



DENTAL INSURANCE QUOTE

Lee County School Distric

PLAN: SmartPremium 100/80/0-1000c

POLICY EFFECTIVE DATE: 2023-01-01

POLICY LENGTH: 24 months

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EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
\$21.77 monthly	\$43.55 monthly	\$47.91 monthly	\$70.78 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.

- 95th 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>



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

Oral Cancer Screening: Oral Cancer Screening

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

0%

0%

PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services. If at least one Covered Service is paid in a calendar (or plan) year and the total benefit paid does not exceed \$500.00 in that calendar (or plan) year, \$250.00 will be added to the next year rollover maximum. This amount will accumulate to the next period, but will not exceed \$1,000.00.

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



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