



Dental Benefit Summary

<Company Name>

Plan: SmartPremium Plus 100/80/50/50-1500-1500

Policy effective date: N/A Group #: N/A

Policy length: N/A

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

Emergency palliative treatment: to temporarily relieve pain

Endodontics: root canals

Minor restorative: fillings

Oral surgery: extractions and dental surgery

Periodontics: to treat gum disease

Prosthetic maintenance: relines and repairs to bridges and dentures

80%

80%

Major

Implants: endosteal in lieu of a 2 or 3 unit bridge

Major restorative: crowns, inlays, and onlays

Prosthetics: bridges

Prosthodontics: dentures

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 N/A.

Annual max (In network)

Benefit period: N/A

\$1,500 /yr

Annual max (Out of network)

Benefit period: N/A

\$1,500 /yr

Ortho lifetime max

\$1,500 /lifetime



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Plan deductible

The deductible is waived for diagnostic & preventive services.

Individual

\$50.00 /yr

Family

\$150.00 /yr

Claims Information

Beam Insurance Administrators LLC 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
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Beam Dental PPO Standard coverages, as of August 1, 2019

Questions?

If you have questions, call us at (800) 648-1179. We'd love to help! Visit app.beambenefits.com 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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* Member may have out of pocket expenses if using an out-of-network provider.

This benefit summary is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Dental insurance product underwritten by National Guardian Life Insurance Company (NGL), Madison, WI, marketed by Beam Insurance Services LLC (Beam Benefits Insurance Services LLC, in CA). Dental policy form number NDNGRP 2020. Dental product underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, LA, NC, NH, NM, NY, OH, TX, and UT. Dental coverage applicable to policy form GDTL AO L20, or state equivalent. Dental product administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Not all Products Available in All States. Limitations and exclusions apply.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

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.

Nationwide and Beam Insurance Services LLC are separate and non-affiliated companies.

National Guardian Life Insurance Company, Two East Gilman, Madison, Wisconsin 53703

Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, OH 43215



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