

Quote Type
Dental

Prepared For
Rainbow Senior Living
53742577
Great Falls, MT

Prepared By
Brent Leavitt

BEST Life and Health Insurance Company
www.bestlife.com
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Meridian, ID 83680-3023
(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

Rainbow Senior Living 53742577, MT 59404

Industry SIC Code 8361

Date Quote Prepared 09/04/2025

Plan Comparison

Benefit Summary	Indemnity Mid 100 80 50 Quote No 1 Effective Date 10/01/2025 DenteMax Overlay
	Schedule of Benefits
Preventive Care Services	100%
Basic Services	80%
Major Services	50%
Employer Contributory or Voluntary	Voluntary
Calendar Year Maximum	\$1500
Calendar Year Deductible	\$50
Usual and Customary Reimbursement	80th
Oral Surgery Services	Basic
Endodontic Services	Basic
Periodontic Services	Basic
Special Dental Accident Benefit	\$1000 maximum per accident

Premium Summary	
1. Employee Only	\$41.97
2. Employee & Spouse	\$81.80
3. Employee & Child(ren)	\$94.43
4. Employee & Family	\$136.40
Total	\$165.74
Monthly Premium	\$165.74
Monthly Total	\$165.74
First Month's Total	\$165.74



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Plan Details

Benefit Summary	Indemnity Mid 100 80 50 Quote No 1 Effective Date 10/01/2025 DenteMax Overlay
	Schedule of Benefits
Preventive Care Services	100%
Basic Services	80%
Major Services	50%
Employer Contributory or Voluntary	Voluntary
Calendar Year Maximum	\$1500
Calendar Year Deductible - Deductible Waived on Preventive Care Services.	\$50
Usual and Customary Reimbursement	80th
Oral Surgery Services	Basic
Endodontic Services	Basic
Periodontic Services	Basic
Special Dental Accident Benefit	\$1000 maximum per accident

Premium Summary	Census	
1. Employee Only	2	\$41.97
2. Employee & Spouse	1	\$81.80
3. Employee & Child(ren)	0	\$94.43
4. Employee & Family	0	\$136.40
Total	3	\$165.74
First Month's Total		\$165.74



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This is a quote for insurance. All policy provision, limitations and exclusions apply and may be found in the Certificate of Insurance. Final rates are based upon actual enrollment and determined in Underwriting.

DENTAL PLAN GUIDELINES

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

Employer-sponsored (2-4 Enrolling Employees): 100% participation

Employer-sponsored (5+ Enrolling Employees): 60% participation

Voluntary (Minimum 5+ Enrolling Employees): 20% participation

EMPLOYER-CONTRIBUTION: (100% contribution requires 100% employee enrollment)

Employer-sponsored: 50% and above for employees and 0% for dependents.

Voluntary: 0% for employees and dependents.

WAIVER OF WAITING PERIODS:

Group Size 2-4 Enrolling Employees: 12-month waiting period applies to all Major and Orthodontia services.

Group Size 5+ Enrolling Employees: No waiting periods apply.

DUAL-CHOICE: Available to groups of 10 or more enrolling employees

Minimum of 5 employees are required to enroll on each plan.

Plans must have different coinsurance and calendar year maximum options.

OUT-OF-STATE EMPLOYEES: Rates blended for groups with more than 50% of enrolling employees located in other states. If applicable to group, provide zip code information for each employee and contact quotes@bestlife.com for quotes.

LATE ENTRANTS: If an employee or dependent enrolls for coverage 31 days or more after becoming eligible, they are considered a late entrant and only eligible for:

Preventative Services: No Waiting Period

Basic Services: 3 months from effective date

Major Services & Orthodontia: 12 months from effective date

ADVANCE NOTICE OF DENTAL TREATMENT: Any course of treatment a provider estimates to be in excess of \$500 must be reported for predetermination prior to treatment. A predetermination is an estimate of how benefits are processed.

QUARTERLY WAGE REPORT: Required upon enrollment for groups with less than 5 enrolling employees. If no QWR available, contact brokerservice@bestlife.com for other acceptable proof of ownership and employee eligibility forms.

NEW GROUP ENROLLMENT: Contact your sales representative or email brokerservice@bestlife.com for enrollment forms or questions.