

# Lake County Medical Society

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

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 PercentileUCR 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.

- 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



VSP QUESTIONS? support@beam.dental



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





# DENTAL BENEFITS SUMMARY Lake County Medical Society

PLAN COVERAGE	<b>IN-NETWORK</b> (PPO FEE)	OUT-OF-NETWORK (90TH PERCENTILE UCR)
<b>PREVENTIVE &amp; DIAGNOSTIC</b> <b>Diagnostic and preventive:</b> 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

## **PLAN DEDUCTIBLE**

The deductible is waived for diagnostic & preventive services.

#### **INDIVIDUAL**

#### FAMILY

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.

NEA ID

BEAM1

VSP QUESTIONS?

support@beam.dental

#### **CLAIMS INFORMATION**

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

Electronic payer ID BEAM1

QUESTIONS?

support@beam.dental

Fax number (844) 688 - 4821

Phone number (800) 648 - 1179

CHECK CLAIMS & ELIGIBILITY

\$1,000 /yr

\$50.00 /yr

\$150.00 /yr

Claim form accepted ADA form 2006 or later

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

FIND A DENTIST dentists.beam.dental

BM-SOB-0002-202004

Valid as of 01/01/21

beam