

About Your BEST Life *Texas Dental PPO Plan*

Welcome to BEST Life! This flyer explains how your Dental PPO plan works. If you have any other questions about your plan, please contact BEST Life's Customer Service Department at 800.433.0088 or by email at cs@bestlife.com.

How does the plan work?

To start using your benefits, it's simple: call the dentist of your choice to set up an appointment. When you go to a dentist for treatment, either you or your dentist will file a claim with BEST Life, and we will pay the claim for the services covered by your plan.

How are my benefits covered?

Your plan includes a calendar year maximum, a yearly deductible and coinsurance. Each of these helps BEST Life determine how to pay your claims:

- **Calendar Year Maximum:** the maximum amount BEST Life will cover for that year.
- **Yearly Deductible:** the amount each member must meet before claims are paid. In a family, only three members must meet this amount before claims are paid. Deductibles do not apply to preventive services.
- **Percentage Payable:** the percentage BEST Life will pay for a category of treatment procedures. There are three or four categories (Preventive, Basic, Major, and Orthodontia, if covered by plan) and each category will have a different percentage.

For exact information on your benefits, please refer to your plan's Certificate Booklet.

Why should I see a network provider?

With our Dental PPO plan, you have the choice to select any licensed dentist or to receive out-of-pocket savings when you go to a CONNECTION Dental (offered through PPO USA) network dentist.

The network have agreed to provide dental services at a discounted price, which can translate to a savings of 25% to 57% off what would normally be charged (depending on the procedure and the area in which you live in). When you see a network dentist, your plan's benefits are applied to the discounted amounts, which make your out-of-pockets lower than if you went to a dentist out of the network.

(To ensure that you receive in-network savings, please make sure the provider is part of the network before you make an appointment.)

How much do I save by going to a network dentist?

Here is an illustration of how much you save with a network dentist on a Dental PPO Mid Plan with a \$0 deductible. (Actual costs may vary by geographic location, procedure and by dentist.)

How do I find a network provider?

Your member ID card lists your network's contact information. You can also visit www.ppousa.com or call PPO USA at 1.877.277.6872 to locate a provider.

Treatment	Network Dentist		Non-Network Dentist	
Routine Oral Exam	Charges:	\$45.00	Charges:	\$45.00
	Provider Discount:	<u>-\$20.00</u>	Allowable Charge	
		\$25.00	Paid at 100%:	<u>-\$24.00</u>
	Paid at 100%:	<u>-\$25.00</u>	You Pay:	\$21.00
	You Pay:	\$0		
Amalgam Filling	Charges:	\$86.00	Charges:	\$86.00
	Provider Discount:	<u>-\$30.00</u>	Allowable Charge of	
		\$56.00	\$60 Paid at 80%:	<u>-\$48.00</u>
	Paid at 80%:	<u>-\$44.80</u>	You Pay:	\$38.00
	You Pay:	\$11.20		
You realize a savings of:	\$119.80		\$72.00	

What is Predetermination?

Predetermination is an estimate of how benefits will be processed, and is a great way to ensure that you have what you need to make informed decisions. Any treatment a dentist estimates to cost in excess of \$300 or \$500, depending on your plan, is required to be reported to us before any work is done. Once we receive a report, BEST Life provides you and your dentist with an explanation of how your dental plan will cover costs.

How do I file a claim?

In most instances, the dentist will file a claim on your behalf. If you are asked to file a claim, you can download a dental claim form at www.bestlife.com, select "Employees" and then "Forms".

Completed forms should be mailed to:

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