



DENTAL INSURANCE QUOTE

# Lee County School Distric

PLAN: SmartPremium 100/80/50/50-2000c-1000

POLICY EFFECTIVE DATE: 2023-01-01

POLICY LENGTH: 24 months

EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
\$33.91 monthly	\$67.79 monthly	\$74.59 monthly	\$108.26 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](mailto: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

**Oral surgery:** extractions and dental surgery

**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

**Periodontics:** to treat gum disease

**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 \$1,000.00 in that calendar (or plan) year, \$500.00 will be added to the next year rollover maximum. This amount will accumulate to the next period, but will not exceed \$2,000.00.

**Annual max based on Calendar Year**

ANNUAL MAX (In network)

\$2,000 /yr

ANNUAL MAX (Out of network)

\$2,000 /yr

ORTHO LIFETIME MAX

\$1,000 /lifetime



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