DENTAL INSURANCE QUOTE

Jefferson Parish

PLAN: SmartPremium 100/80/50/50-1500-1500a
POLICY EFFECTIVE DATE: 2023-01-01
POLICY LENGTH: 12 months
MINIMUM EMPLOYER CONTRIBUTIONS: 100.0% for employee and 100.0% for dependent(s).
QUOTE ID: 64218
PLAN QUOTE ID: 285297

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
$21.98 monthly	$43.98 monthly	$55.53 monthly	$77.51 monthly

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

Plans ship with the Beam Brush included.

Beam Brush
Smart, electric toothbrush.

Beam Paste
High-quality, custom formulated toothpaste.

Free shipping
Delivered to your door, right when you need it.

FIND A DENTIST
https://dentists.beam.dental

QUESTIONS?
support@beam.dental

CHECK ELIGIBILITY
https://providers.beam.dental

BM-GRQ-0005-202203

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 **Minor restorative**: fillings **Prosthetic maintenance**: relines and repairs to bridges and dentures	80%	80%
MAJOR **Endodontics**: root canals **Implants**: endosteal in lieu of a 2 or 3 unit bridge **Major restorative**: crowns, inlays, and onlays **Oral surgery**: extractions and dental surgery **Periodontics**: to treat gum disease **Prosthetics**: bridges **Prosthodontics**: dentures	50%	50%
ORTHODONTIA **Adult Orthodontics**: braces over the age of 19 **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 Calendar Year

ANNUAL MAX (In network)	$1,500 /yr
ANNUAL MAX (Out of network)	$1,500 /yr
ORTHO LIFETIME MAX	$1,500 /lifetime

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	$50 /yr
FAMILY	$150 /yr

FIND A DENTIST https://dentists.beam.dental | **QUESTIONS?** support@beam.dental | **CHECK ELIGIBILITY** https://providers.beam.dental

BM-GRQ-0005-202203

CLAIMS INFORMATION

Beam Insurance Administrators	Electronic payer ID	NEA ID	Fax number	Phone number	Claim form accepted
PO Box 75372 Cincinnati, OH 45275	BEAM1	BEAM1	(844) 688-4821	(800) 648-1179	ADA form 2006 or later

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

SMART PREMIUM

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 Dental Benefit Providers, Careington PPO Dental, and DenteMax Plus Network 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: 100.0% for employee and 100.0% for dependent(s).

Minimum employee enrollment: 100.0% of eligible employees

Maximum number of subgroups: 10

Rates are valid for 90 days after 06/16/2022

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.

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

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.

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.

RATING ASSUMPTIONS

THIS QUOTE IS SHELF RATED. RATES ARE BASED ON A GENERIC AGE-BANDED CENSUS.

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.

Standard subscriber materials will be provided electronically to your members through the Beam mobile applications and 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.

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

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.

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. Dental and vision products underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, LA, NY, OH, UT, and TX (8/1/22). 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. Vision insurance products administered by Vision Service Plan Insurance Company. Vision Policy form series numbers NVIGRP 11-13, NVIGRP 5-07 and NVIGRP 2020. Life insurance product is underwritten by Nationwide Life Insurance Company, Columbus, OH, 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, Columbus, OH, 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. *Additional Value Added Services are not available in the state of Louisiana and the Accelerated Death Benefit is not available in the state of CA. Accident and Hospital only Indemnity insurance products are underwritten by Nationwide Life Insurance Company, Columbus, OH, marketed by Beam Insurance Services LLC and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC in Texas). Product availability may vary by state. Program restrictions and exclusions apply.

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.

Beam is not a subsidiary of Nationwide Life Insurance Company. Beam Insurance Services LLC and Beam Insurance Administrators are separate companies and not affiliated with Nationwide Life Insurance Company.

Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

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 peridontal 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

Continuation of service?	Covered starting on patient's effective date	N = Narrative of medical necessity
Continuation of benefits?	Earlier effective date is primary	P = Perio charting
Frequency of ortho payments?	Monthly – submit claims for on-going treatment	X = Labeled & dated, pre-op x-rays
Are prior extractions covered?	Yes – no missing tooth clause	X2 = Labeled & dated, pre-op and post op x-rays
Timely Filing limit?	12 months from date of service unless otherwise specified by state law. Please refer to your Certificate	H = Periodontal history
Is pre-authorization mandatory?	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.

DENTAL INSURANCE QUOTE

Jefferson Parish

PLAN: SmartPremium 100/80/50/50-1000-1000 MAC
POLICY EFFECTIVE DATE: 2023-01-01
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QUOTE ID: 64218
PLAN QUOTE ID: 285294

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
$16.48 monthly	$32.97 monthly	$42.75 monthly	$59.23 monthly

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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 Calendar Year

ANNUAL MAX (In network)	$1,000 /yr
ANNUAL MAX (Out of network)	$1,000 /yr
ORTHO LIFETIME MAX	$1,000 /lifetime

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	$50 /yr
FAMILY	$150 /yr

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CLAIMS INFORMATION

Beam Insurance Administrators	Electronic payer ID	NEA ID	Fax number	Phone number	Claim form accepted
PO Box 75372 Cincinnati, OH 45275	BEAM1	BEAM1	(844) 688-4821	(800) 648-1179	ADA form 2006 or later

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

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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.

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RATING REQUIREMENTS

Minimum employer contributions: 100.0% for employee and 100.0% for dependent(s).

Minimum employee enrollment: 100.0% of eligible employees

Maximum number of subgroups: 10

Rates are valid for 90 days after 06/16/2022

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RATING ASSUMPTIONS

THIS QUOTE IS SHELF RATED. RATES ARE BASED ON A GENERIC AGE-BANDED CENSUS.

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.

Standard subscriber materials will be provided electronically to your members through the Beam mobile applications and 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.

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

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.

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. Dental and vision products underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, LA, NY, OH, UT, and TX (8/1/22). 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. Vision insurance products administered by Vision Service Plan Insurance Company. Vision Policy form series numbers NVIGRP 11-13, NVIGRP 5-07 and NVIGRP 2020. Life insurance product is underwritten by Nationwide Life Insurance Company, Columbus, OH, 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, Columbus, OH, 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. *Additional Value Added Services are not available in the state of Louisiana and the Accelerated Death Benefit is not available in the state of CA. Accident and Hospital only Indemnity insurance products are underwritten by Nationwide Life Insurance Company, Columbus, OH, marketed by Beam Insurance Services LLC and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC in Texas). Product availability may vary by state. Program restrictions and exclusions apply.

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Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

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 peridontal 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
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FREQUENTLY ASKED QUESTIONS

Continuation of service?	Covered starting on patient's effective date	N = Narrative of medical necessity
Continuation of benefits?	Earlier effective date is primary	P = Perio charting
Frequency of ortho payments?	Monthly – submit claims for on-going treatment	X = Labeled & dated, pre-op x-rays
Are prior extractions covered?	Yes – no missing tooth clause	X2 = Labeled & dated, pre-op and post op x-rays
Timely Filing limit?	12 months from date of service unless otherwise specified by state law. Please refer to your Certificate	H = Periodontal history
Is pre-authorization mandatory?	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.

DENTAL INSURANCE QUOTE

Jefferson Parish

PLAN: SmartPremium Ultra 100/100/60-5000 (100/80/50 OON)
POLICY EFFECTIVE DATE: 2023-01-01
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QUOTE ID: 64218
PLAN QUOTE ID: 284435

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BM-GRQ-0005-202203

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MAJOR **Implants**: endosteal in lieu of a 2 or 3 unit bridge **Major restorative**: crowns, inlays, and onlays **Prosthetics**: bridges **Prosthodontics**: dentures	60%	50%

PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services.
Annual max based on Calendar Year

ANNUAL MAX (In network)	$5,000 /yr
ANNUAL MAX (Out of network)	$5,000 /yr

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	$25 /yr
FAMILY	$75 /yr

CLAIMS INFORMATION

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PO Box 75372 Cincinnati, OH 45275	BEAM1	BEAM1	(844) 688-4821	(800) 648-1179	ADA form 2006 or later

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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.

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.

RATING ASSUMPTIONS

THIS QUOTE IS SHELF RATED. RATES ARE BASED ON A GENERIC AGE-BANDED CENSUS.

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.

Standard subscriber materials will be provided electronically to your members through the Beam mobile applications and 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.

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

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.

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. Dental and vision products underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, LA, NY, OH, UT, and TX (8/1/22). 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. Vision insurance products administered by Vision Service Plan Insurance Company. Vision Policy form series numbers NVIGRP 11-13, NVIGRP 5-07 and NVIGRP 2020. Life insurance product is underwritten by Nationwide Life Insurance Company, Columbus, OH, 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, Columbus, OH, 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. *Additional Value Added Services are not available in the state of Louisiana and the Accelerated Death Benefit is not available in the state of CA. Accident and Hospital only Indemnity insurance products are underwritten by Nationwide Life Insurance Company, Columbus, OH, marketed by Beam Insurance Services LLC and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC in Texas). Product availability may vary by state. Program restrictions and exclusions apply.

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Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

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 peridontal 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

Continuation of service?	Covered starting on patient's effective date	N = Narrative of medical necessity
Continuation of benefits?	Earlier effective date is primary	P = Perio charting
Frequency of ortho payments?	Monthly – submit claims for on-going treatment	X = Labeled & dated, pre-op x-rays
Are prior extractions covered?	Yes – no missing tooth clause	X2 = Labeled & dated, pre-op and post op x-rays
Timely Filing limit?	12 months from date of service unless otherwise specified by state law. Please refer to your Certificate	H = Periodontal history
Is pre-authorization mandatory?	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.

DENTAL INSURANCE QUOTE

Jefferson Parish

PLAN: SmartPremium Select 100/90/60-2000 (100/80/50 OON)
POLICY EFFECTIVE DATE: 2023-01-01
POLICY LENGTH: 12 months
MINIMUM EMPLOYER CONTRIBUTIONS: 0.0% for employee and 0.0% for dependent(s).
QUOTE ID: 64218
PLAN QUOTE ID: 284434

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
$31.77 monthly	$63.54 monthly	$68.87 monthly	$100.64 monthly

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

Plans ship with the Beam Brush included.

Beam Brush
Smart, electric toothbrush.

Beam Paste
High-quality, custom formulated toothpaste.

Free shipping
Delivered to your door, right when you need it.

FIND A DENTIST
https://dentists.beam.dental

QUESTIONS?
support@beam.dental

CHECK ELIGIBILITY
https://providers.beam.dental

BM-GRQ-0005-202203

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	90%	80%
MAJOR **Implants**: endosteal in lieu of a 2 or 3 unit bridge **Major restorative**: crowns, inlays, and onlays **Prosthetics**: bridges **Prosthodontics**: dentures	60%	50%

PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services.
Annual max based on Calendar Year

ANNUAL MAX (In network)	$2,000 /yr
ANNUAL MAX (Out of network)	$2,000 /yr

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	$50 /yr
FAMILY	$150 /yr

CLAIMS INFORMATION

Beam Insurance Administrators	Electronic payer ID	NEA ID	Fax number	Phone number	Claim form accepted
PO Box 75372 Cincinnati, OH 45275	BEAM1	BEAM1	(844) 688-4821	(800) 648-1179	ADA form 2006 or later

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

SMART PREMIUM

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 Dental Benefit Providers, Careington PPO Dental, and DenteMax Plus Network 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: 0.0% for employee and 0.0% for dependent(s).

Minimum employee enrollment: 25.0% of eligible employees

Maximum number of subgroups: 10

Rates are valid for 90 days after 06/16/2022

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.

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

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.

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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 peridontal 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

Continuation of service?	Covered starting on patient's effective date	N = Narrative of medical necessity
Continuation of benefits?	Earlier effective date is primary	P = Perio charting
Frequency of ortho payments?	Monthly – submit claims for on-going treatment	X = Labeled & dated, pre-op x-rays
Are prior extractions covered?	Yes – no missing tooth clause	X2 = Labeled & dated, pre-op and post op x-rays
Timely Filing limit?	12 months from date of service unless otherwise specified by state law. Please refer to your Certificate	H = Periodontal history
Is pre-authorization mandatory?	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.

DENTAL INSURANCE QUOTE

Jefferson Parish

PLAN: SmartPremium Plus 100/80/50-1000
POLICY EFFECTIVE DATE: 2023-01-01
POLICY LENGTH: 12 months
MINIMUM EMPLOYER CONTRIBUTIONS: 0.0% for employee and 0.0% for dependent(s).
QUOTE ID: 64218
PLAN QUOTE ID: 284433

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
$23.39 monthly	$46.78 monthly	$54.86 monthly	$78.26 monthly

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QUESTIONS?
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CHECK ELIGIBILITY
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BM-GRQ-0005-202203

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%

PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services.
Annual max based on Calendar Year

ANNUAL MAX (In network)	$1,000 /yr
ANNUAL MAX (Out of network)	$1,000 /yr

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	$50 /yr
FAMILY	$150 /yr

CLAIMS INFORMATION

Beam Insurance Administrators	Electronic payer ID	NEA ID	Fax number	Phone number	Claim form accepted
PO Box 75372 Cincinnati, OH 45275	BEAM1	BEAM1	(844) 688-4821	(800) 648-1179	ADA form 2006 or later

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RATING REQUIREMENTS

Minimum employer contributions: 0.0% for employee and 0.0% for dependent(s).

Minimum employee enrollment: 25.0% of eligible employees

Maximum number of subgroups: 10

Rates are valid for 90 days after 06/16/2022

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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 peridontal 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

Continuation of service?	Covered starting on patient's effective date	N = Narrative of medical necessity
Continuation of benefits?	Earlier effective date is primary	P = Perio charting
Frequency of ortho payments?	Monthly – submit claims for on-going treatment	X = Labeled & dated, pre-op x-rays
Are prior extractions covered?	Yes – no missing tooth clause	X2 = Labeled & dated, pre-op and post op x-rays
Timely Filing limit?	12 months from date of service unless otherwise specified by state law. Please refer to your Certificate	H = Periodontal history
Is pre-authorization mandatory?	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.

DENTAL INSURANCE QUOTE

Jefferson Parish

PLAN: SmartPremium 100/90/60/50-2500c-2500a
POLICY EFFECTIVE DATE: 2023-01-01
POLICY LENGTH: 12 months
MINIMUM EMPLOYER CONTRIBUTIONS: 100.0% for employee and 100.0% for dependent(s).
QUOTE ID: 64218
PLAN QUOTE ID: 280299

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
$42.02 monthly	$84.04 monthly	$105.12 monthly	$147.13 monthly

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

Plans ship with the Beam Brush included.

Beam Brush
Smart, electric toothbrush.

Beam Paste
High-quality, custom formulated toothpaste.

Free shipping
Delivered to your door, right when you need it.

FIND A DENTIST
https://dentists.beam.dental

QUESTIONS?
support@beam.dental

CHECK ELIGIBILITY
https://providers.beam.dental

BM-GRQ-0005-202203

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 **Minor restorative**: fillings **Prosthetic maintenance**: relines and repairs to bridges and dentures	90%	90%
MAJOR **Endodontics**: root canals **Implants**: endosteal in lieu of a 2 or 3 unit bridge **Major restorative**: crowns, inlays, and onlays **Oral surgery**: extractions and dental surgery **Periodontics**: to treat gum disease **Prosthetics**: bridges **Prosthodontics**: dentures	60%	60%
ORTHODONTIA **Adult Orthodontics**: braces over the age of 19 **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. If at least one Covered Service is paid in a calendar (or plan) year and the total benefit paid does not exceed $750.00 in that calendar (or plan) year, $375.00 will be added to the next year rollover maximum. This amount will accumulate to the next period, but will not exceed $1,500.00.

Annual max based on Calendar Year

ANNUAL MAX (In network)	$2,500 /yr
ANNUAL MAX (Out of network)	$2,500 /yr
ORTHO LIFETIME MAX	$2,500 /lifetime

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	**$50** /yr
FAMILY	**$150** /yr

CLAIMS INFORMATION

Beam Insurance Administrators	Electronic payer ID	NEA ID	Fax number	Phone number	Claim form accepted
PO Box 75372 Cincinnati, OH 45275	BEAM1	BEAM1	(844) 688-4821	(800) 648-1179	ADA form 2006 or later

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

SMART PREMIUM

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 Dental Benefit Providers, Careington PPO Dental, and DenteMax Plus Network 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: 100.0% for employee and 100.0% for dependent(s).

Minimum employee enrollment: 100.0% of eligible employees

Maximum number of subgroups: 10

Rates are valid for 90 days after 06/16/2022

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.

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

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.

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.

RATING ASSUMPTIONS

THIS QUOTE IS SHELF RATED. RATES ARE BASED ON A GENERIC AGE-BANDED CENSUS.

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.

Standard subscriber materials will be provided electronically to your members through the Beam mobile applications and 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.

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

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.

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. Dental and vision products underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, LA, NY, OH, UT, and TX (8/1/22). 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. Vision insurance products administered by Vision Service Plan Insurance Company. Vision Policy form series numbers NVIGRP 11-13, NVIGRP 5-07 and NVIGRP 2020. Life insurance product is underwritten by Nationwide Life Insurance Company, Columbus, OH, 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, Columbus, OH, 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. *Additional Value Added Services are not available in the state of Louisiana and the Accelerated Death Benefit is not available in the state of CA. Accident and Hospital only Indemnity insurance products are underwritten by Nationwide Life Insurance Company, Columbus, OH, marketed by Beam Insurance Services LLC and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC in Texas). Product availability may vary by state. Program restrictions and exclusions apply.

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.

Beam is not a subsidiary of Nationwide Life Insurance Company. Beam Insurance Services LLC and Beam Insurance Administrators are separate companies and not affiliated with Nationwide Life Insurance Company.

Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

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
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