



Healthy smiles

start with quality dental care, covered by a plan you can trust.

Great Health Starts Here®

Dental insurance makes dental care more affordable. It covers things like cleanings, exams, and treatments such as fillings or root canals. Regular dental visits help catch problems early, like cavities or gum disease, which can save you from bigger, more expensive treatments later.

Between visits, brush twice a day with fluoride toothpaste and floss daily. Eating healthy and avoiding sugary snacks will keep your teeth and gums strong until your next checkup.

Your Plan: NV73

Questions you may have about your dental plan

Where can I find information about my plan?

Log in at www.nevadadentalbenefits.com to see your coverage, member ID and nearby dentists. You can also call us for help with eligibility, cost estimates and other questions.

Are “plan” and “network” the same thing?

They’re different. Your plan is **NV73**, which is unique to your group. The network, PrimeCare Administrators, includes many dentist offices that accept lots of plans, including yours.

Why should I see an in-network dentist? How can I find one?

Network dentists usually cost you less. They also meet our quality standards and handle the paperwork for you. To find one, visit www.nevadadentalbenefits.com, or ask your dentist if they’re in-network.

What should I ask my dentist about insurance?

Ask if your dentist is in the PrimeCare Administrators network. If they are, you can use your **NV73** plan, and they’ll handle all the paperwork.

Can I see a specialist under my plan?

Yes! If needed, your in-network dentist can refer you to a specialist. Once approved, you’ll get the specialist’s info by mail. Be sure the specialist is in-network to save on costs.

NevadaDentalBenefits.com



Have questions? Let’s talk!

(702) 478-2014

Monday – Friday, 8:00 a.m. – 5:30 p.m. PST



Find a dentist

Scan the code. Select “NV73” to find network dentists.



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Dental Benefit Summary

Plan NV73

Dental Plan Options		Member Charge In-Network	
Plan Year Deductible		None	
Plan Year Maximum		None (unlimited)	
Preventive Services		No charge	
Periodical Oral Evaluations		\$0	
Full-Mouth X-Rays (incl. bite-wings)		\$0	
Bitewing X-rays		\$0	
Teeth Cleaning (2 per year)		\$0	
Topical Application of Fluoride		\$0	
Sealants		\$0	
Basic Services		Copays vary	
Fillings		\$0	
Posterior Composite (white) Fillings		\$40 – \$75	
Crown (porcelain fused to base, noble & high noble metal)		\$66 – \$73	
Nitrous Oxide/Analgesia		Not covered	
Non-intravenous Conscious Sedation		Not covered	
Major Services		Copays vary	
Extractions (erupted tooth or surgical)		\$0	
Oral Surgery (impacted tooth)		\$17 – \$31	
General Anesthesia		Not covered	
Root Canals (initial)		\$0 – \$60	
Root Planing /Scaling		\$0	
Osseous Surgery		\$37 – \$56	
Soft tissue graft		\$61	
Bridges (porcelain fused to base, noble & high noble metal)		\$63-\$73 per tooth	
Dentures		\$93	
Partial Dentures		\$63 – \$80	
Implants		\$1,350	
Orthodontics*		Member pays up to**	
Child		\$1,350	
Adult		\$3,400	

Out-of-Network Coverage	
Plan Year Deductible	\$50 deductible (waived for Preventive & Diagnostic)
Plan Year Maximum	\$1,500
Services and procedures performed out-of-network are paid up to the allowance listed on the Schedule of Benefits, up to the \$1,500 plan year maximum.	

*See plan benefit schedules

**Services must be rendered by an In-Network Participating Orthodontist