

Quote Type  
Dental

Prepared For  
test11  
53705021  
Dallas, TX

Prepared By  
365 Health Plans Inc

BEST Life and Health Insurance Company  
[www.bestlife.com](http://www.bestlife.com)  
PO Box 19721  
Irvine, CA 92623  
(800) 237-8543

The estimated premiums in this illustration are based on the carrier's current premium scale. This quote is specific for the information provided for the effective date quoted. Any changes to information and or effective date may result in changes in the premium quoted. The rates and information herein are considered to be accurate; however, final rates and benefits will be determined at the time of approval by the underwriting carrier.



BEST Life and Health Insurance Company

test11 53705021, TX 75202

Industry SIC Code 1094

Date Quote Prepared 09/25/2022

## Plan Comparison

Benefit Summary	Custom - Indemnity 100 80 50 OLD TIER Quote No 1 Effective Date 10/01/2022 DenteMax Overlay
	Schedule of Benefits
Preventive Care Services	100%
Basic Services	80%
Major Services	50%
Employer Contributory or Voluntary	Voluntary
Calendar Year Maximum	\$2000
Calendar Year Deductible	\$100
Usual and Customary Reimbursement	90th
Oral Surgery Services	Basic
Endodontic Services	Major
Periodontic Services	Major
Special Dental Accident Benefit	\$1000 maximum per accident

Premium Summary	
1. Employee Only	\$40.23
2. Employee & Spouse	\$80.47
3. Employee & Child(ren)	\$86.38
4. Employee & Family	\$124.60
Total	\$619.23
Monthly Premium	\$619.23
Monthly Total	\$619.23
First Month's Total	\$619.23



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## Plan Details

Benefit Summary	Custom - Indemnity 100 80 50 OLD TIER Quote No 1 Effective Date 10/01/2022 DenteMax Overlay
	Schedule of Benefits
Preventive Care Services	100%
Basic Services	80%
Major Services	50%
Employer Contributory or Voluntary	Voluntary
Calendar Year Maximum	\$2000
Calendar Year Deductible - Deductible Waived on Preventive Care Services.	\$100
Usual and Customary Reimbursement	90th
Oral Surgery Services	Basic
Endodontic Services	Major
Periodontic Services	Major
Special Dental Accident Benefit	\$1000 maximum per accident

Premium Summary	Census	
1. Employee Only	2	\$40.23
2. Employee & Spouse	3	\$80.47
3. Employee & Child(ren)	2	\$86.38
4. Employee & Family	1	\$124.60
Total	8	\$619.23
First Month's Total		\$619.23