



Dental Benefit Summary

MS Gaming Commission

Plan: SmartPremium Plus

Policy effective date: 01/01/2024 **Group #:** MS00613

Policy length: 12 months

Plan Coverage

In-network
(PPO fee)

Out-of-network
(95th 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%

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. 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

Benefit period: calendar year

\$1,500 /yr

Ortho Lifetime Max

\$1,500 /lifetime



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Plan deductible

The deductible is waived for diagnostic & preventive services.

Individual

\$50.00 /yr

Family

\$150.00 /yr

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

Questions?

If you have questions, call us at (800) 648-1179. We'd love to help! Or visit app.beambenefits.com 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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This benefit summary is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Dental insurance product underwritten by National Guardian Life Insurance Company (NGL), Madison, WI, marketed by Beam Insurance Services LLC (Beam Benefits Insurance Services LLC, in CA). Dental policy form number NDNGRP 2020. Dental product underwritten by Nationwide Life Insurance Company, Columbus, OH in NY, DE, ID, LA, UT, OH, TX and NM. Dental coverage applicable to policy form GDTL AO L20, or state equivalent. Dental product administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Not all Products Available in All States.

Two life groups made up of only a husband-wife, domestic partners or same-sex couple are not eligible for coverage.

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 LLC are separate companies and not affiliated with Nationwide Life Insurance Company.

National Guardian Life Insurance Company, Two East Gilman, Madison, Wisconsin 53703

Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, OH 43215



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