



Underwritten by:
National Guardian Life Insurance Company
Two East Gilman Street
Madison, WI 53703



Administrator:
Beam Insurance Administrators, LLC
PO Box 75372
Cincinnati, OH 45275

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC)

Part I: GENERAL INFORMATION

Insurer Name: National Guardian Life Insurance Company Plan Name: SmartPremium Plus 100/80/80/50-1500/1000
Policy Type: PPO Insurer Phone #: 1-800-648-1179
Effective Date: 01/01/2026 - 12/31/2026 Insurer Website: <https://www.beambenefits.com>

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE INSURER WEBSITE AT <https://www.beambenefits.com> OR CALL 1-800-648-1179.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

<i>Deductible</i>	<i>All Providers</i>
Dental	Per individual: \$50 Per family: \$150
Orthodontia	None

- The deductible applies to the following services: Procedures in Classes Basic, Major.
- A deductible is the amount you are required to pay for covered dental services each policy year before the insurer begins to pay for the cost of covered dental treatment.
- In-network services are dental care services provided by dentists or other licensed dental care providers that contract with your insurer for alternative rates of payment for dental services.
- Out-of-network services are dental care services provided by dentists or other licensed dental care providers that have not contracted with your insurer for alternative rates of payment.

Part III: MAXIMUMS POLICY WILL PAY

Maximums

Annual Maximum

All Providers

\$1,500

Lifetime or Annual Maximum for Orthodontia

- Annual maximum is the maximum dollar amount your policy will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period. Not all services accrue to the annual maximum.
- Lifetime maximum means the maximum dollar amount your policy providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: A waiting period is the amount of time that must pass before you are eligible to receive benefits or services for all or certain dental treatments. There is no waiting period.

true

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

<i>Common Dental Procedures</i>	<i>Category</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Benefit Limitations and Exclusions</i>
<i>Oral Exam</i>	Preventive & Diagnostic	100%	100%	Limited to 3 oral evaluation procedures (D0120, D0150, D9310) per 12 month period. No waiting period.
<i>Bitewing X-ray</i>	Preventive & Diagnostic	100%	100%	Maximum of 1 procedure per 6 months. No waiting period.
<i>Cleaning</i>	Preventive & Diagnostic	100%	100%	Maximum of 2 procedures per 12 months. No waiting period.
<i>Filling</i>	Basic	80%	80%	Maximum of 1 each tooth per 24 months. No waiting period.
<i>Extraction, Erupted Tooth or Exposed Root</i>	Basic	80%	80%	Maximum 1 time per tooth or site. No waiting period.

<i>Common Dental Procedures</i>	<i>Category</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Benefit Limitations and Exclusions</i>
<i>Root Canal</i>	Basic	80%	80%	Maximum 1 time per tooth or site. No waiting period.
<i>Scaling and Root Planing</i>	Basic	80%	80%	Maximum of 1 each quadrant per 24 months. No waiting period.
<i>Ceramic Crown</i>	Major	80%	80%	Maximum of 1 per 5 year period per tooth. No waiting period.
<i>Removable Partial Denture</i>	Major	80%	80%	Maximum of 1 per 5 year period. No waiting period.
<i>Extraction, Erupted Tooth with Bone Removal</i>	Basic	80%	80%	Maximum 1 time per tooth or site. No waiting period.
<i>Orthodontia</i>	Orthodontia	50%	50%	Limited to Dependent Children under age 19. No waiting period.

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic and Major Services for illustrative purposes and to compare this product to other dental products you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist

New patient exam, x-rays (FMX) and cleaning

<i>Dana's Visit</i>	<i>Dana's Cost</i>
Total Cost of Care	In-network: \$400 Out-of-network: \$550
Deductible	In-network: Not Covered Out-of-network: Not Covered
Annual Maximum (Plan Will Pay)	In-network: \$400 Out-of-network: \$550

Sam Needs a Tooth Filled

Resin-based composite - one surface, posterior

<i>Sam's Visit</i>	<i>Sam's Cost</i>
Total Cost of Care	In-network: \$150 Out-of-network: \$200
Deductible	In-network: \$50 Out-of-network: \$50
Annual Maximum (Plan Will Pay)	In-network: \$80 Out-of-network: \$120

Maria Needs a Crown

Crown - porcelain/ceramic substrate

<i>Maria's Visit</i>	<i>Maria's Cost</i>
Total Cost of Care	In-network: \$1,300 Out-of-network: \$1,750
Deductible	In-network: \$50 Out-of-network: \$50
Annual Maximum (Plan Will Pay)	In-network: \$1,000 Out-of-network: \$1,360

Patient Cost (copayment or coinsurance)	In-network: \$0	Patient Cost (copayment or coinsurance)	In-network: \$20	Patient Cost (copayment or coinsurance)	In-network: \$250
	Out-of-network: \$0		Out-of-network: \$30		Out-of-network: \$340
<i>Dana's Visit</i> In this example, Dana would pay (includes copays/ coinsurance and deductible, if applicable):	<i>Dana's Cost</i> In-network: \$0 Out-of-network: \$0	<i>Sam's Visit</i> In this example, Sam would pay (includes copays/ coinsurance and deductible, if applicable):	<i>Sam's Cost</i> In-network: \$70 Out-of-network: \$80	<i>Maria's Visit</i> In this example, Maria would pay (includes copays/ coinsurance and deductible, if applicable):	<i>Maria's Cost</i> In-network: \$300 Out-of-network: \$390

Summary of what is not covered or subject to a limitation:	New patient exam: Limited to 3 oral evaluation procedures (D0120, D0150, D9310) per 12 month period. No waiting period. X-rays (FMX): Maximum of 1 procedure per 6 months. No waiting period. Cleaning: Maximum of 2 procedures per 12 months. No waiting period.	Summary of what is not covered or subject to a limitation:	Resin-based composite - one surface: Maximum of 1 each tooth per 24 months. No waiting period.	Summary of what is not covered or subject to a limitation:	Crown - porcelain/ceramic substrate: Maximum of 1 per 5 year period per tooth. No waiting period.
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