



Dental Quote

# Corps Team Services, LLC

## Plan: SmartPremium Plus 100/80/50-1000

Policy effective date: 2026-01-01

Group #: GA00731

Policy length: 12 months





Minimum employer contributions: 0.0% for employee and 0.0% for dependent(s).

Quote id: 621486

Plan quote id: 8426081

Class: All Full-time Active Employees

### Plan pricing

Employee	Employee + spouse	Employee + children	Family
\$48.27 monthly 	\$96.54 monthly 	\$140.08 monthly 	\$188.36 monthly 

### Why Beam Benefits

With Beam, you get simpler, smarter employee benefits. Our plans are easy to understand, easy to implement, and even easier to use with technology when you want it and helpful support from real people when you need it.

- Digital-first, rapid implementation
- Self-service online administration management tool
- A national network of more than 500,000 access points. [Find an in-network Dentist](#)

## Plan coverage

**In-network**  
(PPO fee)

**Out-of-network**  
(90th percentile UCR)

<b>Preventive &amp; Diagnostic</b> <b>Diagnostic and preventive:</b> exams, cleanings, fluoride, space maintainers, x-rays, and sealants	<b>100%</b>	<b>100%</b>
<b>Basic</b> <b>Emergency palliative treatment:</b> to temporarily relieve pain <b>Endodontics:</b> root canals <b>Minor restorative:</b> fillings <b>Oral surgery:</b> extractions and dental surgery <b>Periodontics:</b> to treat gum disease <b>Prosthetic maintenance:</b> relines and repairs to bridges and dentures	<b>80%</b> <i>After deductible</i>	<b>80%</b> <i>After deductible</i>
<b>Major</b> <b>Implants:</b> endosteal in lieu of a 2 or 3 unit bridge <b>Major restorative:</b> crowns, inlays, and onlays <b>Prosthetics:</b> bridges <b>Prosthodontics:</b> dentures	<b>50%</b> <i>After deductible</i>	<b>50%</b> <i>After deductible</i>

## Plan maxes

Annual maximum is the most Beam will pay in a policy year, and applies to diagnostic & preventive, basic services, and major services.

### Annual max based on Calendar Year.

<b>Annual max (In network)</b>	<b>\$1,000</b> /yr
<b>Annual max (Out of network)</b>	<b>\$1,000</b> /yr

## Plan deductible

The deductible is the dollar amount paid towards the cost of care before the insurance benefit begins to cover the cost of claims. The deductible is waived for diagnostic & preventive services.

<b>Individual</b>	<b>\$50</b> /yr
<b>Family</b>	<b>\$150</b> /yr

## Additional details

### See any dentist

Our PPO plans allow you to see any licensed dentist. Savings in plan cost and member out of pocket expenses may be obtained by utilizing participating network dentists.

Beam has partnered with leading regional and national PPO network partners through Dental Benefit Providers (DBP), Careington, DenteMax Plus, Connection Dental, First Dental Health, Maverest, and Beam Direct networks to provide you with the most choices possible.

## Rating Requirements

**Minimum employer contributions:** 0.0% for employee and 0.0% for dependent(s).

**Minimum employee enrollment:** 2 employees

**Maximum number of subgroups:** 10

**Rates are valid for 90 days after 11/18/25**

# Frequencies & limitations

## Coverage rules

Code	Procedure	Covered Under	Frequency	Notes
D0120, D0150, D9310	Periodic oral exam, Comprehensive oral exam, Consultation	Diagnostic	Limit of 2 per 12 months	Limited to 2 oral evaluation procedures, in any combination (D0120, D0150, D9310) per 12 month period
D0150	Comprehensive oral exam	Diagnostic	One per 60 months per provider	
D0140	Limited oral exam	Diagnostic	Two per 12 months	Can do treatment on same day; no shared freq with D0120; shared freq with D0170
D0210	Radiographs-FMX	Diagnostic	One per 60 months	Shared freq with D0330; not reimbursed within 6 months of Bitewing Radiographs
D0220	Radiographs-periapical (first)	Diagnostic	Not covered if inclusive of a procedure with x-rays.	Bitewings and 7 or more periapicals will be reimbursed as FMX. Not covered on same day as D0210, D0330 or if considered a part of billed procedures
D0230	Radiographs-periapical (each additional)	Diagnostic	Not covered if inclusive of a procedure with x-rays.	Bitewings and 7 or more periapicals will be reimbursed as FMX. Not covered on same day as D0210, D0330 or if considered a part of billed procedures
D0270-D0274	Radiographs-bitewings	Diagnostic	Every 6 months	Can perform 6 months after D0210
D0330	Radiographs-panoramic	Diagnostic	One per 60 months	Shared freq with D0210
D1110	Prophylaxis	Preventive	Two per benefit period	Three per 12 months if pregnant 2nd/3rd trimester, four per 12 months if diabetic (N, V); not covered within 3 months of D4910
D1206, D1208	Fluoride	Preventive	Two per 12 months	Covered under age 16
D1351, D1352	Sealants, Resins	Preventive	One per 36 months, per tooth	Covered under age 16, 1st & 2nd permanent molars
D2140-D2161	Fillings	Minor Restorative	One per 24 months, per tooth	Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations.
D2330-D2394	Fillings	Minor Restorative	One per 24 months, per tooth	Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. Posterior composites covered.
D2740, D2750 ...	Crowns (N,X,A)	Major	One per 60 months, paid on seat date; seat date required	See * note below for details
D2950	Core Build-up (X)	Major	One per 60 months	See * note below for details
D4341-D4342	Periodontal scaling and root planing (N, P, X)	Periodontics	One per 24 months, per quadrant	Can perform all 4 quads in one day
D4910	Periodontal maintenance (H)	Periodontics	Two per year unless pregnant (3) or diabetes (4)	After periodontal treatment; can be alternated with D1110 for one per three months
D6010	Endosteal Implants (N,M,X2)	Major	One per lifetime	In lieu of a single tooth replacement when a 2 or 3 unit bridge has been approved for coverage when adjacent teeth are not in need of crowns on their own merit; if there are no additional teeth missing throughout the arch. Alternate benefit of a partial denture will be considered if criteria is not met.

Not covered: D0350, D0364, D0470, D1330, D2962, D3110, D3120, D8093, D9230, D9248

\*Exclusions include, but are not limited to: correction of attrition, abrasion, erosion, or abfraction; for teeth that are not broken down by extensive decay or accidental injury; to restore teeth with microfractures fracture lines, undermined cusps, or existing large restorations without overt pathology.

## Frequently asked questions

<b>Continuation of service?</b>	Covered starting on patient's effective date	<b>N</b> = Narrative of medical necessity
<b>Continuation of benefits?</b>	Earlier effective date is primary	<b>P</b> = Perio charting
<b>Frequency of ortho payments?</b>	Monthly - submit claims for on-going treatment	<b>X</b> = Labeled & dated, pre-op x-rays
<b>Are prior extractions covered?</b>	Yes - no missing tooth clause	<b>X2</b> = Labeled & dated, pre-op and post op x-rays
<b>Timely Filing limit?</b>	12 months from date of service unless otherwise specified by state law. Please refer to your Certificate	<b>H</b> = Periodontal history
<b>Is pre-authorization mandatory?</b>	No - but estimates recommended for \$300+ services	<b>A</b> = date of prior insertion of existing crown
		<b>M</b> = panoramic x-ray or FMX (if available), all missing teeth
		<b>V</b> = Verification from physician (if pregnant requires due date)

## Disclaimer

This quote is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this quote 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 quote and the contract, the contract will govern.

Unless otherwise requested, the producer that you designate as your broker of record will receive commission as a percentage of paid premium for the insurance policies included in this quote. The producer may also qualify for bonuses based on new policies sold and/or retention of existing policies within a specific calendar year. This compensation may vary on a number of factors, including the volume and/or profitability of the insurance contracts that the producer places with Beam Insurance Services LLC. Any bonuses paid are not directly charged to the insurance policies included in this quote and do not have a direct impact on your premium rate. You may obtain information about the compensation expected to be received by the producer by requesting such information from your broker of record.

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 CT, DE, ID, LA, ME, NC, NH, NM, NY, OH, TX, and UT. 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. Limitations and exclusions apply.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

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.

Nationwide and Beam Insurance Services LLC are separate and non-affiliated companies.

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

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