

# Nevada Childcare Dental and Vision

## DENTAL



Network	High PDP Plus	Medium PDP Plus	Low PDP Plus
Out-of-Network Type	90th	90th	MAC
Annual Maximum	\$1,500	\$1,000	\$1,000
Ortho Age Limit	to age 19	to age 19	to age 19
Ortho Lifetime Maximum	\$1,500	\$1,000	\$1,000
Individual Deductible	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150
Deductible Waived for Preventive	Yes	Yes	Yes
<b>Coinsurance (In/Out-of-Network)</b>			
Preventive Services	100%	100%	100%
Basic Services	80%	80%	50%
Major Services	50%	50%	50%
Child Ortho Service	50%	50%	50%
<b>Additional Benefit Details</b>			
Endo	Basic	Basic	Major
Perio	Basic	Basic	Major
Oral Surgery	Split	Split	Split
Implants	Major	Major	Major
<b>Additional Information</b>			
Dependent Age Limits	to age 26	to age 26	to age 26
<b>Monthly Rates</b>			
Single	<b>\$20.89</b>	<b>\$11.82</b>	<b>\$0.00</b>
Employee + Spouse	<b>\$67.71</b>	<b>\$48.88</b>	<b>\$26.61</b>
Employee + Child(ren)	<b>\$76.47</b>	<b>\$64.63</b>	<b>\$35.98</b>
Family	<b>\$133.57</b>	<b>\$113.46</b>	<b>\$68.99</b>

## VISION



Network	In-Network	Out-of-Network
Out-of-Network Type	Davis Vision	
<b>Exams</b>		
Exam with Dilatation as Necessary	\$10	Up to \$45
<b>Frames</b>		
Any available frame at participating provider location	\$130	Up to \$70
<b>Lenses</b>		
Single Vision Lenses	\$25	Up to \$30
Bifocal Lenses	\$25	Up to \$50
Trifocal Lenses	\$25	Up to \$65
Lenticular Lenses	\$25	Up to \$100
<b>Contact Lenses</b>		
Elective	\$130	Up to \$105
Medically Necessary	Included	\$210
<b>Laser Vision Correction</b>		
Lasik or PRK from US Laser Network	Discounts Available	
<b>Frequency</b>		
Examination	Once every 12 months	
Frame	Once every 24 months	
Lenses or Contact Lenses	Once every 12 months	
<b>Additional Information</b>		
Dependent Age Limits	to age 26	
<b>Monthly Rates</b>		
Single	<b>\$0.00</b>	
Employee + Spouse	<b>\$6.12</b>	
Employee + Child(ren)	<b>\$6.72</b>	
Family	<b>\$11.71</b>	