

BEST One

Dental Plus Plan **HIGH**

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 an individual, \$150 per 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	You pay 30%	You pay 50%
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 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 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 \$50 per child	
Diagnostic & Preventive Services Exams, cleanings, sealants, fluoride treatment, x-rays, space maintainers, emergency palliative treatment	You pay 0%	You pay 10%
Basic 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, endodontics, periodontics, occlusal guard	You pay 50%	You pay 60%
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% After 24 month waiting period.	



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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. Services and treatments not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
2. Services and treatments which are experimental or investigational.
3. Services and treatments which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation.
4. Services and treatments received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group.
5. Services and treatments performed prior to the effective date of coverage.
6. Services and treatments incurred after the termination date of your coverage unless otherwise indicated.
7. Services and treatments which are not dentally necessary or which do not meet generally accepted standards of dental practice.
8. Services and treatments resulting from your failure to comply with professionally prescribed treatment.
9. Telephone consultations.
10. Any charges for failure to keep a scheduled appointment.
11. Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
12. Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD).
13. Services or treatments provided as a result of intentionally self-inflicted injury or illness.
14. Services or treatments provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection.
15. Office infection control charges.
16. Charges for copies of records, charts or x-rays, or any costs associated with forwarding/mailing copies of records, charts or x-rays.
17. State or territorial taxes on dental services performed.
18. Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist.
19. Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
20. Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
21. Those which are for specialized procedures and techniques.
22. Those performed by a dentist who is compensated by a facility for similar covered services performed for members.
23. Duplicate, provisional and temporary devices, appliances and services.
24. Plaque control programs, oral hygiene instruction, and dietary instructions or services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for malalignment of teeth.
25. Gold foil restorations.
26. Treatments or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
27. Treatments of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
28. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
29. Charges by the provider for completing dental forms.
30. Adjustment of a denture or bridgework which is made within 6 months after installation by the same dentist who installed it.
31. Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners.
32. Sealants for teeth other than permanent molars.
33. Precision attachments, personalization, precious metal bases and other specialized techniques.
34. Replacement of dentures that have been lost, stolen or misplaced.
35. Orthodontic services provided to a dependent of an enrolled member who has not met the 24 month waiting period requirement.
36. Orthodontic care for dependent children age 19 and over.
37. Repair of damaged orthodontic appliances.
38. Replacement of lost or missing appliances.
39. Fabrication of athletic mouth guard.
40. Internal bleaching.
41. Nitrous oxide.
42. Oral sedation.
43. Topical medicament center.
44. Orthodontic care for a member or spouse.
45. Bone grafts when done in connection with extractions, apicoectomies or non-covered/non-eligible implants.

46. When two or more services are submitted and the services are considered part of the same service to one another, payment will be for the most comprehensive service (the service that includes the other non-benefited service).
47. When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), payment will be for the service that represents the final treatment.
48. Charges in excess of any cost-sharing amounts shown on the schedule of benefits.
49. Services and supplies not listed as a covered service.
50. 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 denturist.
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. Charges for 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 under the policy, except when the installation also replaces a tooth extracted while covered 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. 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 expenses 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 any cost-sharing amount shown on the schedule of benefit.
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 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. Services and supplies performed outside of the US.
35. Services covered on a pediatric only dental plan.