

BEST Life Employer Administration Contact Sheet

We pride ourselves on superior customer service, rapid claims payment, and the quality health plans that have remained BEST Life trademarks.

Customer Service

Phone: 800.433.0088

Fax: 208.893.5040

Email: groupservice@bestlife.com

Monday - Friday | 5 am- 5 pm PST

Premium Payments

Mail: BEST Life and Health Insurance Company

PO Box 19721

Irvine, CA 92623-9721

Claims

Phone: 800.433.0088

Fax: 208.893.5040

Email: claims@bestlife.com

Mail: BEST Life and Health Insurance Company

PO Box 890

Meridian, ID 83680-0890

Monday - Friday | 5 am - 5 pm PST

Provider Lookup

www.bestlife.com.

Please refer to your ID card for your network.

Enrollments, Terminations and Other Changes

Online: <https://member.bestlife.com/group/login>

Email: changes@bestlife.com

Fax: 949.724.1603

Mail: BEST Life and Health Insurance Company

PO Box 19721

Irvine, CA 92623-9721

Physical Address:
2435 East Coast Highway, Suite #4
Corona Del Mar, CA 92625

Mailing Address:
PO Box 19721
Irvine, CA 92623-9721

800.237.8543
www.bestlife.com