



BEST Life and Health Insurance Company

CONTACT INFORMATION

Member Support, Customer Service & Commissions	800-433-0088 cs@bestlife.com
Billing	BEST Life and Health Insurance Co. P.O. Box 19721 Irvine, CA 92623-9721
Claims	BEST Life and Health Insurance Co. 800-433-0088 P.O. Box 890 Fax 208-893-5040 Meridian, ID 83680 Email: cs@bestlife.com
Add-ons/Terminations	Fax: 949-724-1603 Email: changes@bestlife.com or Online Broker Portal: https://www.bestlife.com/brokers
Sales and Product Information	Phone: 800-237-8543 Quote Request: quotes@bestlife.com Website: www.bestlife.com
Broker Relations	Phone: 800-237-8543

NEVADA COVERAGE

Nevada PPO Counties	All counties
Nevada Indemnity Counties	All counties

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	There is no minimum
What states are allowed (or not allowed) for out-of-state coverage?	All states allowed
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO in 14 states. Indemnity in 39 states.
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	Rates are based on NV employer ZIP Code. Note: Rates are blended for groups with more than 50% out of state.
Any other rules, restrictions, or guidelines not mentioned	N/A

DUAL OPTION (MIX & MATCH)

Boxes containing a number indicate that these coordinate plans offered by this carrier can be written together to create a dual option package. The number indicates the minimum enrollment required on each of the coordinate plans. Blank boxes indicate which plans cannot be written together

BEST PPO & IndemnityPlus		
	PPO (All)	IndemnityPlus (All)
PPO Dental	5	5
IndemnityPlus	5	5

Minimum 10 employees must enroll in order for group to be eligible for Dual Option. A minimum of 5 must enroll on either plan.

PROVIDER NETWORKS

PPO and Indemnity Networks	Diversified Dental Services (Nevada) www.ddsppo.com DenteMax (National) www.dentemax.com Please note: BEST Life offers access to both networks for PPO and Indemnity plans
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RATING INFORMATION

Group Size	<i>Employer-Sponsored: 2+ Voluntary: 5+</i>
Rate Guarantee	<i>1 year; 2 year rate guarantee for groups of 10+ employees enrolling when available.</i>
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size	
	<i>Employer-Sponsored 2+</i>	<i>Voluntary Plans 5+</i>
Employees	50%	N/A
For Dependents	N/A	N/A
% of Total Cost	N/A	N/A

PARTICIPATION

VOLUNTARY

	Group Size	
	2-4	5+
Employees	N/A	20% <i>On groups where Employer contributes 100%, 100% participation required</i>
Dependents	N/A	N/A

EMPLOYER-SPONSORED

Employees	100%	60% <i>On groups where employer contributes 100%, 100% participation required</i>
Dependents	N/A	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

Three options available:

1. 90th UCR.
2. 80th UCR.
3. MAC

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	Yes—Dental Offices
Virgin groups eligible?	Yes
Wage & tax reports required?	No—only required for groups enrolling less than 5 employees

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Yes—if group has a carve out in place with prior dental carrier. (Minimum of 5 enrolling required)
Management/Non-management?	Yes—if group has carve out in place with prior dental carrier. (Minimum of 5 enrolling required)
Union/Associations?	No
Minimum group size	Minimum of 2 enrolling employees for employer-sponsored plans only, regardless of prior coverage. Waiting periods may apply.

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Employer Contributory:

2-4 Enrolled - Will have a 12 month wait on Major Services regardless of prior group coverage.
5-9 Enrolled - 12 month wait on Major Services WAIVED but need to show proof of 12 consecutive months of comparable prior group coverage.
10+ Enrolled - Have no wait on Major Services and no proof of prior group coverage needed.

Voluntary:

2-4 - N/A
5-9 Enrolled - 12 month wait on Major Services WAIVED, but will need to demonstrate proof of 12 months of prior group coverage.
10-24 Enrolled and Over 50% - Participation Wait on Major Services WAIVED but will need to demonstrate proof of comparable prior group coverage.
10-24 Enrolled and Less than 50% - Participation will need to demonstrate proof of 12 consecutive months of comparable prior group coverage.
25+ Enrolled - Have no wait on Major Services and no proof of prior group coverage needed.

SPECIAL CONSIDERATIONS

- Any voluntary group that can demonstrate a 61% participation or greater employee enrollment rate will be eligible to have the lower Employer Contributory rates as a reward.
- Implants covered in mid and high plans.
- Mid-month Effective Dates - 1st of month and 15th of month effective dates are offered.
- Supplemental Dental Accident Benefit - Covers up to \$1,000 per accident to sound and natural tooth. Does not count toward annual maximum.
- Children's Good Vision Benefit - Covers 50% of eligible expenses for dependent children with ortho coverage.
- Bundling Discounts - Save an additional 2-5% on dental with purchase of vision and/or life.