



BEST Life and Health Insurance Company

Advanced Spine & Wellness 53650585, NV 89060
Industry SIC Code 8011

Date Quote Prepared 07/27/2020

Plan Comparison

| Benefit Summary | PPO Mid 100 80 50 - NV Quote No 1 Effective Date 09/01/2020 Diversified Dental Services (DDS) |
|---|--|
| | In-Network Out-of-Network |
| Preventive Care Services | 100% 80% |
| Basic Services | 80% 80% |
| Major Services | 50% 50% |
| Employer Contributory or Voluntary | Employer Contributory |
| Calendar Year Maximum | \$2000 \$1500 |
| Calendar Year Deductible | \$50 |
| Usual and Customary Reimbursement | MAC |
| Endodontic Services | Basic |
| Periodontic Services | Basic |
| Special Dental Accident Benefit | \$1000 maximum per accident |
| Child(ren) Orthodontic Benefits - NV | Yes |
| Orthodontic Services | 50% |
| Children's Good Vision Benefit | Orthodontic Services Coinsurance Applies |
| Orthodontic Maximums - Calendar Year Lifetime | \$750 \$1500 |

| Premium Summary | |
|--------------------------|----------|
| 1. Employee Only | \$41.73 |
| 2. Employee & Spouse | \$85.15 |
| 3. Employee & Child(ren) | \$123.22 |
| 4. Employee & Family | \$178.63 |
| Total | |
| Monthly Premium | |
| Monthly Total | |
| First Month's Total | |