BEST Life™
BEST Life and Health Insurance Company

# BEST One

## Dental Base SILVER Plan

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** | $1,000 | |
| **Annual Deductible**<br>Applies to intermediate and major services. | You pay the first $50 for an individual, $150 per family. | You pay the first $75 for an individual, $225 per family. |
| **Basic Services**<br>Exams, cleanings, x-rays | You pay 0% | You pay 20% |
| **Intermediate Services**<br>Fillings, anterior and posterior composites, emergency palliative treatment, pathology | You pay 30%<br>After 6 month waiting period. | You pay 50%<br>After 6 month waiting period. |
| **Major Services**<br>Crowns and gold fillings, inlays, onlays and pontics, implants, fixed bridges, complete and partial dentures, oral surgery, anesthesia (general or IV sedation), periodontics, endodontics | Not Covered | Not Covered |

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<br>$700 for 2 or more children | $700 for 1 child<br>$1,400 for 2 or more children |
| **Annual Deductible**<br>Applies to Basic, Intermediate and Major services received in-network or out-of-network. | You pay the first $75 per child | |
| **Basic Services**<br>Exams, cleanings, sealants, fluoride treatment, x-rays, space maintainers, emergency palliative treatment | You pay 0% | You pay 20% |
| **Intermediate Services**<br>Fillings | You pay 40% | You pay 70% |
| **Major Services**<br>Crowns, periodontics, endodontics, prosthodontics, oral surgery, anesthesia (general or IV sedation), nitrous oxide, therapeutic parenteral drug, behavior management, hospital call, extended care facility call | You pay 50% | You pay 70% |
| **Orthodontic Services** *(Medically necessary)*<br>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% | You pay 70% |

This document provides a summary of the plan benefits only. For the official plan details and exclusions and limitations, please refer to the plan policy. BEST Life is a Qualified Dental Plan issuer in the Kansas Health Insurance Marketplace.

BESTOne Dental Base SILVER Plan

BEST Life has been providing great dental benefits for more than 50 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 265,000 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.™**

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## GENERAL EXCLUSIONS ON PEDIATRIC DENTAL PLAN

The following exclusions are not covered.

1. Services provided by anyone other than a doctor of medical dentistry or a doctor of dental surgery, unless a licensed hygienist performs the services under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a denturist.
2. Services received while on active duty with a military service of any country or international organization.
3. Services needed because of participation in a riot or insurrection or the commission of a felony.
4. Services for injuries or diseases occurring while in the course and scope of employment or related to your job to the extent you are covered or are required, by law, to be covered by the workers' compensation. If you enter into a settlement giving up you right to recover future benefits under a Workers' Compensation law, the Policy will not pay those benefits that would have been payable in absence of that settlement.
5. Services provided by an employer.
6. Services started before effective date. Examples of excluded services under this paragraph include but are not limited to obtaining an impression for an appliance, or a modification of one, before coverage; preparing a tooth for a crown, bridge or other lab fabricated restorations before coverage; opening a pulp chamber for root canal therapy before coverage.
7. Services not completed before termination date.
8. Services required because of failure to comply with professionally prescribed treatment.
9. Telephone consultation services.
10. Charges for Your failure to keep a scheduled appointment.
11. Services that are primarily for cosmetic reasons. Examples include alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
12. Services for orthodontic treatment and orthodontia type procedures unless this Policy defines those services as covered services.
13. Services received for or related to temporomandibular joint dysfunction (TMJ).
14. Charges in excess of the agreed to coverage amounts, as shown on the Schedule of Benefits.
15. Services for correction or alteration of occlusion, or any occlusal adjustments. Expenses incurred for night guards or any other appliances for the correction of harmful habits, except as defined as a covered dental expense.
16. Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
17. Charges for copies of records, charts, x-rays and any other costs associated with the forwarding or mailing of these copies, or for completing dental forms.
18. Charges for state or territorial taxes associated with dental services.
19. Charges for services received from two or more providers for a single procedure or course of care, if those charges would have been less if received from one provider and the decision was made to transfer care during the procedure or course of care.
20. Services that are experimental or investigational.
21. Service that are not within the scope of the treating provider's practice.
22. Services that are not medically necessary or that would not meet generally accepted standards of practice.
23. Charges that would not legally have to paid if the member did not have insurance, unless mandated by law.
24. Services for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
25. Charges for duplicate or provisional services or supplies.
26. Charges for plaque control programs, oral hygiene instruction, and dietary instructions.
27. Charges for gold foil restorations.
28. Charges for treatment at the hospital.
29. Service to adjust a denture or bridgework within six (6) months after it is installed or adjusted, by the same provider who installed or adjusted it.
30. Charges for home health aides, including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
31. Services to seal teeth, other than permanent molars.
32. Charges to replace lost, stolen or misplaced dentures.
33. Charges to repair or replace damaged, lost or missing appliances.
34. Services to fabricate an athletic mouth guard.
35. Charges for internal bleaching, nitrous oxide, oral sedation, and/or topical medicament centers.
36. Charges for bone grafts in connection with extractions, apicoetomies or non-covered or non-eligible implants.
37. Services received from a family member. "Family member" includes, but is not limited to, a lawful spouse, domestic partner, child, child of a domestic partner, parent, step-parent, grandparent, brother, sister, cousin of the first degree, or in-law.
38. Charges for a deductible, coinsurance, or other cost sharing amount for which the member is responsible.
39. Temporary services that are considered an integral part of a final services rather than a separate service.
40. Charges for veneers and related procedures.
41. Services not listed as a covered service.
42. Services received outside of the U.S.

## EXCLUSIONS ON ADULT DENTAL PLAN

The following exclusions are not covered.

1. Services provided by anyone other than a doctor of medical dentistry or a doctor of dental surgery, unless a licensed hygienist performs the services under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a denturist.
2. Services received while on active duty with a military service of any country or international organization.
3. Services needed because of participation in a riot or insurrection or the commission of a felony.
4. Services for injuries or diseases occurring while in the course and scope of employment or related to your job to the extent you are covered or are required, by law, to be covered by the workers' compensation. If you enter into a settlement giving up you right to recover future benefits under a Workers' Compensation law, the policy will not pay those benefits that would have been payable in absence of that settlement.
5. Services provided by an employer.
6. Services started before effective date. Examples of excluded services under this paragraph include but are not limited to the following: obtaining an impression for an appliance, or a modification of one, before coverage; preparing a tooth for a crown, bridge or other lab fabricated restorations before coverage; opening a pulp chamber for root canal therapy before coverage.
7. Services not completed before termination date.
8. Services required because of failure to comply with professionally prescribed treatment.
9. Telephone consultation services.
10. Charges for failure to keep a scheduled appointment.
11. Services that are primarily for cosmetic reasons. Examples include alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
12. Services for orthodontic treatment and orthodontia type procedures unless this policy defines those services as covered services.
13. Services received for or related to temporomandibular joint dysfunction (TMJ).
14. Charges in excess of the agreed to coverage amounts, as shown on the schedule of benefits.
15. Services for correction or alteration of occlusion, or any occlusal adjustments. Expenses incurred for night guards or any other appliances for the correction of harmful habits, except as defined as a covered dental expense.
16. Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
17. Charges for copies of records, charts, x-rays and any other costs associated with the forwarding or mailing of these copies, or for completing dental forms.
18. Charges for state or territorial taxes associated with dental services.
19. Charges for services received from two or more providers for a single procedure or course of care, if those charges would have been less if received from one provider and the decision was made to transfer care during the procedure or course of care.
20. Services that are experimental or investigational.
21. Service that are not within the scope of the treating provider's practice.
22. Services that are not medically necessary or that would not meet generally accepted standards of practice.
23. Charges that the member would not legally have to pay if they did not have insurance, unless mandated by law.
24. Services for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
25. Charges for duplicate or provisional services or supplies.
26. Charges for plaque control programs, oral hygiene instruction, and dietary instructions.
27. Charges for gold foil restorations.
28. Charges for treatment at the hospital.
29. Service to adjust a denture or bridgework within six (6) months after it is installed or adjusted, by the same provider who installed or adjusted it.
30. Charges for home health aides, including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
31. Services to seal teeth, other than permanent molars.
32. Charges to replace lost, stolen or misplaced dentures.
33. Charges to repair or replace damaged, lost or missing appliances.
34. Services to fabricate an athletic mouth guard.
35. Charges for internal bleaching, nitrous oxide, oral sedation, and/or topical medicament centers.
36. Charges for bone grafts in connection with extractions, apicoetomies or non-covered or non-eligible implants.
37. Services received from a family member. "Family member" includes, but is not limited to, a lawful spouse, domestic partner, child, child of a domestic partner, parent, step-parent, grandparent, brother, sister, cousin of the first degree, or in-law.
38. Charges for a deductible, coinsurance, or other cost sharing amount for which the member is responsible.
39. Temporary services that are considered an integral part of a final services rather than a separate service.
40. Charges for veneers and related procedures.
41. Services not listed as a covered service.
42. Services received outside of the U.S.