



DENTAL BENEFITS SUMMARY

## Beam Dental

**PLAN:** SmartPremium Plus 100/80/50/50-1500-1500

### 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 400,000 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.



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[dentists.beam.dental](https://dentists.beam.dental)



QUESTIONS?  
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## 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%

100%

### BASIC

**Minor restorative:** fillings

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

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

**Endodontics:** root canals

**Periodontics:** to treat gum disease

**Oral surgery:** extractions and dental surgery

80%

80%

### MAJOR

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

**Prosthodontics:** dentures

**Prosthetics:** bridges

**Implants:**

50%

50%

### ORTHODONTIA

**Child Orthodontics:** braces with age limit of 19

50%

50%

## PLAN MAXES

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

**Annual Max based on Policy Year.**

### ANNUAL MAX

\$1,500 /yr

### ORTHO LIFETIME MAX

\$1,500 /lifetime

## PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

### INDIVIDUAL

\$50.00 /yr

### FAMILY

\$150.00 /yr

## 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, 2020



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Providers can access additional coverage information online at [providers.beam.dental](https://providers.beam.dental)

**COVERAGE RULES**

| CODE                | PROCEDURE   | COVERED UNDER     | FREQUENCY  | NOTES  |
|---------------------|---|-------------------|--|--|
| D0120, D0150, D9310 | Periodic oral exam, Comprehensive oral exam, Consultation | Diagnostic        | Limit of three per 12 months                             | Limited to 3 oral evaluation procedures, in any combination (D0120, D0150, D9310) per 12 month period  |
| D0140               | Limited oral exam   | Diagnostic        | Two per 12 months  | Can do treatment on same day; no shared freq with D0120; shared freq with D0170  |
| D0210               | Radiographs-FMX   | Diagnostic        | One per 60 months  | Shared freq with D0330; not reimbursed within 6 months of Bitewing Radiographs   |
| D0220               | Radiographs-periapical (first)                            | Diagnostic        | Not covered if inclusive of a procedure with x-rays.     | Bitewings and 7 or more periapicals will be reimbursed as FMX. Not covered on same day as D0210, D0330 or if considered a part of billed procedures  |
| D0230               | Radiographs-periapical (each additional)                  | Diagnostic        | Not covered if inclusive of a procedure with x-rays.     | Bitewings and 7 or more periapicals will be reimbursed as FMX. Not covered on same day as D0210, D0330 or if considered a part of billed procedures  |
| D0270-D0274         | Radiographs-bitewings                                     | Diagnostic        | Every 6 months   | Can perform 6 months after D0210   |
| D0330               | Radiographs-panoramic                                     | Diagnostic        | One per 60 months  | Shared freq with D0210   |
| D1110               | Prophylaxis   | Preventive        | Two per benefit period                                   | Three per 12 months if pregnant 2nd/3rd trimester, four per 12 months if diabetic (N, V); not covered within 3 months of D4910   |
| D1206, D1208        | Fluoride  | Preventive        | One per 12 months  | Covered under age 16   |
| D1351, D1352        | Sealants, Resins  | Preventive        | One per 36 months, per tooth                             | Covered under age 16, 1st & 2nd permanent molars   |
| D2140-D2161         | Fillings  | Minor Restorative | One per 24 months, per tooth                             | Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations.  |
| D2330-D2394         | Fillings  | Minor Restorative | One per 24 months, per tooth                             | Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. Posterior composites covered.  |
| D2740, D2750 ...    | Crowns (N,X,A)  | Major             | One per 60 months, paid on seat date; seat date required | See * note below for details   |
| D2950               | Core Build-up (X)   | Major             | One per 60 months  | See * note below for details   |
| D4341-D4342         | Periodontal scaling and root planing (N, P, X)            | Periodontics      | One per 24 months, per quadrant                          | Can perform all 4 quads in one day   |
| D4910               | Periodontal maintenance (H)                               | Periodontics      | Two per year unless pregnant (3) or diabetes (4)         | After periodontal treatment; can be alternated with D1110 for one per three months   |
| D6010               | Endosteal Implants (N,M,X2)                               | Major             | One per lifetime   | In lieu of a single tooth replacement when a 2 or 3 unit bridge has been approved for coverage when adjacent teeth are not in need of crowns on their own merit; if there are no additional teeth missing throughout the arch. Alternate benefit of a partial denture will be considered if criteria is not met. |



**Not covered:** D0350, D0364, D0470, D1330, D2962, D3110, D3120, D8093, D9230, D9248

\*Exclusions include, but are not limited to: correction of attrition, abrasion, erosion, or abfraction; for teeth that are not broken down by extensive decay or accidental injury; to restore teeth with microfractures fracture lines, undermined cusps, or existing large restorations without overt pathology.

**FREQUENTLY ASKED QUESTIONS**

|  |  |   |
|--|--|---|
| <b>Continuation of service?</b>        | Covered starting on patient's effective date   | N = Narrative of medical necessity                              |
| <b>Continuation of benefits?</b>       | Earlier effective date is primary  | P = Perio charting  |
| <b>Frequency of ortho payments?</b>    | Monthly – submit claims for on-going treatment   | X = Labeled & dated, pre-op x-rays                              |
| <b>Are prior extractions covered?</b>  | Yes – no missing tooth clause  | X2 = Labeled & dated, pre-op and post op x-rays                 |
| <b>Timely Filing limit?</b>            | 12 months from date of service unless otherwise specified by state law. Please refer to your Certificate | H = Periodontal history   |
| <b>Is pre-authorization mandatory?</b> | No – but estimates recommended for \$300+ services   | A = date of prior insertion of existing crown                   |
|  |  | M = panoramic x-ray or FMX (if available), all missing teeth    |
|  |  | V = Verification from physician (if pregnant requires due date) |

**DISCLAIMER:** Depending on the coverage you selected, your benefits may differ from those outlined above. Please review your Certificate of Insurance for full benefit descriptions and limitations. If there are any discrepancies between this summary and the plan documents, the plan documents will prevail.

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Dental and vision insurance products underwritten by National Guardian Life Insurance Company† (NGL), Madison, WI, marketed by Beam Insurance Services LLC. Dental policy form series numbers NDNGRP 04/06, NDNGRP 2010, and NDNGRP 2020. Vision Policy form series numbers NVIGRP 11-13, NVIGRP 5-07 and NVIGRP 2020. Dental and vision products underwritten by Nationwide Life Insurance Company in DE, ID, and NY. Dental and vision products administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Vision insurance products underwritten by Vision Service Plan (VSP) in WA. Not all products available in all states. Vision insurance products administered by Vision Service Plan Insurance Company. Life insurance product is underwritten 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). Group Short-Term Disability and Long-Term Disability insurance products are underwritten 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, Short-Term Disability, and Long-Term Disability products are not available to members living in Puerto Rico and product availability may vary by state. Program restrictions and exclusions apply. Life, Short-Term Disability and Long-Term Disability Additional Value Added Services are not available in the state of Louisiana.

† National Guardian Life Insurance Company, Madison, WI, is not affiliated with The Guardian Life Insurance Company of America, a.k.a. The Guardian, or Guardian Life.



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