##### Dental Quote

**Plan:** SmartPremium Plus 100/80/50-1500c

**Policy effective date:** 2023-06-01

**Policy length:** 12 months

**Promotion:** Spring 2023 2-Year Rate Guarantee

## Plan pricing

#### Employee

$ 32.10

### monthly

#### Employee + spouse

$ 64.20

### monthly

#### Employee + children

$ 87.10

### monthly

#### Family

$ 119.20

monthly

**Why Beam Benefits**

Beam is setting a new standard for the industry: 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**

**A national network of more than 500,000 access points.**

[**Find an in-network Dentist**](https://dentists.beambenefits.com/)

**Self-service online administration management tool**

**Wellness-focused Beam Perks included for eligible groups\***

# Beam Perks

Our Beam Perks program incentivizes positive brushing habits with wellness rewards#, meaning brighter benefits and bigger smiles.

##### Beam Brush

Smart, electric toothbrush.

##### Beam paste

High-quality, custom formulated toothpaste.

##### Free shipping

Perks delivered right to you.

**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

### Major

**Implants**: endosteal in lieu of a 2 or 3 unit bridge **Major restorative**: crowns, inlays, and onlays **Prosthetics**: bridges

**Prosthodontics**: dentures

**80%**

*After deductible*

# 50%

*After deductible*

**80%**

*After deductible*

# 50%

*After deductible*

## Plan maxes

Annual maximum is the most Beam will pay in a policy year, and 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 $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.** Lifetime maximum applies to orthodontic services.

**Annual max (In network) $1,500** /yr

**Annual max (Out of network) $1,500** /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.

**Individual $50** /yr

**Family $150** /yr

## Submit a claim

###### 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

## Smart premium

##### How lowering your premium works

Using the Beam Brush earns you a Beam score. The better your group’s Beam score, the bigger potential drop in your premium at your renewal.1

Brush better, get a lower premium—pretty simple. Don’t worry, your rates will not increase based on your group Beam score alone. Just get rewarded for good brushing by your group.

1Rate changes are based on Beam score aggregate of your group, prior claims data analysis, and changes in dentist reimbursement contracts. The reduction stated above nor any reduction in premiums is guaranteed. Premium rates can be increased based on the factors previously stated, if determined in the underwriting process. Increase in premium will not occur based on group aggregate Beam score alone.

## 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.

## Promotions

##### Spring 2023 2-Year Rate Guarantee

2-Year Rate Guarantee provides no rate increases on dental for first 24 months for groups with 10-499 eligible employees who quote with Beam April 1, 2023 through June 30, 2023, with an effective date between April 1, 2023 and September 1, 2023

## 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** 05/05/23

## Frequencies & limitations

##### Coverage rules

###### Code Procedure Covered Under Frequency Notes

D0120, D0150, D9310

D0140 D0210

D0220

Periodic oral exam, Comprehensive oral exam, Consultation

Limited oral exam Radiographs-FMX

Radiographs-periapical (first)

Diagnostic Diagnostic Diagnostic

Diagnostic

Limit of three per 12 months Two per 12 months

One per 60 months

Not covered if inclusive of a procedure with x-rays.

Limited to 3 oral evaluation procedures, in any combination (D0120, D0150, D9310) per 12 month period

Can do treatment on same day; no shared freq with D0120; shared freq with D0170

Shared freq with D0330; not reimbursed within 6 months of Bitewing Radiographs

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

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

Can perform 6 months after D0210

Shared freq with D0210

|  |  |  |  |
| --- | --- | --- | --- |
| D0230 | Radiographs-periapical (each additional) | Diagnostic | Not covered if inclusive of a procedure with x-rays. |
| D0270-D0274 | Radiographs-bitewings | Diagnostic | Every 6 months |
| D0330 | Radiographs-panoramic | Diagnostic | One per 60 months |
| D1110 | Prophylaxis | Preventive | Two per benefit period |
| D1206, D1208 | Fluoride | Preventive | One per 12 months |
| D1351, D1352 | Sealants, Resins | Preventive | One per 36 months, per tooth |
| D2140-D2161 | Fillings | Minor Restorative | One per 24 months, per tooth |

Three per 12 months if pregnant 2nd/3rd trimester, four per 12 months if diabetic (N, V); not covered within 3 months of D4910

Covered under age 16

D2330-D2394

D2740, D2750 ... D2950

Fillings

Crowns (N,X,A) Core Build-up (X)

Minor Restorative

Major Major

One per 24 months, per tooth

One per 60 months, paid on seat date; seat date required

One per 60 months

Covered under age 16, 1st & 2nd permanent molars

Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations.

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.

See \* note below for details See \* note below for details

D4341-D4342

D4910

D6010

Periodontal scaling and root planing (N, P, X)

Periodontal maintenance (H)

Endosteal Implants (N,M,X2)

Periodontics

Periodontics

Major

One per 24 months, per quadrant

Two per year unless pregnant (3) or diabetes (4)

One per lifetime

Can perform all 4 quads in one day

After peridontal treatment; can be alternated with D1110 for one per three months

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

##### Frequently asked questions

**Continuation of service?**

Covered starting on patient's effective date

N = Narrative of medical necessity

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

**BEAM SUPPORT**

##### intro@beambenefits.com | (800) 648 1179

**LEARN MORE**

##### beambenefits.com

**BM-CSD-0002-051021 Valid as of 05/05/23**

## 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 series numbers NDNGRP 04/06, NDNGRP 2010, and NDNGRP 2020. Dental product underwritten by Nationwide Life Insurance Company, Columbus, OH in NY, DE , ID, LA, UT, OH, TX and NM (effective 11/1/22). 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.

Nationwide, the Nationwide N and Eagle and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company, Inc. National Guardian Life Insurance Company, Two East Gilman, Madison, Wisconsin 53703

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

**BEAM SUPPORT**

##### intro@beambenefits.com | (800) 648 1179

**LEARN MORE**

##### beambenefits.com

**Vision Quote**

**Quality Digital Office Solutions**

**Plan:** VSP® Choice Plan #2

**Policy effective date:** 2023-06-01

**Policy length:** 12 months

**Promotion:** Spring 2023 2-Year Rate Guarantee

**Plan pricing**

**Employee**

$ 9.52

monthly

**Employee + spouse**

$ 19.05

monthly

**Employee + children**

$ 16.73

monthly

**Family**

$ 26.25

monthly

**Frequency**

**Exam every** 12 months

**Lenses every** 12 months

**Frames every** 12 months

**Contacts (instead of glasses)** 12 months

**Co-payments**

**Exam** $10

**Materials** $10

**Contact lens fitting & evaluation** 15% discount (not to exceed $60)

**In-network allowances**

**Retail frame value1,2** $150 / 20% savings on amount over allowance

**Elective contact lenses** $150

**Covered lens options** Low Vision and Polycarbonate for Children

**Value added programs**

**Diabetic Eyecare Plus ProgramSM** Included

**Hearing aid discounts** Included

**Eye health management** Included

**Diabetic exam reminder letters** Included

**Out-of-network allowances**

**Examination,** up to $45

**Single vision lenses,** up to $30

**Bifocal/progressive lenses,** up to $50

**Trifocal lenses,** up to $65

**Lenticular lenses,** up to $100

**Frames,** up to $70

**Elective contact lenses,** up to $105

**Necessary contact lenses,** up to $210

**Extra discounts & savings2**

**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% discount avg.

1. Coverage with a retail chain may be different or does not apply.
2. Added value services are additional benefits offered by VSP and not included in the insurance benefit plan.

**Promotions**

**Spring 2023 2-Year Rate Guarantee**

2-Year Rate Guarantee provides no rate increases on vision for first 24 months for groups with 10-499 eligible employees who quote with Beam April 1, 2023 through June 30, 2023, with an effective date between April 1, 2023 and September 1, 2023

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.

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Vision 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). Policy form series numbers NVIGRP 11-13, NVIGRP 5-07 and NVIGRP 2020. Vision product underwritten by Nationwide Life Insurance Company, Columbus, OH in NY, DE, ID, LA, UT, OH, TX and NM. Vision insurance products underwritten by Vision Service Plan (VSP) in WA. Not all products available in all states. Vision product administered by Vision Service Plan Insurance Company.

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Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, OH 43215 Vision Service Plan Insurance Company, 3333 Quality Drive Rancho Cordova, CA 95670

Additional Information:

Medical Provider Look Up

For our IHP Plans, we use two different websites for Provider searches:

1.       [**www.multiplan.us**](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.multiplan.us_&d=DwMFaQ&c=E0AVYOSVkyZIeXdarKjL5FZbWxaYXr9bBVWx19DT9Zw&r=n5ot1pIcJabAdEAJ8bckeqwiYtkl3dUW-C8f0WEHd2U&m=j286fGzg1oBbw7BNyeJyEWhI_-Oj08A041bo0gzR8-74A8gInNpLxCeY7r2kga-8&s=IAYxhhdwOTQARjjMVMi9V4lpKzF3fz9sN7MTJWWMNmE&e=) is the website search for the following IHP Plans:  MEC 1, MEC 2, MEC 3, MEC 4, Ultimate PPO and Ultimate 5K PPO. Multiplan's provider search for the plans subject to RBP will only use PHCS Preventative Services or PHCS Specific Services for Practioner

2.       [**www.hstconnect.com**](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.hstconnect.com_&d=DwMFaQ&c=E0AVYOSVkyZIeXdarKjL5FZbWxaYXr9bBVWx19DT9Zw&r=n5ot1pIcJabAdEAJ8bckeqwiYtkl3dUW-C8f0WEHd2U&m=j286fGzg1oBbw7BNyeJyEWhI_-Oj08A041bo0gzR8-74A8gInNpLxCeY7r2kga-8&s=8PBwjhEL8xsthB8V0wuEwGnVe_BdHS9-25jU3b6uq3Y&e=) is the website search for the other listed IHP Plans:  Basic, Plus, Premier, Ultimate and Ultimate 5K.

1.  The **Multiplan website searches** require that you click on various **'Network'** selections:   You have to select the PHCS network first, then check for any of the following statements on the ID card and click the appropriate one.

(Statement usually appears below the logo)
Out of Area
Extended PPO
Limited Benefit Plan
Practitioner Only
Hospital Only
Practitioner & Ancillary
Preventive Services  -For For MEC 1
Specific Services - For MEC 2, 3 and 4
Healthy Directions
For Value-Driven Health Plans
I don't see any of these statements - For Ultimate PPO and Ultimate 5K PPO

·  **MEC 1** - Preventive Services Only.

·  **MEC 2**- Specific Services

·  **MEC 3**- Specific Services

·  **MEC 4**- Specific Services

·  **Ultimate PPO**- Select "I don't see any of these statements" in the Network Search.

·  **Ultimate $5K PPO**- Select "I don't see any of these statements" in the Network Search.

I have attached marketing documents that will walk your plan members or prospective members through the network search per plan.

Please note that there is a**different phone number** for provider questions on each of the marketing pieces based on your network search.

2.  The **HSTConnect website searches** do not require that you click on various Network selections.

There is only one marketing document for all IHP plans that utilize the HSTConnect website.  I have attached this marketing piece to this email.

Please note that it is very important that when entering a provider search differentiator such as 'Specialty' or 'Zip Code' that you **select** and **click** the one that matches in the drop down.   -The current HST document for distribution is attached.

You may also call to inquire if a provider is in the network by calling **1-800-440-7427 (Option 2, Option 1, Option 1).** The search begins as an automated search.  There will be an option later during the automated call to speak with a representative.

Health Plan Details

I have not received the plan documents from the carrier as of yet. I have attached copies of the summary of benefits in the link below.

<https://andersonthornton.sharefile.com/d-s4ce1d99d02b64690a0a31ad8e300d405>

Covered Preventative Procedures

**Covered Benefits**

* Abdominal Aortic Aneurysm Screening
* **Adult Annual Standard Physical**
* **Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling**
* Aspirin: Preventive Medication
* Bacteriuria Screening
* BRCA Risk Assessment and Genetic Counseling/Testing
* Breast Cancer Preventive Medications
* **Breast Cancer Screening**
* Breastfeeding Support, Supplies and Counseling
* In Conjunction with each birth
* Cervical Cancer Screening: with Combination of Cytology and Human Papilloma Virus (HPV) testing
* Cervical Cancer Screening: with Cytology (Pap Smear)
* Chlamydia Screening
* **Colorectal Cancer Screening**
* **Contraceptive Methods and Counseling**
* **COVID-19 Tests and Vaccines**
* Dental Caries Prevention: Infants & Children to Age 5
* **Depression Screening**
* **Diabetes Screening**
* Fall Prevention: Older Adults
* Folic Acid Supplementation
* Gestational Diabetes Mellitus Screening
* Gonorrhea Prophylactic Medication
* Gonorrhea Screening
* Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease
* Healthy weight and weight gain in pregnancy
* Hemoglobinopathies Screening
* Hepatitis B Screening
* Hepatitis C Virus (HCV) Infection Screening
* **High Blood Pressure Screening**
* HIV Preexposure Prophylaxis
* HIV Screening
* **Hypertension in Adults**
* Hypothyroidism Screening
* **Intimate Partner Violence Screening**
* Latent Tuberculosis Screening
* Lung Cancer Screening
* Obesity screening and Counseling
* Osteoporosis Screening
* Phenylketonuria Screening
* Preeclampsia Screening
* **Rh Incompatibility Screening: 1st Pregnancy Visit**
* Rh Incompatibility Screening: 24–28 Weeks' Gestation
* Sexually Transmitted Infections Counseling
* Skin Cancer Behavioral Counseling
* Statin Preventive Medication
* Syphilis Screening
* **Tobacco Use Counseling and Interventions**
* Unhealthy Drug Use Screening
* Vision Screening
* **Well-Woman Visits**
* **Well-Child Visits**

**Immunizations**

* Hepatitis B
* Diphtheria, tetanus, and acellular pertussis
* Haemophilus influenzae type b
* Pneumococcal
* Poliovirus
* Influenza (yearly)
* Measles, mumps, and rubella
* Varicella
* Hepatitis A
* Rotavirus
* Tetanus, diphtheria, and pertussis
* Human papillomavirus
* Meningococcal
* Meningococcal Booster
* Influenza inactivated
* Influenza recombinant
* Influenza live attenuated
* Tetanus, diphtheria, and acellular pertussis
* Zoster recombinant
* Pneumococcal polysaccharide

# Medical

## IHP

## S&S Health — TPA

Group Number:

Customer Service: 1-844-513-8866 Website: <http://www.ss-healthcare.com/>

# Dental & Vision

## Beam

Group Number:

Customer Service: 1-800-648-1179 Website: [www.beambenefits.com](http://www.beambenefits.com)

# Questions? Contact:

**Patrick Thornton**

Managing Director

Anderson Thornton Consultants

15429 N Florida Ave

Tampa, Florida 33613

Phone: 813-979-1588

Email: service@andersonthornton.com

Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.