



DENTAL BENEFITS SUMMARY

Lake County Medical Society

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

POLICY EFFECTIVE DATE: 01/01/21

CONTRACT LENGTH: 12 months

GROUP #: IL05377

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
- 2 Cleanings Per Year (1 extra for pregnant members, 2 extra for diabetic members)
- Nationwide network (Over 300,000 access points)
- Beam Perks included
- No waiting periods
- Night guards covered
- Implants covered

BEAM PERKS INCLUDED

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

3 colors available!



- **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 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



QUESTIONS?
support@beam.dental

VSP QUESTIONS?
support@beam.dental



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





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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%

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

Prostodontics: 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



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dentists.beam.dental



QUESTIONS?
support@beam.dental

VSP QUESTIONS?
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