



REGION #2 - GA	SMART PREMIUM 1,000 +
PROGRAM DETAILS	
Annual Max (In / Out of Network)	\$1,000 / \$1,000
Deductible (Individual / Family)	\$50 / \$150

PLAN COVERAGE	IN / OUT OF NETWORK	SERVICES
Preventive and Diagnostic	100% / 100%*	Exams, cleanings, fluoride, space maintainers, x-rays, and sealants
Basic	80% / 80%*	Emergency palliative treatment: to temporarily relieve pain. Minor restorative: fillings Prosthetic maintenance: relines and repairs to bridges and dentures Oral surgery: extractions and dental surgery Periodontics: to treat gum disease. Endodontics: root canals
Major	50% / 50%*	Implants: endosteal in lieu of a 2 or 3 unit bridge Major restorative: crowns, inlays, and onlays Prosthetics: bridges Prosthodontics: dentures

COVERAGE LEVEL	
	Monthly Employee Cost
Employee Only	\$45.10
Employee + Spouse	\$86.19
Employee + Child(ren)	\$123.27
Family	\$164.37

^{*}In Network / Out of Network, applies after deductible is met

Helpful Information:

- **Provider Search Link Here:** dentists.beambenefits.com/search



Beam Dental Plans

Using your benefits

What to know about Beam's dental network

Ready to visit the den/st but have ques/ons about our network of dental providers? We're here to

Looking for an in-network dental provider? We have over 400,000 access points in our network.

- 1. Visit dentist.beam.dental.
- 2. Enter your zipcode and select the distance radius you desire. For a more advanced search, you can enter a specialty, your provider's name or a practice name.
- 3. Review the search results to select a provider.
- 4. Call and schedule your appointment.

What if your dentist has never heard of Beam?

Although Beam has grown quickly and has a large, nationwide network, this may happen from time to time. In this case, you can:

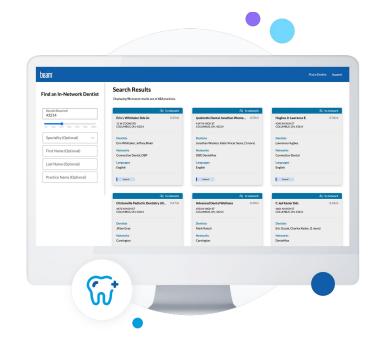
Verify coverage by sending your digital insurance card to the provider via the Beam app.

- 1. Click the "Insurance" tab and then click on your insurance card.
- 2. Click "Share dental card" then click on your insurance card.
- 3. Send your card via text, email, or another preferred communication method.

For more informa, on on out-of-network coverage, check out these Beam blogs:

MAC vs UCR blog.beam.dental

Staying In-Network blog.beam.dental



Have the provider reach out to us.

Phone: (800) 648-1179

Email: support@beam.dental

Chat: beam.dental







Beam Dental Plans

The tools members need for great dental care delivered to their doors. Every plan comes with Beam Perks.

WHAT'S INCLUDED

Beam Brush

Smart, electric toothbrush.

Beam Paste

High-quality, custom formulated toothpaste.

Free Shipping

Delivered right to each member's door!

MEMBERS EARN REWARDS IN THREE EASY STEPS:

1. Sync your brush

Sync your Beam Brush with our app.

2. Earn points

Earn 10 pts. when you brush for 2 min.*

3. Redeem for rewards

Redeem points for brush heads, floss, and our custom toothpaste.



Insurance products underwritten by National Guardian Life Insurance Companyt (NGL), marketed by Beam Insurance services LLC, and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC, in Texas). Dental policy form series numbers NDNGRP 2020. Not all Products Available in All States. Beam Perks® is provided by Beam Perks® LLC. Members age 4 and up at the time of enrollment are eligible to receive Beam Perks® and must select their Beam Brush color within 45 days of enrollment to participate. Beam Perks® can be obtained separately without the purchase of an insurance product by visiting perks. beam.dental. Beam Perks may be changed at any time without notice. See perks. beam.dental for Terms and Conditions. Vision insurance products underwritten by National Guardian Life Insurance Company (NGL), marketed by Beam Insurance Services LLC, and administered by Vision Service Plan Insurance Company. Policy form series numbers NMGRP 2020. Not all products available in all states. 889-40-0021-202000









REGION # 1 - GA	VSP VISION 5
Network	VSP Choice Network – 31,000 Providers & 57,000 access points
FREQUENCY AND COPAYMENTS	
Copayments (Exam / Materials)	\$10/\$25
Frequency (Exams, Lenses, Frames, Contacts)	12:12:24:12
Contact Lens Fitting & Evaluation	15% Discount (not to exceed \$60)
IN-NETWORK ALLOWANCES	
Retail Frame Value	\$130 + 20% savings on amount over allowance
Elective Contact Lenses	\$130
Covered Lens Options	Low Vision and Polycarbonate for Children
VALUE ADDED PROGRAMS & EXTRA DISCOUNTS	
Included Services	Diabetic Eyecare Plus Program, Hearing Aid Discounts, Eye Health Management, Diabetic Exam Reminder Letters
Lens Enhancements	Average savings of 30% on other lens enhancements
Additional Pair of Glasses or Sunglasses	20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements from a VSP provider within 12 months of your last WellVision Exam.
Laser Vision Correction (lvc)	15% average discount
OUT-OF-NETWORK ALLOWANCES (up to benefits)	
Exams	\$45
Single Vision Lenses	\$30
Bifocal/progressive lenses	\$50
Trifocal lenses	\$65
Lenticular lenses	\$100
Frames	\$70
Elective contact lenses	\$105
Necessary Contact Lenses	\$210
COVERAGE LEVELS	
	Monthly Employee Cost
Employee Only	\$7.82
Employee + Spouse	\$13.63
Employee + Child(ren)	\$12.40
Family	\$18.20

Helpful Information:

- **Provider Search Link Here:** www.vspdirect.com/find-a-doctor

