
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	3		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	3		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	3		Active
Edit	Edit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	0		Inactive

1 2 3 4 5 6 7 8 9 10 ... >>

[Export List](#)

Step 2

BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings

Group Dashboard

Changes, Adds, Terms

Overview

Current Members

Changes, Adds, Terms

Reference Documents

Health Links

FAQ

WEB ACCESS
POWERED BY DATAGENIX

Changes, Adds, Terms

Employer Group - Invoices

Identifier

Customer Name Customer Number

Invoice Number	From Date	To Date	Invoice Amount	Outstanding Balance	Running Balance
07/01/2019	07/31/2019		\$5,618.08	\$5,542.22	\$5,542.22
06/01/2019	06/30/2019		\$5,842.45	\$0.00	\$0.00
05/01/2019	05/31/2019		\$5,745.50	\$0.00	\$0.00
04/01/2019	04/30/2019		\$5,489.46	\$0.00	\$0.00
03/01/2019	03/31/2019		\$5,968.08	\$0.00	\$0.00
02/01/2019	02/28/2019		\$5,759.35	\$0.00	\$0.00
01/01/2019	01/31/2019		\$6,088.14	\$0.00	\$0.00
12/01/2018	12/31/2018		\$5,695.02	\$0.00	\$0.00
11/01/2018	11/30/2018		\$5,697.95	\$0.00	\$0.00
10/01/2018	10/31/2018		\$5,256.14	\$0.00	\$0.00
09/01/2018	09/30/2018		\$5,404.60	\$0.00	\$0.00
08/01/2018	08/31/2018		\$5,186.32	\$0.00	\$0.00
07/01/2018	07/31/2018		\$6,390.54	\$0.00	\$0.00
06/01/2018	06/30/2018		\$4,774.67	\$0.00	\$0.00
05/01/2018	05/31/2018		\$4,806.31	\$0.00	\$0.00
04/01/2018	04/30/2018		\$5,231.82	\$0.00	\$0.00
03/01/2018	03/31/2018		\$5,035.96	\$0.00	\$0.00
02/01/2018	02/28/2018		\$5,028.85	\$0.00	\$0.00
01/01/2018	01/31/2018		\$5,104.55	\$0.00	\$0.00
12/01/2017	12/31/2017		\$4,706.81	\$0.00	\$0.00
11/01/2017	11/30/2017		\$5,433.55	\$0.00	\$0.00
10/01/2017	10/31/2017		\$4,800.75	\$0.00	\$0.00
09/01/2017	09/30/2017		\$4,794.61	\$0.00	\$0.00
08/01/2017	08/31/2017		\$4,331.19	\$0.00	\$0.00
07/01/2017	07/31/2017		\$4,538.73	\$0.00	\$0.00

1 2 3

Select the **Invoice Number** to open a copy of the invoice and save and/or print it as a PDF.

5. How can I contact BEST Life?

BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings Log out

Messages

[Compose](#) **Inbox**

Inbox 0 **No messages found.**

Sent Messages

Trash

Under the **Messages** section, click on the Compose icon to send an email directly to BEST Life with any questions that we can assist you with.

6. How can I change my password and contact information for this account?

Dashboard Messages Settings Log out

Under the **Settings** icon, update your information below to change your email and/or password.

Account Settings

Basic Information

User Name

Email

Change Password

Verify Current Password

New Password

Confirm New Password

Change Language

Language

7. Where do I go for help?

- For general questions about using the Administrative Portal, please contact:

Customer Service

Call: (800) 433-0088

- Press 1 for Customer Service
- Press 5 for Plan Administrator Assistance

Email – cs@bestlife.com

Online – <https://www.bestlife.com/employers/contact.html>

BEST Life™ HOME PRODUCTS PROVIDER LOOK-UP FORMS VALUE-ADDED BENEFITS ABOUT **CONTACT** PAY BILL

Send Us A Message

We are always here to answer any questions you may have. Send us a message by filling out the form below, and one of our team members will reach out as soon as possible.

First Name

Last Name

Email

Phone Number

Your Message

08090

Enter Security Code Shown Above:

SUBMIT FORM

Locations

Corporate Office
Irvine, CA

Home Office
Austin, TX

CUSTOMER SERVICE

- Tel: 800.433.0088
- Fax: 208.893.5040
- General Customer Service: cs@bestlife.com
- For Brokers: brokerservice@bestlife.com
- For Plan Administrators: groupservice@bestlife.com
- Monday - Friday: 5 a.m. to 5 p.m. PST

CLAIMS

- Claim Submissions: BEST Life, PO Box 890, Meridian, ID 83680-0890
- Tel: 800.433.0088
- Fax: 208.893.5040
- Email: cs@bestlife.com
- Monday - Friday: 5 a.m. to 5 p.m. PST

SALES

- Tel: 888.210.2378
- Fax: 949.553.0883
- General Inquiry: info@bestlife.com
- Quote: quotes@bestlife.com

BILLING & PREMIUM PAYMENTS

BEST Life
PO Box 19721
Irvine, CA 92623

BEST LIFE WILL BE CLOSED

- February 18th - President's Day
- May 27th - Memorial Day
- July 4th - Independence Day
- September 2nd - Labor Day
- November 11th - Veteran's Day
- November 28th & 29th - Thanksgiving
- December 24th & 25th - Christmas
- December 31st - New Year's Eve

8. How do I give permission for my agent/broker to make changes to our group policy?

- There are two ways to grant administrative privileges to your agent/broker:
 1. Call or email BEST Life Customer Service Department at: **(800) 433.0088** or **cs@bestlife.com**, and request that administrative rights be given to your agent/broker representative, or
 2. Complete the following steps by logging into the online **Employer Portal**:

The screenshot shows the BEST Life Employer Portal Group Dashboard. The left sidebar contains a 'Group Dashboard' menu with options: Overview, Current Members, Changes, Adds, Terms, Reference Documents, Health Links, and FAQ. The main content area is titled 'Overview' and features a 'Welcome' message, a 'Current Members' count of 226, and a 'Welcome Message' text box with a 'Save changes' button. A red box highlights the 'Changes, Adds, Terms' menu item, with an arrow pointing to it from a text box that says 'Select the Changes, Adds, Terms Section.'

The screenshot shows the 'Changes, Adds, Terms' section of the BEST Life Employer Portal. The left sidebar is the same as in the previous screenshot. The main content area is titled 'Changes, Adds, Terms' and features an 'Employer Group Census Management' form. The form includes fields for 'Customer Name' and 'Customer Number', and a question: 'Allow your broker to make changes, adds, or terms on your behalf?' with radio buttons for 'Yes' and 'No'. A red box highlights the 'Yes' radio button, with an arrow pointing to it from a text box that says 'Click 'Yes' to allow Broker/Agent administration'. Below the form are 'Search' and 'Clear Criteria' buttons, and an 'Invoices' button. At the bottom, there is a table with columns: Personal Information, Plan Information, Employee Number, Employee Last Name, Employee First Name, Date of Birth, and Plan Name. An 'Add' link is visible under the Personal Information column.

9. How do I print off temporary ID cards for members?

The screenshot shows the BEST Life Group Dashboard. The top navigation bar includes 'Dashboard', 'Messages', 'Settings', and 'Log out'. The left sidebar contains 'Group Dashboard', 'Overview', 'Current Members', 'Changes, Adds, Terms', 'Reference Documents', 'Health Links', and 'FAQ'. The main content area has a 'Welcome' message, a 'Current Members' count of 226, and a 'Welcome Message' input field with a 'Save changes' button. A red box highlights the 'Current Members' link in the sidebar, with an arrow pointing to it. A text box above the arrow says: 'Click on **Current Members**, then search for the member on the next screen.'

The screenshot shows the BEST Life Members list page. The top navigation bar is the same as the previous screenshot. The left sidebar is the same, but 'Current Members' is highlighted. The main content area has a 'Members' heading, a search filter, and a table of members. A red box highlights the person icon on the far right of the first member's name, with an arrow pointing to it. A text box above the arrow says: 'Click on the person icon on the far right of the member's name to view their information.'

Members

Use the filter textbox below to search for specific members in the listed results. The filter will instantly search all of the displayed columns for the phrase entered in the filter textbox. To clear the search and view all available results again simply delete all of the text in the filter textbox.

SEARCH:

Member ID	Member Name	Relation	Group	Status	
AJ202381	CHESTNUT, CAROL	MEMBER	BONNIE B&C	●	
AJ202382	MAL, LILLIAN	MEMBER	BONNIE B&C	●	

Show entries Showing 1 to 2 of 2 entries Previous **1** Next

BEST Life
BEST Life and Health Insurance Company

Dashboard Messages Settings Log out

Group Dashboard

Overview

Current Members

Changes, Adds, Terms

Reference Documents

← Back

CHEATHAM, CARL, MEMBER

PERSONAL

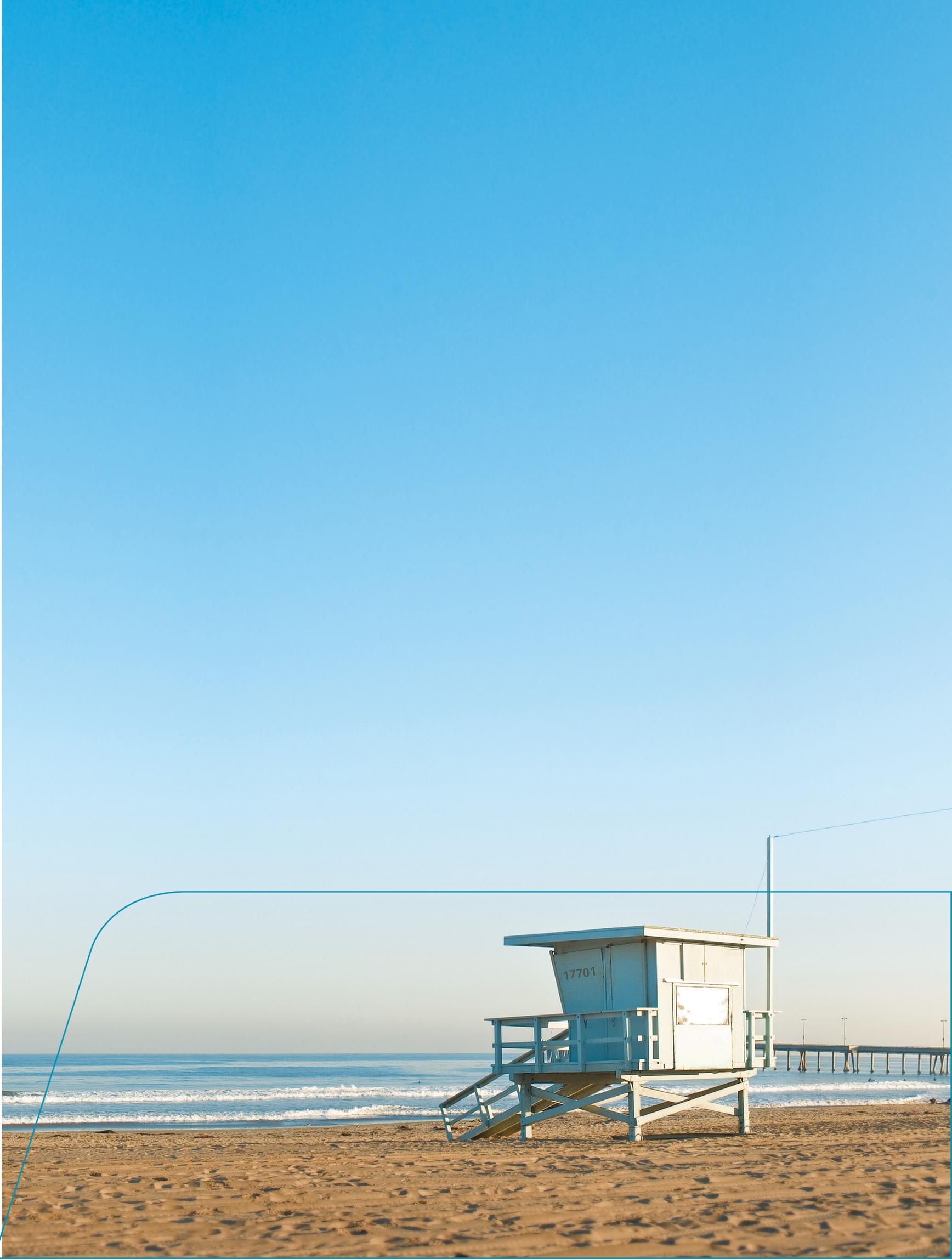
First Name:	CARL	Email:	
Last Name:	CHEATHAM	Marital Status:	SINGLE
		Member ID:	MEMBER
		Relationship to Member:	MEMBER

Action ▾

Click on **Action** and select either **Print** or **View** the member ID Card.

10. How do I find information about the plan(s) my group has with BEST Life?

- Please email our customer service department for in-force group plan benefit summaries at: cs@bestlife.com.





BEST  **Life** TM
BEST Life and Health Insurance Company

17701 Mitchell North
Irvine, CA 92614-6028
800.237.8543

info@bestlife.com
www.bestlife.com