



BEST Life

BEST Life and Health Insurance Company

■ ADMINISTRATION GUIDE

Your guide to administering your
BEST Life insurance program



Dental
Medical
Vision
Life

■ WELCOME!

Welcome to BEST Life! This Employer Guide provides your company with helpful information about administering your BEST Life benefits program. If, after reviewing this guide, you have any questions, please contact your Account Manager or a BEST Life Customer Service Representative for assistance.

Topics covered in this Employer Guide include:

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■ ONLINE FUNCTIONALITY

BEST Life recognizes the convenience of having materials available online, which is why we offer online support for clients and enrolled employees and dependents through our website www.bestlife.com:

Employers can access provider information and interactive forms through our website, or they can sign up for Gateway, our confidential online tools system:

- ▶ Administer plans online (add, enroll, delete employees and/or dependents)
- ▶ Check the balance and status of payments
- ▶ Order ID cards
- ▶ Verify employee and/or dependent eligibility
- ▶ Update contact information

- ▶ Look up insurance agent's contact information
- ▶ Download forms
- ▶ Email Customer Service or Claims

Enrolled employees and dependents can

- ▶ Download enrollment and claim forms
- ▶ Locate a provider or network in their area
- ▶ Email Customer Service or Claims
- ▶ Verify eligibility or order ID cards through Gateway

To access Gateway, you must have your Customer Number and a password. If you do not have this, just give our Customer Service Department a call at **800.433.0088** and they will provide one for you. Enrolled employees and dependents can also request a password by contacting Customer Service.

■ CONTACT INFORMATION

BEST Life's staff includes several departments specializing in providing you with the support you need to administer your plan on a daily basis.

Renewals

Mike Morgan

800.237.8543, ext.373

Fax: 208.893.5040

mmorgan@bestlife.com

7 am – 5 pm PST

Monday – Friday

- ▶ For assistance with renewals and plan changes

Customer Service

800.433.0088

Fax: 949.724.1603

cs@bestlife.com

7 am – 5 pm PST

Monday – Friday

- ▶ For answers to questions concerning billing, eligibility, plans and products, provider networks, enrollments and terminations.

Claims

800.433.0088

Fax: 208.893.5040

claimsinfo@bestlife.com

7 am – 4:30 pm PST

Monday – Friday

- ▶ For help regarding claims related issues.

Please send Claims to:

BEST Life

PO Box 890

Meridian, ID 83680-0890

Please make checks
payable to B.E.S.T.

Please mail Premium Payments to:

BEST Life

PO Box 19721

Irvine, CA 92623-9721

All other mail correspondence:

BEST Life

2505 McCabe Way

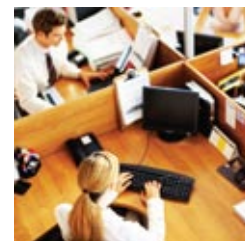
Irvine, CA 92614

- ▶ For online access to enrollment and claims forms:

www.bestlife.com

- ▶ Dental and medical network links:

www.bestlife.com/provider_lookup.htm



■ PREMIUM PAYMENTS AND DUE DATES

BEST Life bills at the beginning of each month for the following month's coverage.

Company checks should be made payable to **B.E.S.T.** and should include 100% of the amount billed. (Adjustments will be reflected on your next bill.) Please enclose your payment and remittance copy of the bill and mail them to BEST Life in the return envelope provided to:

BEST Life
PO Box 19721
Irvine, CA 92623-9721

If for some reason you do not receive a bill, call Customer Service and ask them to fax or email a copy to you. You are responsible for remitting payment even if you did not receive the bill.

Late Payments and Cancellation

If payment for the billed month's coverage is not received by the 10th of the billed month, your account will be considered delinquent and a \$20.00 late fee will be charged.

If payment for the billed month's coverage is not received by the last day of the billed month, your Policy will be cancelled and all coverages for all employees and dependents will be terminated.

(For example, your August bill (mailed on July 1st) is delinquent if premium payment is not received by August 10th, and all coverages will be cancelled if premium payment is not received by August 31st.)

Groups requesting reinstatement of coverage are subject to review and approval by BEST Life. If approved, a reinstatement fee of \$75 will be charged to accounts reinstated for the first time. A \$150 reinstatement fee will be charged to accounts reinstated a second time. **Only two reinstatements are allowed per account**, and all billed premiums must be paid in one lump sum, including fees, prior to reinstatement. Reinstatement is only available when requested within 60 days of the effective date of cancellation.

Reinstatement is not available for Medical plans.

If you have any questions regarding your bill, please contact Customer Service for assistance.

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. Charges for dependent coverage appear on a separate line on the bill, directly below the employee line.

Returned Checks

If a payment results in a premium check being returned by the back as non-negotiable, a fee of \$30.00 plus that month's premium will be required in the form of a cashiers check or money order. A second return check will result in a \$50.00 fee plus the total premium due. Only two instances are allowed per account. A non-negotiated check is treated as non-payment of premium and is subject to cancellation rules.

■ EMPLOYEE AND DEPENDENT ELIGIBILITY

A personalized Certificate Booklet with a Statement of Coverage sticker, and an ID card, will be issued showing the date coverage becomes effective. Eligibility is based on state law and may vary; for an accurate definition of an eligible employee or dependent, please refer to the policy or Certificate Booklet.

Generally, 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 considered eligible employees, and are eligible for coverage on the later date of:

- ▶ The date your company's coverage with BEST Life is effective, or
- ▶ The first of the month following the employee's completion of the waiting period selected by your company. For example, with a 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 employee's date of hire if the employee was hired full-time, or it begins on the date the employee changes from part-time to full-time status.

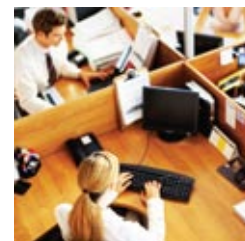
Dependent Eligibility: An employee's:

- ▶ Lawful spouse in the employee's state of domicile;
- ▶ Unmarried children up to the policy limiting age specified in the certificate booklet;
- ▶ Adopted children;
- ▶ Disabled, dependent children;
- ▶ Dependents such as grandchildren, nieces and nephews who are court-ordered to be covered by enrolled employee's group plan.

Coverage for domestic partners may be eligible for dental and vision plans upon review of appropriate documents.

Dependents are eligible for coverage on:

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



■ ENROLLING/ADDING EMPLOYEES AND DEPENDENTS

When an employee/dependent is eligible for coverage, he or she may apply by completing a BEST Life [Employee Enrollment Form](#).

If an employee is already enrolled and would like to add coverage for a dependent, the employee should complete an [Employee Enrollment Form](#).

After receipt, all applications for coverage will be reviewed by BEST Life. If approved, a Certificate Booklet will be issued detailing the plan's benefits, limitations and exclusions and explanations on how their plan works.

The Certificate Booklet will include a Statement of Coverage sticker showing the

effective date of coverage for the employee and dependents, as well as waiting periods, if applicable. A Certificate Booklet that does not have a Statement of Coverage sticker is not valid. It is encouraged that the employee check to make sure the information on the Statement of Coverage and ID card are correct before using the plan benefits.

Please do not make adjustments to your monthly bill for new employees or dependents. When coverage for the employee or dependent is approved, charges for the coverage will appear on your next bill. Charges for dependent coverage appear on a separate line on the bill, directly below the employee line.

■ EFFECTIVE DATES

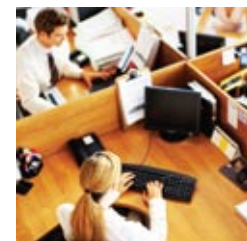
In general, coverage will take effect on the latest of the following:

- ▶ 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 an employee or dependent's enrollment is received after the 31 days, the individual(s) are considered [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 Booklet.

[Medical Late Entrants](#) are not eligible for coverage until your company's annual open enrollment period.

To prevent employees from becoming late entrants, BEST Life encourages enrollment forms to be submitted before the employee becomes eligible.



■ OPEN ENROLLMENT

BEST Life medical, dental and vision 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.

For medical plans, the open enrollment period occurs during the calendar month preceding your company's **anniversary** effective date for coverage with BEST Life. For example, if your company's original date for coverage was August 1, 2007 your open enrollment period is during the month of July each year.

For dental and vision plans, the open enrollment period occurs during the calendar month preceding your company's **renewal** effective date for dental/vision coverage with BEST Life. For example, if your company's renewal date for coverage is August 1, 2008 your open enrollment period is during the month of July each year.

Completed enrollment forms that are received by our office throughout July (in both examples) will be considered part of the open enrollment period, and the employees

and dependents that enroll at this time will be eligible for coverage on August 1st (in the above example). Because these enrollees are not considered "late entrants", any late entrant benefit reductions are not applied.

Please note that those who enroll during open enrollment will still be required to meet the plan's waiting periods, if any.

Enrollment forms can be sent to our New Enrollments Department via mail, fax, email or submitted online:

New Enrollments Department
BEST Life and Health Insurance Company
2505 McCabe Way
Irvine, CA 92614
Fax: 949.724.1603
E-mail: cs@bestlife.com
Online application at www.bestlife.com.

If you have any questions about how the open enrollment process works, please call our Customer Service Department at **800.433.0088** (Monday through Friday, 7am to 5pm PST) or via email at cs@bestlife.com.

■ WAIVING COVERAGE

Eligible employees who do not wish to enroll for coverage or for dependent coverage may waive their coverage by signing the "Refusal for Coverage" section of the **Employee Enrollment Form**.

BEST Life coverage is based on minimum enrollment requirements that must be met. Please refer to the Minimum Enrollment Requirements section of this Guide for more information. (See page 10)

■ TERMINATING COVERAGE FOR EMPLOYEES AND DEPENDENTS

Qualifying events that result in termination of coverage are outlined in your plan's Certificate Booklet under the "Termination of Coverage" section.

Requests to terminate employees or dependents from the plan must be submitted in writing as soon as you are aware of the termination.

Coverage for enrolled employees 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 via mail, fax, email or submitted online:

Billing Department

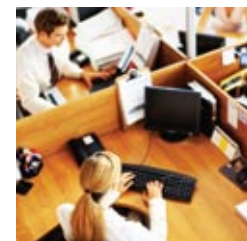
BEST Life and Health Insurance Company
PO Box 19721
Irvine, CA 92623-9721
Fax: 949.724.1603
E-mail: cs@bestlife.com
Online submittals via Gateway at
www.bestlife.com

To terminate an employee or a dependent no longer eligible, the employer should fax, email or mail a completed Termination Form to BEST Life. Be sure to include the reason for termination and the date that the dependent ceased to be eligible.

To terminate employees or dependents who are still eligible: An employee or dependent that wants to terminate coverage, but is still eligible, may do so. To terminate coverage, complete the "Other" section on the Termination Form.

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 Booklet.

To terminate coverage for the entire organization, the employer must provide written notice to BEST Life at least 31 days in advance. Terminations take effect after any period for which a premium has been paid. After receiving written notice, BEST Life will terminate the policy as of the first day following the "paid to" date. Premium received by BEST Life prior to termination will not be refunded.



■ COBRA

The Consolidated Omnibus Budget Reconciliation Act, Public Law 99-272 (“COBRA”) requires employers with 20 or more employees to offer certain employees and dependents, who would otherwise lose their eligibility, the continuation of medical, dental, and vision benefits. Life and disability benefits do not qualify for COBRA. For more details on when employees and dependents qualify for COBRA, please see the “Continuation of Dental Coverage” or “Your Continuation Rights Under COBRA” section of your Certificate Booklet.

If coverage under your BEST Life plan is terminating as a result of certain qualifying events, employees and dependents may elect to continue coverage under COBRA. Before an employee/dependent can apply for COBRA, the employer must notify BEST Life in writing **within 30 days** of the qualifying event. (See page 8 “Terminating Employees and Dependents” for instructions on how to notify BEST Life of terminations.) The employer is also required to send the employee/dependent a COBRA Election Form within 14 days of the qualifying event.

The employee or dependent will have up to 60 days to elect COBRA and another 45 days

from election to remit all premiums due for their coverage. The 60-day period begins on the date coverage would otherwise terminate.

A COBRA Election Form is available for downloading at www.bestlife.com, click on “Forms”.

COBRA is an employer law and it is your firm’s responsibility to ensure compliance. You should advise employees and dependents of these rights if their coverage is going to end. If you have any questions about whether or not the law applies to your firm, we suggest you contact your company’s legal counsel. If you have any questions about how to elect the continuation of benefits on COBRA, please call our Customer Service Department at **800.433.0088**.

State Mandated Continuation

Some states have their own continuation of coverage laws for employer groups of qualifying sizes and are not eligible for Federal COBRA. To find out if your group qualifies call our Customer Service Department for assistance at **800.433.0088**.

■ CLAIMS PAYMENTS

In most cases, a network provider will submit a claim on behalf of the enrolled employee or dependent. If an enrolled employee and dependent is required to submit a claim, they may obtain a claim form from our website at www.bestlife.com/Forms. Instructions on where to submit claims are printed on the

employee’s ID card, as well as on the claim form.

For assistance on submitting a claim or for questions about a claim, please contact our Claims Department at **800.433.0088**.

■ REPORTING OTHER CHANGES

BEST Life's website, www.bestlife.com, provides downloadable forms for reporting changes.

To report a name change for an employee, submit the change on an Employee Enrollment Form. If the employee's name is changing because of marriage, the employee will also need to either enroll the new spouse by using the Employee Enrollment Form, or waive coverage for the spouse using the Refusal of Coverage form.

To change the beneficiary on an employee's life plan, submit a Change of Beneficiary form to BEST Life.

To report a change of the company's address, please submit the address change in writing. If your company is moving, BEST Life may require verification that there is an active, on-going business of the same nature at the new address. This verification may be in the form of a valid business license, a State Quarterly Wage Report or other documentation deemed appropriate by BEST Life.

To report a change on the waiting period for new employees, send a letter to BEST Life specifying the new waiting period. The new waiting period will be effective on the first of the month following receipt of your letter and will only apply to employees hired full-time after the effective date of the new waiting period. Requests to change the waiting period may be made once a year.

■ MINIMUM ENROLLMENT REQUIREMENTS

BEST Life offers 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:

- ▶ Medical plans require a minimum of 2 employees enrolling
 - » For NV groups only, 1 employee enrolling is required as long as there is a minimum of 2 full-time employees, and 1 has waived for other coverage

Companies dropping below the minimum participation level as stated in their policy will be terminated at the end of the month in which they are no longer eligible.

- ▶ Employer-contributory dental plans require a minimum of 2 employees enrolling
- ▶ Voluntary dental plans require a minimum of 5 employees enrolling
- ▶ Vision plans require a minimum of 5 employees enrolling

Companies dropping below minimum participation level as stated in their policy will be terminated if additional employees are not enrolled and active for coverage within 2 months.

Companies failing to continually meet the minimum enrollment requirements indicated above will not be eligible to renew their BEST Life coverage, as of their next renewal date.

■ VALUE-ADDED SERVICES

Caremark Prescription Drug Benefits

BEST Life medical plans include Caremark Prescription benefits. Caremark's network has over 60,000 participating pharmacies nationwide and offers the option to refill prescriptions by mail. When employees enroll on a BEST Life medical plan, they will be issued a Caremark card with their Medical ID cards.

Our website includes Drug Claim Forms, Mail Order Forms and listing of preferred drugs covered by the plan.

Plan participants can also use the Caremark Web site, www.caremark.com, to view the most current version of the drug list, review their prescription drug benefit information, request mail service orders, and research drug information.

EyeMed Vision Discount Program

(for groups enrolled 2009 and onward)

An EyeMed Vision Discount plan is available to participants of Vision indemnity and qualifying dental/health plans. Discounts for exams, glasses, lens options and add-ons, contact lens and laser vision correction are included with no limitations on frequency, and through EyeMed's network. EyeMed has over 21,000 locations nationally, including LensCrafters®, Target Optical®, Sears Optical®, JC Penny OpticalSM and most Pearle Vision locations.

A summary of the discounts will be sent along with your BEST Life vision/medical ID cards. BEST Life ID cards will then be used to obtain discounts. To locate an EyeMed provider, log on to www.eyemedvisioncare.com.

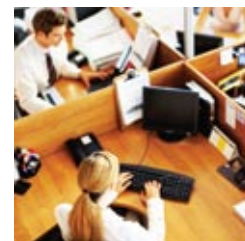
Outlook Vision Discount Card (for groups enrolled before 2009)

A Vision Discount Card is included with BEST Life's group vision plans and high deductible health plans – free of charge. Vision Discount Cards are sent as a separate mailing and you may receive these cards after BEST Life's medical and/or vision ID cards are issued.

Over 10,500 optical centers accept Outlook's Vision discount card and discounts can range from 10% to 50%. Visit www.outlookvision.com for more savings information and to locate a vision care provider in the Outlook network.

QualSight Lasik Benefit

All BEST Life enrolled employees and dependents are automatically eligible to receive 40 - 50% off the national average charge for laser eye surgery procedures administered by QualSight. To receive these discounts, your employees just call [877.507.4448](tel:877.507.4448) before seeing any LASIK provider. More information is provided at: <http://qualsight.com/-besthealth>. A downloadable PDF of QualSight's member brochure is also available on our website, www.bestlife.com, just click on "QualSight Lasik Benefit".





2505 McCabe Way
Irvine, CA 92614
www.bestlife.com

This Guide is for descriptive purposes only and does not constitute a contract. Your insurance broker may not waive or otherwise modify any conditions or limitations of your BEST Life and Health Insurance Company insurance plan. The exact benefits, limitations and exclusions of your plan, are referenced in the Certificate Booklet.