Dental Benefit Summary

Townsend Management Group

Plan: SmartPremium

Policy effective date: 07/01/2026
Policy length: 12 months
Group number: LA08422

Plan coverage

	In-network (PPO fee)	Out-of-network* (90th 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 **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	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.
Annual max based on calendar year.

Annual max (In network) **Benefit period:** calendar year	$3,000/yr
Annual max (Out of network) **Benefit period:** calendar year	$3,000/yr
Ortho lifetime max	$1,000/lifetime

Plan deductible

The deductible is waived for diagnostic & preventive services.

Individual	$50/yr
Family	$150/yr

Claims Information

Beam Insurance Administrators LLC
PO Box 75372
Cincinnati, OH 45275

Electronic payer ID	NEA ID	Fax number	Phone number	Claim form accepted
BEAM1	BEAM1	(844) 688-4821	(800) 648-1179	ADA form 2006 or later

Beam Dental PPO Standard coverages, as of August 1, 2019

Questions?

If you have questions, call us at (800) 648-1179. We'd love to help! Visit app.beambenefits.com and login to view more info. Please check your Certificate of Insurance for a description of coverage, limitations, and exclusions under the plan. Some services require prior authorization.

Disclaimer

* Member may have out of pocket expenses if using an out-of-network provider.

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

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.

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

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