



Dental Quote

## TR Benefits Shelf Rate 2025







**Plan:** SmartPremium Plus 100/80/50-5000

jim@trbis.com

(925)962-9055

### Plan pricing

Employee	Employee + spouse	Employee + children	Family
\$69.52 monthly 	\$139.02 monthly 	\$179.22 monthly 	\$248.74 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
- A national network of more than 500,000 access points.  
[Find an in-network Dentist](#)
- Self-service online administration management tool

## 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

**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

**80%**

*After deductible*

**80%**

*After deductible*

#### Major

**Implants:** endosteal in lieu of a 2 or 3 unit bridge

**Major restorative:** crowns, inlays, and onlays

**Prosthetics:** bridges

**Prosthodontics:** dentures

**50%**

*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.

**Annual max based on Calendar Year.**

**Annual max (In network)**

**\$5,000** /yr

**Annual max (Out of network)**

**\$5,000** /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