



## DENTAL BENEFITS SUMMARY

**PLAN:** SmartPremium 100/80/50-1000 (50/50/50 OON)

**POLICY EFFECTIVE DATE:** 01/01/21

**POLICY LENGTH:** 12 months

**GROUP #:** IL05378

### WHY BEAM

Beam is the future of group dental insurance for employers large and small. We're pairing innovative tech with personal service to deliver an insurance experience unlike any other.

- 90th Percentile UCR OON
- Digital implementation and admin
- Nationwide network (Over 300,000 access points)
- Beam Perks included

### BEAM PERKS INCLUDED

Essentials for great dental care delivered right to member's doors.

- **Beam Brush**  
Smart, electric toothbrush.
- **Beam Paste**  
High-quality, custom formulated toothpaste.



### QUESTIONS?

If you have questions, call us at (800) 648-1179. We'd love to help! Or visit [app.beam.dental](https://app.beam.dental) and login to view more info. Please check your Certificate of Insurance for a description of coverage, limitations, and exclusions under the plan. Some Services require prior authorization.



**FIND A DENTIST**  
[dentists.beam.dental](https://dentists.beam.dental)



**QUESTIONS?**  
[support@beam.dental](mailto:support@beam.dental)



**CHECK CLAIMS & ELIGIBILITY**  
<https://providers.beam.dental>





## DENTAL BENEFITS SUMMARY

### PLAN COVERAGE

IN-NETWORK  
(PPO FEE)

OUT-OF-NETWORK  
(90TH PERCENTILE UCR)

#### PREVENTIVE & DIAGNOSTIC

**Diagnostic and preventive:** exams, cleanings, fluoride, space maintainers, x-rays, and sealants

100%

50%

#### BASIC

**Minor restorative:** fillings

**Prosthetic maintenance:** relines and repairs to bridges, implants, and dentures

**Emergency palliative treatment:** to temporarily relieve pain

80%

50%

#### MAJOR

**Major restorative:** crowns, inlays, and onlays

**Endodontics:** root canals

**Periodontics:** to treat gum disease

**Prosthodontics:** dentures

**Prosthetics:** bridges

**Implants:**

**Oral surgery:** extractions and dental surgery

50%

50%

### PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services.

**Annual Max based on Policy Year.**

#### ANNUAL MAX

**Benefit Period:** Calendar Year

\$1,000 /yr

### PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

#### INDIVIDUAL

\$50.00 /yr

#### FAMILY

\$150.00 /yr

Dental and Vision insurance products underwritten by National Guardian Life Insurance Company (NGL), Vision Service Plan (VSP) in WA, and in NY by Nationwide Life Insurance Company, marketed by Beam Insurance Services LLC, and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Life insurance products underwritten by Nationwide Life Insurance Company.

### CLAIMS INFORMATION

**Beam Insurance Administrators**  
PO Box 75372  
Cincinnati, OH 45275

**Electronic payer ID**  
BEAM1

**NEA ID**  
BEAM1

**Fax number**  
(844) 688 - 4821

**Phone number**  
(800) 648 - 1179

**Claim form accepted**  
ADA form 2006 or later

Beam Dental PPO Standard coverages, as of August 1, 2019



**FIND A DENTIST**  
[dentists.beam.dental](https://dentists.beam.dental)



**QUESTIONS?**  
[support@beam.dental](mailto:support@beam.dental)



**CHECK CLAIMS & ELIGIBILITY**  
<https://providers.beam.dental>

