



## DENTAL BENEFITS SUMMARY

# SmartPremium Plus 100/80/50-1500

### 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.

- **No waiting period**
- **90th Percentile UCR OON**
- Digital implementation and admin
- **No downgrades on composites**
- Nationwide network (290,000+ access points)
- Beam Perks included

### BEAM PERKS INCLUDED

Everything needed for great dental care delivered right to member's doors every 6 months.

- **Beam Brush**  
Sonic powered, smart, electric toothbrush.
- **Replacement heads**  
Soft bristle brush heads made specifically for your brush.
- **Beam Paste**  
High-quality, custom formulated toothpaste.
- **Beam Floss**  
50 yards of high quality ribbon floss.



### QUESTIONS?

If you have questions, call us at (800) 648 1179. We'd love to help! Or visit [app.beam.dental](http://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](http://dentists.beam.dental)



QUESTIONS?  
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## PLAN COVERAGE

IN-NETWORK  
(PPO FEE)

OUT-OF-NETWORK  
(90TH PERCENTILE UCR)

### PREVENTIVE & DIAGNOSTIC

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

100%

100%

### BASIC

**Minor Restorative:** fillings

**Prosthetic Maintenance:** refines & repairs to bridges, implants and dentures

**Emergency Palliative:** to temporarily relieve pain

**Endodontics:** root canals

**Periodontics:** to treat gum disease

**Oral surgery:** extractions & dental surgery

80%

80%

### MAJOR

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

**Prosthodontics:** dentures

**Prosthetics:** bridges

**Implants**

50%

50%

## PLAN MAXES

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

ANNUAL MAX (IN-NETWORK)

\$1,500 / yr

ANNUAL MAX (OUT-OF-NETWORK)

\$1,500 / yr

## PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL

\$50.00 / yr

FAMILY

\$150.00 / yr



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## SMARTPREMIUM

### HOW LOWERING YOUR PREMIUM WORKS

Using the Beam Brush earns you a Beam score. The better your group's Beam score, the bigger potential drop in your premium at your renewal.\*

Brush better, get a lower premium—pretty simple. Don't worry, your rates will not increase based on your group Beam score alone. Just get rewarded for good brushing by your group.

*\*Premium reduction occurs at renewal (plan year or calendar year) and is based on Beam score aggregate of your group, prior year claims data analysis, and changes in dentist reimbursement contracts. The reduction stated above nor any reduction in premiums is guaranteed. Premium rates can be increased based on the factors previously stated, if determined in the underwriting process. Increases in premium will not occur based on group aggregate Beam score alone.*

## ADDITIONAL DETAILS

### SEE ANY DENTIST

Our PPO plans allow you to see any licensed dentist. Savings in plan cost and member out of pocket expenses may be obtained by utilizing participating network dentists.

Beam has partnered with leading regional and national PPO network partners through Stratose and DenteMax to provide you with the most choices possible.

*Note: The information contained in this proposal is not intended to be contractually binding without a written agreement executed by both parties memorializing the terms and conditions of dental benefit underwriting and/or administration anticipated to be provided by Beam and its partners. We and our partners reserve the right to withdraw this proposal at any time.*

## RATING REQUIREMENTS

Minimum employer contributions: **0% for employee and 0% for dependent(s).**

Minimum employee enrollment: **2 employees**

Maximum number of subgroups: **10**

This proposal is based on information provided with the proposal request. If accepted, final rates and benefits will be based on verification of the information provided with the rate request.

Once eligible, Certificate Holders and their Eligible Dependents must enroll for coverage under this policy within 30 days from the date upon which such Certificate Holder or Eligible Dependents become eligible for Benefits.

A Certificate Holder properly enrolls for coverage by completing all enrollment forms required by Beam and NGL and submitting such forms to the Policyholder.

If the Certificate Holder or Eligible Dependent is not properly enrolled for coverage within 30 days from the date upon which he/she becomes eligible for Benefits, then such Certificate Holder or Eligible Dependent must wait until the next Open Enrollment Period to enroll.



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## RATING ASSUMPTIONS

**RATES ARE BASED ON THE CENSUS DATA PROVIDED TO US. IF THE CENSUS DATA CHANGES BY MORE THAN 10%, RATES ARE SUBJECT TO CHANGE.**

Rates do not include any applicable state claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one-year non-retention contract.

Self-billing is not allowed and you agree to pay as invoiced each month.

Standard subscriber materials will be provided electronically to your members through the Beam mobile applications and member website. Physical materials are available upon

request. These include the Summary of Dental Plan Benefits, Certificate, and reference cards. Printed dentist directories are not included. You can find participating dentists on our mobile apps or on our website at [dentists.beam.dental](https://dentists.beam.dental).

Children under age 26 are eligible for benefits, including children who are married, who do not live with the subscriber, who are not dependents for Federal income tax purposes, and/or who are not permanently disabled.

## FEATURES

- No pre-existing condition exclusions or limitations.
- Oral exams and prophylaxes (cleanings) are payable twice per benefit year.
- Fluoride treatments (up to age 16) are payable once per 12 month period.
- Bitewing X-rays are payable once every 6 months and panoramic X-rays are payable once in any 60 month period.
- Sealants are payable only for the occlusal surface of first and second permanent molars to age 16. The surface must be free from decay and restorations. Sealants are payable once per 48 months.
- Crowns, bridges, dentures, and implants are payable once per tooth per 60 month period.

Insurance products underwritten by National Guardian Life Insurance Company (NGL), marketed by Beam Insurance Services LLC, and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Beam Perks provided by Beam Perks LLC. Beam Perks can be obtained separately without the purchase of an insurance product by visiting [perks.beam.dental](https://perks.beam.dental). Policy form series numbers NDNGRP 04/06 or NDNGRP 2010.

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



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## FREQUENCIES & LIMITATIONS

### COVERAGE RULES

CODE	PROCEDURE	COVERED UNDER	FREQUENCY	NOTES
D1110	Prophylaxis	Preventive	Two per benefit period	Shared frequency with D4910
D0120	Periodic oral exam	Preventive	Two per benefit period	No shared frequency with D0140
D0140	Limited oral exam	Preventive	Two per 12 months	Can do treatment on same day
D0150	Comprehensive oral exam	Preventive	One per 60 months	Shared frequency with D0180
D0210	Radiographs–FMX	Preventive	One per 60 months	Shared frequency with D0330
D0220, 0230	Radiographs–periapical	Preventive	No frequency restrictions	
D0270 - 0277	Radiographs–bitewings	Preventive	Every 6 months, to the date	
D0330	Radiographs–panoramic	Preventive	One per 60 months	Shared frequency with D0210
D1206, 1208	Fluoride	Preventive	One per 12 months	Age limit 16
D1351	Sealants	Preventive	One per 48 months	Age limit 16, 1st & 2nd molars
D2390 - 2394	Fillings	Minor Restorative	One per 24 months, per surface	No downgrades on posterior composite
D3330, 3348	Root canal	Endodontics	One per lifetime, same tooth	
D4341	Periodontal root planing	Periodontics	One per 24 months, per quadrant	Can perform all 4 quads in one day
D4355	Full mouth debridement	Preventive	Once per lifetime	No exams on same day
D4381	Localized antimicrobial delivery	Periodontics	One per 24 months, per tooth	Can perform D4341 on same day
D4910	Periodontal maintenance	Periodontics	One per 3 months	Shared frequency with D1110
D6010, 6056...	Implants	Major	One per 60 months	Paid on seat date, not prep date
D2740, 2950...	Crowns	Major	One per 60 months	No downgrades; build-up is covered
D7140	Simple extractions	Minor Restorative	No frequency restrictions	
D9110	Emergency palliative treatment	Emergency Palliative	Three per 12 months	
D9223, 9243	General anesthesia	Emergency Palliative	No frequency restrictions	
D9310	Consultation	Preventive	No frequency restrictions	Can do treatment same day
D9940	Occlusal mouthguards	Periodontics	One per 60 months	For bruxism only
D0431	Cancer screening	Preventive	One per benefit period	No age limit
<b>Not covered:</b>	D0350, D1330, D1525, D2962, D3110, D3120, D7880, D7953, D8093, D9230, D9248			

### FREQUENCY ASKED QUESTIONS

<b>Continuation of service?</b>	Covered starting on patient's effective date
<b>Coordination of benefits?</b>	Standard – earlier effective date is primary
<b>Wisdom tooth coverage?</b>	Medical first, then covered by Beam
<b>Frequency of ortho payments?</b>	Monthly – need claims for on-going treatment
<b>Are prior extractions covered?</b>	Yes – no missing tooth clause

## CLAIMS INFORMATION

**Beam Insurance Administrators**  
PO Box 300  
Burlington, KY 41005

**Electronic payer ID**  
BEAM1

**Fax number**  
844 688 4821

**Phone number**  
800 648 1179 ext. 2

Beam Dental PPO Standard coverages, as of April 1, 2017

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