Delta Dental's Small Business Program

For groups with 2-99 enrolled employees

Nevada

Plan Year 2026

Summary of DeltaCare® USA Benefits[1] (No waiting period for any procedure)				
Plan		Deluxe 11A	Advantage 15B	Core 17B
Procedure Code[2]		Enrollee copayment		
Office Visit	D0999	$0	$5	$5
Diagnostic				
Periodic oral exam – established patient	D0120	$0	$0	$0
Complete series of x-rays	D0210	$0	$0	$0
Preventive				
Cleaning – adult	D1110	$0	$5	$0
Cleaning – child	D1120	$0	$5	$0
Sealant – per tooth	D1351	$10	$15	$17
Restorative				
Amalgam (silver-colored) filling, 1 surface	D2140	$0	$8	$17
Resin (tooth-colored) filling				
Front tooth, 1 surface	D2330	$0	$22	$22
Back tooth, 1 surface	D2391	$55	$65	$47
Crown – porcelain and precious metal	D2750	$240	$395	$470
Crown – previous metal	D2790	$210	$395	$480
Post and core with crown	D2952	$35	$110	$165
Endodontics				
Root Canal, front tooth	D3310	$55	$125	$330
Root Canal, molar tooth	D3330	$250	$365	$530
Periodontics				
Periodontal surgery, per quadrant	D4260	$280	$385	$595
Periodontal scaling and root planning, four or mo	D4341	$25	$60	$115
Periodontal maintenance	D4910	$15	$45	$78
Prosthodontics				
Full upper denture	D5110	$145	$365	$575
Partial upper denture	D5213	$160	$395	$670
Oral and maxillofacial surgery				
Extraction of a fully exposed tooth	D7140	$5	$14	$53
Extraction of a fully impacted tooth	D7240	$90	$120	$230
Orthodontics				
Pediatric Service	D8070	$1,700	$1,900	$1,530
Adult services	D8090	$1,900	$2,100	$2,000
Calendar Year Deductible		None	None	None

Groups sized 2 to 99 eligible employees- Less than 75% employer paid			
Regions 1 and 2			
One Party	$27.59	$22.48	$19.56
Two Party	$45.51	$37.10	$32.28
Three Party+	$67.31	$54.90	$47.77
Region 3			
One Party	$27.59	$22.48	$19.56
Two Party	$45.51	$37.10	$32.28
Three Party+	$67.31	$54.90	$47.77
Groups sized 2 to 99 eligible employees- At least 75% employer paid for employees			
Regions 1 and 2			
One Party	$25.44	$20.70	$18.01
Two Party	$43.75	$35.63	$31.00
Three Party+	$64.68	$52.69	$45.84
Region 3			
One Party	$25.44	$20.70	$18.01
Two Party	$43.75	$35.63	$31.00
Three Party+	$64.68	$52.69	$45.84
Groups sized 2 to 99 eligible employees- At least 75% employer paid for employees and dependents			
Regions 1 and 2			
One Party	$27.05	$20.70	$18.01
Two Party	$44.63	$34.15	$29.71
Three Party+	$66.03	$50.52	$43.96
Region 3			
One Party	$27.05	$20.70	$18.01
Two Party	$44.63	$34.15	$29.71
Three Party+	$66.03	$50.52	$43.96

[1]This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent or Delta Dental sales representative for complete information.

[2]Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT descriptors or nomenclature, which are under copyright by the American Dental Association®.

Additional Information

Rate guarantee: 24 months for groups enrolling on or before December 1, 2026.
Broker commission: These rates include 10% flat broker commission and any applicable miscellaneous broker compensation.

Region 1

Clark county

Region 2

All other counties.

DELTA DENTAL®