



## DENTAL BENEFITS SUMMARY

# SmartPremium Plan

### 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 (330,000+ 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.



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[dentists.beam.dental](http://dentists.beam.dental)



QUESTIONS?  
[agentsupport@directbenefits.com](mailto:agentsupport@directbenefits.com)



# Pick Your Plan Coverage

## Employee Enrollment

- 2-4     5-9     10-24     25-100

## Contribution

- 0-79%     80-100%

## Deductible

- \$50 Contract Year or Calendar Year     \$25 Contract Year or Calendar Year     \$0 Contract Year or Calendar Year

## Annual Maximum

- \$1,500     \$2,000     \$3,000     \$5,000

## Endo/Perio/Oral Surgery

- Endo/Perio in Basic     Move Endo/Perio to Major

## Coinsurance

- 100/80/50 INN (100/80/50 OON)     100/90/60 INN (100/90/50 OON)     100/100/80 INN (100/100/50 OON)

## Tier

- Employee | Family     Employee Employee + One Family     Employee Employee + Spouse Employee + Children Family

## Ortho Maximum

- No Ortho     \$1000 Child Lifetime Max     \$1500 Child Lifetime Max     \$2000 Child Lifetime Max     \$2500 Child Lifetime Max

\*Adult ortho optional to add with child ortho

\*\*Ortho is a lifetime max benefit. Invisalign is included but with a treatment recommendation from an accredited orthodontist only.



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# Direct Benefits Plan Options



## DENTAL PLAN CONFIGURATION OPTIONS

	Assemble nearly any Plan Design from these coverage levels!							
<b>Annual Max</b>	\$1500		\$2000		\$3000		\$5000	
<b>Deductible</b>	\$0, \$25, or \$50		\$0, \$25, or \$50		\$0, \$25, or \$50		\$0, \$25, or \$50	
<b>Endo/Perio/Oral Surgery</b>	Major or Basic		Major or Basic		Major or Basic		Major or Basic	
<b>Preventive &amp; Diagnostic Covered At</b>	100%		100%		100%		100%	
<b>Basic Covered At</b>	80%, 90% or 100%		80%, 90% or 100%		80%, 90% or 100%		80%, or 90%	
<b>Major Covered At</b>	50%, 60% or 80%		50%, 60% or 80%		50%, 60% or 80%		50% or 60%	
<b>Standard OON Reimbursement</b>	90th UCR		90th UCR		90th UCR		90th UCR	
<b>Ortho Available (Child and Adult)?</b>	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500
	\$2,000	\$2,500	\$2,000	\$2,500	\$2,000	\$2,500	\$2,000	\$2,500



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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 per location	Shared frequency with D0160
D0210	Radiographs – FMX	Preventive	One per 60 months	Shared frequency with D0330, D0274
D0220, 0230	Radiographs – periapical	Preventive	One per 6 months per location	
D0270 - 0277	Radiographs – bitewings	Preventive	Every 6 months, to the date	Can perform 6 months after D0210
D0330	Radiographs – panoramic	Preventive	One per 60 months	Shared frequency with D0210
D1206, 1208	Fluoride	Preventive	One per 12 months	Covered through age 16
D1351, 1352	Sealants	Preventive	One per 48 months	Covered through age 16, 1st & 2nd permanent molars
D2390 - 2394	Fillings	Minor Restorative	One per 24 months, per surface	No downgrades on posterior composite
D3330	Root canal (N, X2)	Endodontics	One per lifetime, same tooth	
D4341, 4346	Periodontal root planing (N, P, X)	Periodontics	One per 24 months, per quadrant	Can perform all 4 quads in one day, shared freq with D1110
D4355	Full mouth debridement (N)	Preventive	Once per lifetime	No exams within 5 days
D4381	Localized antimicrobial delivery (P, H)	Periodontics	One per 24 months, per tooth	Can perform 6 weeks after D4341
D4910	Periodontal maintenance (H)	Periodontics	One per 90 days	Shared frequency with D1110, covered 90 days after D4341
D5110, 5120...	Dentures (N, X, A)	Major	One per 60 months	Paid on seat date, not prep date
D6010, 6056...	Implants (N, X)	Major	One per 60 months	Paid on seat date, not prep date
D2740, 2950...	Crowns (N, X, A)	Major	One per 60 months	No downgrades; build-up is covered separately
D7140	Simple extractions	Minor Restorative	No frequency restrictions	
D7953	Bone replacement graft (N, X)	Oral surgery	One per 60 months	Only covered in conjunction with an implant
D9110	Emergency palliative treatment (N)	Emergency Palliative	Three per 12 months	Only medically necessary x-rays same day
D9223, 9243	General anesthesia (N)	Emergency Palliative	No frequency restrictions	No tooth-specific guidelines
D9310	Consultation	Preventive	Two per 12 months per location	Can do treatment same day
D9940	Occlusal mouthguards (N)	Periodontics	One per 60 months	For bruxism only
D0431	Cancer screening	Preventive	One per benefit period	No age limit

**Not covered:** D0350. D0364. D0470. D1330. D1525. D2962. D3110. D3120. D8093. D9230. D9248

## FREQUENCY ASKED QUESTIONS

## REQUIRED DOCUMENTATION

<b>Continuation of service?</b>	Covered starting on patient's effective date	<b>N</b> = Narrative of medical necessity
<b>Coordination of benefits?</b>	Standard – earlier effective date is primary	<b>P</b> = Perio charting
<b>Wisdom tooth coverage?</b>	Send to medical first, then covered by Beam	<b>X</b> = Dated, pre-op x-rays
<b>Frequency of ortho payments?</b>	Monthly – need claims for on-going treatment	<b>X2</b> = Dated, pre-op and post-op x-rays
<b>Are prior extractions covered?</b>	Yes – no missing tooth clause	<b>H</b> = Periodontal history
<b>Timely filling limit?</b>	Yes – 12 months from date of service	<b>A</b> = Age of existing prosthetics, if applicable
<b>Is pre-authorization mandatory?</b>	No – but recommended for \$300+ claims	

## CLAIMS INFORMATION

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

**Electronic payer 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, 2018



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