2025 Nebraska Small Business Plans

Delta Dental of Nebraska
Delta Dental PPO Plus Premier™

	Solutions				Dental Flex		Pathfinder				
	1000	1000 Ortho	1500	2000	1000	1000 Ortho	2	3	4	5	6
Annual Max Per person / per calendar year	$1,000	$1,000	$1,500	$2,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Employee Only	$33.09	$33.09	$33.69	$44.29	$29.36	$29.36	$34.18	$34.16	$32.94	$35.86	$40.77
Employee + Spouse	$63.41	$63.41	$64.56	$84.97	$58.72	$58.72	$65.49	$65.52	$63.15	$68.90	$78.33
Employee + Child (ren)	$78.79	$86.99	$80.24	$109.18	$79.26	$98.99	$80.18	$78.33	$77.32	$82.21	$103.20
Family	$123.44	$133.85	$125.66	$167.44	$108.62	$122.97	$125.95	$123.53	$121.44	$128.25	$158.27
Deductible											
Annual Deductible: $50/$150	•	•	•	•	•	•	•	•	•		
Lifetime Deductible: $100/$300										•	•
Preventive Care Deductible: $50 Lifetime/Person							•	•	•		
Unique Features											
Preventive Care Diagnostic & preventive services do not apply to annual max								•		•	
Child Orthodontic Care		•		•		•					•
Posterior Composite Fillings (White)	•	•	•	•			•	•	•	•	•
Endodontic / Periodontic (80%)				•				•		•	•
No Waiting Periods									•		•
Missing Tooth Clause					•	•	•	•	•	•	•
Passive Network	•	•		•			•	•	•	•	•
24 Month Contract							•				
Network Access /Savings	•	•	•	•	•	•	•	•	•	•	•

This is a summary only and does not guarantee coverage, rates or benefits.

Compare and quote
Broker Rate Calculator

Getting a quote for a small business with 2-100 employees is easy! Find the right Pathfinder, Delta Dental Solutions or Dental Flex plan to fit their needs.