

When Does My Coverage Start?

All completed applications received, with full payment, will be processed and be eligible the first day of the following month.

Who's Covered?

This plan provides covered services for adults and children to 18 years of age. The covered services of this plan are available to members at participating network dentists.

Copayments & Requirements

All copayments are to be made to the dental office at the time of service. The brochure is a summary of benefits and copayments only. For a complete list of benefits and copayments, visit www.nevadadentalbenefits.com. A covered service beyond the scope of the General Dentist may be eligible to be referred to a specialist. Assistance can be achieved by calling Nevada Dental Benefits Care Coordinators at (702) 478-2014.

Complaints & Disputes

Any complaint or dispute should be directed to Nevada Dental Benefits, Ltd. A complaint form is available by calling (866) 998-3944.



 Nevada Dental Benefits, Ltd.®
a PRIMECARE™ company
BENEFITS GROUP

CALL TODAY FOR MORE DETAILS
(702) 478-2014
NevadaDentalBenefits.com

Our Mission

Our Mission is to help people live longer, healthier lives by supplying affordable dental care from trustworthy dental professionals that share common values.



Great Health Starts Here®

**ACCESSIBLE & AFFORDABLE
DENTAL COVERAGE**



 Nevada Dental Benefits, Ltd.®
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BENEFITS GROUP

SIGN UP AND START SAVING TODAY!

We offer dental plans that provide you significant savings, professional networks and a local team with our headquarters here in Nevada.

NO WAITING PERIODS

NO DEDUCTIBLES

NO MAXIMUMS

50%-100% SAVINGS COMPARED TO USUAL & CUSTOMARY FEES

AN EXTENSIVE NETWORK OF FAMILY DENTISTS & SPECIALISTS

NDB NEVADA KIDS + ADULT SILVER PLAN



Low Cost Monthly Premiums

SOUTHERN NEVADA

\$17.80

NORTHERN NEVADA

\$19.90

**This is only a summary*

OUR LOW-COST CO-PAYMENT GUIDE SUMMARY

PROCEDURE		Silver Plan (Member Pay)	Cost Without Plan
Class I - Preventative & Diagnostic		Copayment	Regular Fee
D0120	Periodic Oral Evaluation – Established Patient	\$0	\$61
D0140	Limited Oral Evaluation – Problem Focused	\$0	\$92
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	\$98
D0210	Intraoral – Complete Series, Including Bitewings	\$40	\$184
D0220	Intraoral – Periapical First Radiographic Image	\$5	\$39
D0230	Intraoral – Periapical Each Radiographic Image	\$5	\$31
D0270	Bitewing – Single Radiographic Image	\$5	\$39
D0272	Bitewings – Two Radiographic Images	\$20	\$59
D0274	Bitewings – Four Radiographic Images	\$20	\$87
D0330	Panoramic Radiographic Image	\$20	\$151
D1110	Prophylaxis – Adult (1 per 6 months)	\$35	\$102
D1120	Prophylaxis – Child (1 per 6 months)	\$0	\$76
D1208	Topical Application of Fluoride	\$15	\$50
D1351	Sealant – Per Tooth	\$20	\$58
Class II - Basic Services		With Plan	Regular Fee
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$50	\$262
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$70	\$310
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$50	\$234
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$70	\$278
D2335	Resin-Based Composite – Four + Surfaces	\$70	\$284
D2950	Core Buildup, Including Any Pins	\$50	\$369
D3310	Endodontic Therapy, Anterior Tooth	\$200	\$915
D3320	Endodontic Therapy, Bicuspid Tooth	\$250	\$1,073
D3330	Endodontic Therapy, Molar Tooth	\$400	\$1,375
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth	\$100	\$795
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth	\$75	\$281
D4249	Clinical Crown Lengthening – Hard Tissue	\$100	\$1,063
D4341	Periodontal Scaling & Root Planing – Four or More Teeth per Quad	\$65	\$327
D4910	Periodontal Maintenance	\$50	\$154
D7140	Extraction, Erupted Tooth or Exp. Root	\$75	\$214
D7210	Extraction of Erupted Tooth	\$90	\$393
Class III - Major Services		With Plan	Regular Fee
D2740	Crown – Porcelain/Ceramic	\$350	\$1,686
D2750	Crown – Porcelain Fused to High Noble Metal	\$400	\$1,598
D2752	Crown – Porcelain Fused to Noble Metal	\$300	\$1,486
D2790	Crown – Full Cast High Noble Metal	\$300	\$1,602
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$75	\$365
D2954	Prefabricated Post and Core In Addition to Crown	\$50	\$456
D5110	Complete Denture – Maxillary (1 per 60 months)	\$550	\$1,601
D5120	Complete Denture Mandibular (1 per 60 months)	\$550	\$1,529
D5213	Maxillary Partial Denture	\$500	\$1,929
D5214	Mandibular Partial Denture	\$500	\$1,920
D5741	Reline Mandibular Partial Denture, Chairside	\$100	\$385
D6930	Recement or Re-Bond Fixed Partial Denture	\$50	\$199

**The co-payment guide displayed is only a summary of benefits. Please refer to the complete schedule of benefits for all covered services at www.nevadadentalbenefits.com*