



National
(excludes CA & UT)

BEST  **Life**™

BEST Life and Health Insurance Company



Dental



Vision



Life



Disability





Why BEST?

BEST Life provides competitive, best in class, affordable, dental, vision, life and disability insurance plans to small and large employers in 39 states. We have been in business for over 50 years and in that time, built a reputation for our superior service, rapid claims payment, and quality plans.

Our plans are designed to maximize flexibility. Every employer is different. We understand the importance of tailoring to the specific needs of each employer. One of our keys strengths is having the agility and power to move quickly. We pride ourselves on our ability to provide customized plan designs to meet the specific needs of each employer.



Financial Stability

AM Best

AM Best assesses ratings to insurance companies to provide an opinion of their financial strength and ability to meet ongoing obligations to policyholders. These ratings come from an in-depth evaluation of a company's balance sheet strength, operating performance and business profile.

AM Best's Capital Adequacy Ratio (BCAR) is the methodology behind how they do this. BCAR calculates the net required capital to support the financial risks of the company. They look at the exposure of assets and underwriting to adverse economic and market conditions. Then they compare it all to the economic capital.

Our BCAR score is 222%. And when we compare this score to AM Best BCAR Guidelines above, it shows our rating has an implied strength of A++.

Life/Health BCAR Guidelines

BCAR	Implied Balance Sheet Strength
Secure:	
175%	A++
160%	A+
145%	A
130%	A-
120%	B++
110%	B+
100%	B
90%	B-
80%	C++
70%	C+

BEST Life










Dental

We maintain a variety of affordable plans to fit many budgets. We offer both Dental PPO and Indemnity plans for businesses with two or more employees. You'll find great rates, vast networks and the same superior customer service.

More Choice. More Savings.

Members have the freedom to choose any dental provider of their choice, plus get additional cost-savings with access to our national and regional networks.

Network	States of Coverage	Products/Plans
 DENTEMAX	National	PPO and Indemnity
 Diversified Dental Services, Inc.	NV	PPO and Indemnity
 Maroon Dental Network	IN	PPO and Indemnity
 TDA Total Dental Administrators	AZ*	PPO and Indemnity
 Connection DENTAL	DC, FL, MD, MO, NE, PA and TX**	PPO Plans Only

*Network available for PPO plans only.

**Network available for MAC plans only

Supplemental Dental Accident Benefit

Every BEST Life dental plan automatically includes a separate dental accident benefit that provides coverage of up to \$1,000 per incident for injuries to sound, natural teeth. Plus, this benefit does not count toward the calendar year maximum.

Implant Coverage

All dental plans that provide coverage for Major Services will automatically have implant coverage included.

No Waiting Periods

Waiting periods for Major Services and Child Orthodontia are automatically waived for groups with 10 or more enrolling employees.

Good Vision Benefit for Children

Every dental plan automatically includes special vision benefits for children. You get 50% of UCR coverage for an eye exam once every 12 months for eligible dependent children through age 18.

Annual Enrollment Period

All groups have open enrollment once a year which begins one month prior to the renewal date.

Bundling Discounts

Bundle two or more lines of coverage with 5 or more enrolling employees on each plan and receive up to a 5% dental discount (new group enrollments only).

Census Enrollments

No need to have every employee fill out an individual application. Groups can be enrolled with a master application and an enrollment spreadsheet. No employee signatures necessary.





Dental Indemnity Plan Summary

Employer sponsored available to groups of 2+ enrolling employees

Voluntary available to groups of 5+ enrolling employees

Benefits	High Plan	Mid Plan	Basic Plan
Calendar Year Maximum	\$3,000*	\$3,000*	\$3,000*
	\$2,500	\$2,500	\$1,500
	\$2,000	\$2,000	\$1,000
	\$1,500	\$1,500	\$500
	\$1,000	\$1,200	
		\$1,000	
Calendar Year Deductible (3 per family max)	\$0, \$25, \$50, \$75 or \$100 Waived on Preventive Services		
Class I: Preventive Services Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	100%	100%
Class II: Basic Services Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	80%	80%
Class III: Major Services Crowns & gold fillings, inlays, onlays and pontics, fixed bridges, implants, complete & partial dentures.	60%	50%	0%
Endodontics	Class II or Class III		
Periodontics	Class II or Class III		
Waiting Periods Automatically waived for groups with 10+ enrolling employees.	12 month waiting period applies to major and orthodontic services Groups enrolling 5-9 employees may qualify for waiver with prior coverage.		None
Special Dental Accident Benefit	\$1,000 maximum per accident to sound, natural teeth		
Out-of-Network Reimbursement	UCR at 80th or 90th Percentile or MAC MAC available in AZ, CA, NV and TX		
Orthodontics Option	50%		Not offered
Child Only Orthodontic Benefit Option Child Orthodontia is available for groups with 5 or more employees enrolled. (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum		
Adult/Child Orthodontia Benefit Option Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolled.	\$1,000 Lifetime / \$500 Calendar Year Maximum		
Children’s Good Vision Benefit	Covers 50% of UCR for an eye exam once every 12 months for children through age 18		

Available in AK, AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, VA, WA and WY.

* Not available in all states

MAC available in AZ, CA, NV and TX.

Effective January 1, 2014: the ACA requires coverage of the 10 Essential Health Benefits with specific pediatric dental components for children 0-18 that are not included in this plan.



Dental PPO Plan Summary

Employer sponsored available to groups of 2+ enrolling employees

Voluntary available to groups of 5+ enrolling employees

Benefits	High Plan		Mid Plan		Basic Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$3,000*	\$2,500*	\$3,000*	\$2,500*	\$1,500	\$1,500
	\$2,500	\$2,000	\$2,500	\$2,000	\$1,000	\$1,000
	\$2,000	\$1,500	\$2,000	\$1,500	\$500	\$500
	\$1,500	\$1,000	\$1,500	\$1,000		
	\$1,000	\$1,000	\$1,000	\$1,000		
Calendar Year Deductible (3 per family max)	\$0, \$25, \$50, \$75 or \$100 Waived on Preventive Services					
Class I: Preventive Services Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	100%	100%	80%	100%	80%
Class II: Basic Services Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	80%	80%	80%	80%	50%
Class III: Major Services Crowns & gold fillings, inlays, onlays & pontics, fixed bridges, implants, complete & partial dentures.	60%	50%	50%	50%	0%	0%
Endodontics	Class II or Class III					
Periodontics	Class II or Class III					
Waiting Periods Automatically waived for groups with 10+ enrolling employees.	12 month waiting period applies to major and orthodontic services Groups enrolling 5-9 employees may qualify for waiver with prior coverage.				None	
Special Dental Accident Benefit	\$1,000 maximum per accident to sound, natural teeth					
Out-of-Network Reimbursement	UCR at 80th or 90th Percentile or MAC MAC available in AZ and NV					
Orthodontics Option	50%				Not offered	
Child Only Orthodontic Benefit Option Child Orthodontia is available for groups with 5 or more employees enrolled. (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum					
Adult/Child Orthodontia Benefit Option Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolled.	\$1,000 Lifetime / \$500 Calendar Year Maximum					
Children’s Good Vision Benefit	Covers 50% of UCR for an eye exam once every 12 months for children through age 18					

Available in AZ, DC, FL, IL, IN, MD, MI, MO, NE, NV, OH and PA.

* Not available in all states

MAC is available in AZ and NV.

Effective January 1, 2014: the ACA requires coverage of the 10 Essential Health Benefits with specific pediatric dental components for children 0-18 that are not included in this plan.



Dental Guidelines

Contribution

Employer-sponsored: 50% and above (EE) and 0% and above (dependents).

Voluntary: not applicable.

Participation

Employer-sponsored (2-4): 100% employee participation.

Employer-sponsored (5+): 60% employee participation.

Voluntary (5+): 20% employee participation.

Employer-sponsored rates available for voluntary groups who demonstrate above 60% employee participation.

Note: Employees with other group dental coverage do not count towards participation requirements. Dependent participation not required.

Child and Adult Orthodontia

Child orthodontia available with a \$1,000 or \$1,500 lifetime maximum for groups of 5 or more employees enrolled.

Plans with a \$1,500 lifetime maximum for ortho have a \$750 calendar year maximum. There is a \$500 calendar year maximum for plans with a \$1,000 lifetime maximum for orthodontia.

Adult and child orthodontia with a \$1,000 lifetime maximum is available on high and mid plans for employer-sponsored groups of 25 or more employee enrolled.

Orthodontic benefits are not offered on basic plans.

Dual Choice

Available to groups of 10 or more employees enrolled. Minimum of 5 employees enrolled in each plan.

Administration Fees

\$20.00 monthly fee applies to groups of less than 5 employees enrolling. No administration fees apply for groups of 6 or more employees enrolled.

Waiver of Waiting Periods

Employer-sponsored groups of 2-4 enrolling employees and groups who do not meet the qualifying terms below are not eligible for the waiting period waiver and will have a 12-month wait on all Class III major and Class IV orthodontic services. Voluntary plans are not available for groups with 2-4 enrolling employees. Waiting periods for major and orthodontic services are waived for:

Employer-sponsored and Voluntary		
Group Size	Requirements	Applies To
5-9	Proof of 12 consecutive months of comparable prior group coverage.	EEs with 12 consecutive months of comparable coverage on prior group plan.
10+	No requirements other than group size.	All EEs including new hires.



Vision

An eye exam does more than check eyesight – it can also diagnose diseases in their early stages. Early symptoms for high blood pressure, cardiovascular disease, diabetes and multiple sclerosis can all be screened for in an eye exam.

Vision Plans with Great Value

Vision plans are not only perfect for employers looking to add value to their ancillary benefits program, they also offer affordability and promote wellness. BEST Life offers two vision products – a PPO plan and a true indemnity plan fully-insured by BEST Life and Health Insurance Company.

Both vision products are available as employer-sponsored and voluntary. There are no waiting periods. Both plans include annual open enrollment and can be written as stand-alone coverage. Together these products provide a well-balanced benefits portfolio for your business.

BEST Life Vision Indemnity

For groups who want access to any provider, these vision plans offer more frequency options, yearly deductible options, and provide comprehensive coverage.

BEST Life Vision PPO

These comprehensive plans have an in-network benefit and include coverage for additional lens options like UV coating, tints, polycarbonates, and scratch resistance.





Vision Indemnity Plan Summary

Employer sponsored and Voluntary available to groups with 5+ enrolling employees.

Plan Features

- Employer-sponsored and voluntary plans available
- No waiting periods
- Access to care from any licensed ophthalmologist or optometrist
- Contacts in lieu of OR in addition to frames and lenses
- EyeMed discount program included for discounts off the regular retail price of eyeglasses, contact lenses, sunglasses and corrective surgery
- QualSight® LASIK laser vision correction discounts

Plan Design Options	1	2	3	Frequency Options (Months)			
Yearly Deductible Options	\$0, \$10 or \$25			A	B	C	D
Exam Allowance	\$60	\$60	\$60	12	12	12	12
Lens Allowances							
Single	\$35	\$45	\$55	12	12	12	24
Bi-focal	\$55	\$65	\$75				
Tri-focal	\$65	\$75	\$85				
Frames Allowance	\$80	\$100	\$115	12	24	24	24
Elective Contact Lenses Allowance	\$125	\$125	\$125	12	12	24	24
Medically Necessary Contact Lenses Allowance	\$200	\$200	\$200	12	12	24	24

Available in AK, AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT VA, WA and WY.



Vision PPO Plan Summary

Employer sponsored and Voluntary available to groups of 5+ enrolling employees.

Plan Features

- EyeMed's Access network of more than 50,000 vision care providers nationally
- Network includes optometrists, ophthalmologists, opticians, private practices and optical retailers: LensCrafters®, Target Optical®, Sears OpticalSM, JC Penney Optical® and most Pearle Vision locations
- Plan allows member to receive either contacts and frame, or frame and eyeglass lens services
- 15% off retail price for Laser Vision Correction included
- Materials only plans available upon request

Frequency (by months)			
Plan Option	Exams	Frames	Lenses/Contacts
A	12	12	12
B	12	24	12

Benefits	1		2		3	
	In-Network Member Costs	Out-of-Network Allowance	In-Network Member Costs	Out-of-Network Allowance	In-Network Member Costs	Out-of-Network Allowance
Exam <small>With Dilation as necessary</small>	\$10 Co-pay	Up to \$42	\$10 Co-pay	Up to \$42	\$10 Co-pay	Up to \$42
Standard Fit & Follow-Up	\$0 Co-pay	Up to \$40	Up to \$55 Co-pay	Not Covered	Up to \$55 Co-pay	Not Covered
Frames <small>(Any available frame at provider location)</small>	80% of Balance over \$130	Up to \$65	80% of Balance over \$130	Up to \$65	80% of Balance over \$100	Up to \$50
Lenses						
Single Vision	\$10 Co-pay	Up to \$35	\$25 Co-pay	Up to \$35	\$25 Co-pay	Up to \$35
Bi-focal	\$10 Co-pay	Up to \$40	\$25 Co-pay	Up to \$40	\$25 Co-pay	Up to \$40
Tri-focal	\$10 Co-pay	Up to \$65	\$25 Co-pay	Up to \$65	\$25 Co-pay	Up to \$65
Standard Progressive	\$75 Co-pay	Up to \$40	\$90 Co-pay	Up to \$40	\$90 Co-pay	Up to \$40
Premium Progressive	\$75 Co-pay, 80% of Balance over \$120	Up to \$40	\$90 Co-pay, 80% of Balance over \$120	Up to \$40	\$90 Co-pay, 80% of Balance over \$120	Up to \$40
Lens Options						
UV Coating	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Tint (Solid and Gradient)	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Standard Scratch-resistant	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Standard polycarbonate	\$40 Co-pay	Not Covered	\$40 Co-pay	Not Covered	\$40 Co-pay	Not Covered
Standard anti-reflective coating	\$45 Co-pay	Not Covered	\$45 Co-pay	Not Covered	\$45 Co-pay	Not Covered
Other add-ons and services	80% of Balance	Not Covered	80% of Balance	Not Covered	80% of Balance	Not Covered
Contact Lenses						
Elective - Conventional	85% of Balance over \$130	Up to \$104	85% of Balance over \$130	Up to \$104	85% of Balance over \$115	Up to \$92
Elective - Disposable	Balance over \$130	Up to \$104	Balance over \$130	Up to \$104	Balance over \$115	Up to \$92
Medically Necessary Contacts	\$0 Co-pay Paid in Full	Up to \$200	\$0 Co-pay Paid in Full	Up to \$200	\$0 Co-pay Paid in Full	Up to \$200

Available in AK, AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA and WY. Network and call center administered by EyeMed Vision Care, LLC, a Delaware Limited Liability Company. Claims administration provided by First American Administrators, Inc., an Arizona corporation and licensed Third Party Administrator. Billing and eligibility administered by BEST Life and Health Insurance Company and licensed Third Party Administrator. Billing and eligibility administered by BEST Life and Health Insurance Company.



Group Term Life insurance provides valuable and affordable financial protection for employees and their families during times of loss, illness or injury. Our policies are customizable for employer-sponsored or voluntary groups with various AD&D options and Guarantee Issue amounts. We can provide multiple levels of coverage that are just right for any size group.

BASIC LIFE PLANS:

Employer-Contributory Group Life for groups of 2 or more enrolling employees.

- Flat, Class or Salaried schedules with guarantee issue amounts available
- Dependent coverage is available for all levels of coverage
- Flexible AD&D options can be tailored according to the group plan needs
- Automatic 2-year rate guarantees included on all plans
- Choose from two different age reduction schedules

VOLUNTARY LIFE PLANS:

Voluntary Group Life for groups of 5 or more enrolling employees.

- No employer-contribution is required
- Flat guarantee issue amounts by group size
- Flexible AD&D plans can be tailored according to the groups needs
- Dependent coverage is available on all plans
- Automatic 2-year rate guarantees included on all plans
- Can be purchased as a stand-alone plan or in addition to the Basic Life plan





Term Life Plan Summary

Employer-sponsored plans available for groups of 2+ enrolling employees.

Voluntary plans available for groups of 5+ enrolling employees.

Benefits	Basic Life Plans	Voluntary Life Plans
Employer Contribution	25 – 99% <i>*100% contribution requires 100% enrollment</i>	0%
Participation	Group Size: <ul style="list-style-type: none"> 2-4 Enrolling Employees: 100% participation required 5+ Enrolling Employees: 75% participation required 	Group Size: <ul style="list-style-type: none"> Minimum Participation: Greater of 5 enrolling employees or 15% of total employees enrolling.
Life Schedules	Flat Schedule Class Schedule Salaried Schedule	N/A
Guarantee Issue <i>(Amounts in excess of the Guarantee Issue are subject to Evidence of Insurability for those that qualify)</i>	Group Size: <ul style="list-style-type: none"> 2-4 Enrolling Employees: \$5,000 increments up to \$20,000 5-9 Enrolling Employees: \$5,000 increments up to \$50,000 10+ Enrolling Employees: \$5,000 increments up to \$500,000 for qualifying groups 	Group Size: <ul style="list-style-type: none"> 5-9 Enrolling Employees: \$10,000 or \$15,000 with EOI 10-74 Enrolling Employees: \$5,000 increments up to \$100,000 75+ Enrolling Employees: \$5,000 increments up to \$150,000
Dependent Life Coverage	All Group Sizes: <ul style="list-style-type: none"> Spouse: \$5,000 or \$10,000 Child 6 months to 26 years old: \$5,000 or \$10,000 Child 14 days to 6 months old: \$1,000 Child 0 days to 13 days old: \$500 	Spouse Coverage: <ul style="list-style-type: none"> 10-74 Enrolling Employees: Flat \$25,000 75+ Enrolling Employees: Flat \$30,000 Child(ren) Coverage: (all group sizes) <ul style="list-style-type: none"> 6 months to 26 years old: \$5,000 or \$10,000 14 days to 6 months old: \$1,000 0 days to 13 days old: \$500
Age Reductions <i>(From original amount)</i>	Two Options: <div> Standard Age Reduction Age 65 = 35% Age 70 = 50% Age 75 = 65% Age 80 = 80% </div> <div> Single Age Reduction Age 70 = 35% </div>	
AD&D Option <i>(Employees Only, or Employees and Dependents)</i>	Three Options: <ol style="list-style-type: none"> No AD&D Coverage AD&D Standard: Paralysis Extension, Disappearance & Exposure, Repatriation of Remains, Seat Belt / Air Bag benefits. AD&D Enhanced: Standard AD&D Plan plus Coma, Common Carrier, Bereavement Counseling, Education (spouse & child), Childcare, Emergency Medical Evacuation, and Companion Travel benefits. 	
Accelerated Death Benefit <i>(Available for groups of 10 or more enrolling employees only)</i>	Allows up to 75% of a maximum \$250,000 benefit to be paid prior to the death of the participant.	
Additional Plan Features	Waiver of Premium to Age 60 Conversion	

Available in: AK, AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WY

*Accelerated Death Benefit not available in: FL, LA, MO, MT, OR, VA and WA

The following industries are not eligible for Life coverage through BEST Life:

Mining (SIC: 1011-1500)
Sports (SIC 794X)

Airlines (SIC 4512-4581)
Oil/Gas (SIC 13XX, 46XX)

Chemical Processing (SIC 287X-2899)



Short Term Disability

BEST Life Short Term Disability is designed to provide coverage for non-work related injuries or sickness.

We offer a variety of options to meet the needs of your employer groups:

- Employees returning to work faster and bringing a company's productivity back on track.
- Worry-free coverage for recurrent disabilities.
- Financial security and greater peace of mind for everyone.

BEST Life Short Term Disability

Groups Sizes of 5+ enrolling employees

Short term disability plans are a great way to protect valued employees from the loss of income due to an injury or sickness. The benefits of offering short term disability include:

- Create your own employer-sponsored or voluntary plan
- Add maternity or partial disability benefits.
- Increased benefits available for groups with more than 50 employees enrolling.

Flexibility on Voluntary and Employer-Sponsored Plans

Creating your own short term disability plan is easy. By selecting the benefits you want, you can provide your clients with more choices and flexibility.

Maternity Coverage (Optional)

Eligible employees can use their short term disability benefits when they take maternity leave.

Partial Disability Coverage (Optional)

This benefit provides employees an incentive to return to work by paying them the full benefit amount in addition to their current weekly earnings.





Short Term Disability Plan Summary

Employer sponsored and Voluntary available to groups of 5+ enrolling employees.

Benefits	Employer-sponsored	Voluntary	Custom Groups (50+ Employees Enrolling)
Minimum Participation and Contribution Requirements	100% contribution requires 100% eligible employee enrollment. 25% - 99% contribution requires 75% eligible employee enrollment.	No employer contribution required. A minimum 25% of eligible employee enrollment.	Employer-sponsored: 100% contribution requires 100% eligible employee enrollment. 25% - 99% contribution requires 75% eligible employee enrollment. Voluntary: No employer contribution required. A minimum of 25% of eligible enrolling.
Benefit Choices	Percentage of Salary: 60%, 67% or 70% Or Flat Amount: \$250 up to \$1,000 per week		
Maximum Weekly Benefit	Up to \$1,500	Up to \$1,500	Up to \$2,500
Minimum Weekly Benefit	\$25	\$25	\$10 to \$100
Maximum Period of Payments Benefit duration.	13 weeks 26 weeks	13 weeks 26 weeks 52 weeks	13 weeks 26 weeks 52 weeks
Elimination Period	0/7 7/7 14/14 29/29		
Additional Options	Partial Disability Maternity Pre-existing Condition Limitation	Maternity Pre-existing Condition Limitation	Partial Disability Maternity Pre-existing Condition Limitation
Rate Guarantee	2 years	2 years	2 years 3 years

Available in AR, DC, HI, ID, IL, IN, KY, NE, NM, MO, MS, OH, PA, SC, SD, TX, UT, and WY.



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