

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

\$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

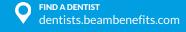
Phone number (800) 648-1179

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.



QUESTIONS? support@beambenefits.com



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BM-SOB-0035-202306 Valid as of 01/01/24

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







