DELTA DENTAL

2026 Delta Dental of Nebraska Small Business Plans Overview

2-199 Enrolled employees | Delta Dental PPO Plus Premier™

Compare and quote
Broker Rate Calculator

Getting a quote for a small business with 2-199 enrolled employees is easy!
Find the right Pathfinder, Delta Dental Solutions or Dental Flex plan to fit their needs.

	Evolution 1000	Evolution 1500 with Ortho	Evolution 2000
Annual Max Per person / per calendar year	$1,000	$1,500	$2,000
Employee Only	$39.20	$48.72	$51.26
Employee + Spouse	$78.41	$97.43	$102.52
Employee + Child(ren)	$94.09	$136.22	$123.02
Family	$141.14	$194.68	$184.53
Deductible			
Annual Deductible: $50/$150	•	•	•
Unique Features			
Preventive Care Diagnostic & preventive services do not apply to annual max			
2 Cleanings Per Year	•	•	•
Child Orthodontic Care		•	
Posterior Composite Fillings (White)	•	•	•
Endodontic / Periodontic (80%)	•	•	•
No Waiting Periods	•	•	•
Missing Tooth Clause			
Implant Coverage	•	•	•
12 Month Contract	•	•	•

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