



dental • vision • life • disability

# Employer Administration Guide



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# Welcome

BEST Life has been providing affordable group benefits to small and large employers for more than 40 years. We offer vast, deep regional and national networks, flexible plan designs tailored to meet your needs, and the same superior customer service that has become our legacy. You're more than just a number to us. We pay claims in a matter of days, not weeks. 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 on the health insurance marketplaces for both individuals and small groups. So whether you need dental coverage for child, teen or even young adult – individual, families or employer groups of any size – we've got you covered. Both on and off the exchange.

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.

## Customer Service

p 800.433.0088  
f 208.893.5040  
cs@bestlife.com

7 am – 5 pm Pacific Time  
Monday – Friday

### Enrollments:

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

f 949.724.1603  
changes@bestlife.com

### Terminations:

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

f 949.724.1603  
changes@bestlife.com

### Other Changes:

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PO Box 19721  
Irvine, CA 92623-9721

f 949.724.1603  
changes@bestlife.com

### Premium Payments:

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

## Claims

p 800.433.0088  
f 208.893.5040  
claims@bestlife.com

7 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.

## Website

www.bestlife.com

## Find it Online

You can access forms, view claims, check on the status of claims payments and even print a temporary ID card – all online at [bestlife.com](http://bestlife.com). Anytime, anywhere.

### Online access allows members to:

- Access provider information and forms.
- 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.
- Go paperless.
- And more.

It's easy to get started. Simply visit us at [bestlife.com](http://bestlife.com). Select Member from the drop down menu on the Employer and Employee website and select New User.

## Employee and Dependent Eligibility

A personalized certificate of insurance and an ID card will be issued 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 date of birth of a newborn child.
- The date of adoption.
- 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.
- The first of the month following the date the spouse lost other coverage.

**Note:** If a spouse or dependent children are eligible employees, these dependents must be covered as employees and are not eligible for dependent coverage.



## Enrolling or Adding Employees and Dependents

When an employee or dependent is eligible for coverage, they may enroll by completing an employee enrollment form. This form is also used to add coverage for a dependent.

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 after the employee becomes eligible.
- If employee or dependent enrollment is received after the 31 days, they are considered late entrants.

### 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. For example, if the original date of corporate coverage was August 1st, your open enrollment period is during the month of July each year.

Completed enrollment forms received throughout July in this example will be considered part of the open enrollment period and the employees and dependents that enroll during this time will be eligible for coverage on August 1st. Members enrolling during the open enrollment are not considered late entrants and late entrant benefit reductions do not apply. However, they are still required to meet the plan waiting periods, if any.

### Enrollment forms can be submitted by mail, fax, email or online:

New Enrollments Department  
BEST Life and Health Insurance Company  
PO Box 19721  
Irvine, CA 92623-9721  
f 949.724.1603

changes@bestlife.com  
www.bestlife.com

If you have any questions about how the open enrollment process works, please contact us at 800.433.0088 or cs@bestlife.com. We are here to help you in any way that we can.

## 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 of the employee enrollment form.

## Terminating Coverage for Employees and Dependents

Qualifying events that result in termination of coverage are outlined in your certificate of insurance. Requests to terminate members must be submitted in writing within 30 days of the qualifying event.

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.

### Termination requests can be sent by mail, fax, email or online:

BEST Life and Health Insurance Company  
PO Box 19721  
Irvine, CA 92623-9721  
f 949.724.1603

changes@bestlife.com  
www.bestlife.com

To terminate an employee or dependent, the employer should fax, email or mail a completed termination form. Be sure to include the reason for termination. If no longer eligible, include the date that the individual ceased to be eligible.

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

## 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 premiums 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

In most cases, a network provider will submit a claim on behalf of the member. When members are required to submit a claim, forms are available at [bestlife.com](http://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](mailto:claims@bestlife.com)

## Other Changes

**Name Change** – Submit the change on an employee enrollment form. 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 using the refusal of coverage form.

**Change of Beneficiary for a Life Plan** – Submit a change of beneficiary form.

**Change of the Corporate Address** – Submit the change of address in writing. In 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 can be sent by mail, fax, email or online:**

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PO Box 19721  
Irvine, CA 92623-9721  
f 949.724.1603

[changes@bestlife.com](mailto:changes@bestlife.com)  
[www.bestlife.com](http://www.bestlife.com)

## 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.

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 two 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.

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

If for some reason you do not receive your bill by the 10th of the current month, please contact us and a copy 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 [cs@bestlife.com](mailto:cs@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.

## Value Added Services

### EyeMed Vision Care® Discount Program

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 40,000 providers at 20,000 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](http://bestlife.com).

Cannot be combined with EyeMed Vision PPO plan.

### QualSight® LASIK

Members are automatically eligible to receive 40-50% off the national average charge for laser eye surgery procedures administered by QualSight LASIK. Members simply call QualSight LASIK at 877.507.4448 before seeing their LASIK provider. For more information, visit [bestlife.com](http://bestlife.com).

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](http://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.

📞 866.723.0514

🌐 [eyemedvisioncare.com](http://eyemedvisioncare.com)

Discounts and benefits subject to change. Check website for current listing at [bestlife.com](http://bestlife.com)

flexible

adigital





BEST Life and Health Insurance Company  
17701 Mitchell North  
Irvine, CA 92614-6028  
800.237.8543

[info@bestlife.com](mailto:info@bestlife.com)  
[www.bestlife.com](http://www.bestlife.com)