

**ADOPTED REGULATION OF THE  
COMMISSIONER OF INSURANCE**

**LCB File No. R134-24**

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1-5, NRS 679B.130 and 686B.125.

A REGULATION relating to insurance; interpreting certain terms for the purpose of establishing the types of entities that are required to submit certain reports relating to coverage for dental care; prescribing certain requirements governing such reports; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law prohibits the sale or offering for sale of any contract providing coverage for dental care at a rate which is excessive, which is defined as a ratio of losses to premiums collected which is less than 75 percent. Existing law further requires an insurer, organization or person licensed to engage in the business of insurance in this State that provides coverage for dental care in this State to annually file with the Commissioner of Insurance a report of the losses and premiums collected for the calendar year. (NRS 686B.125) **Section 3** of this regulation limits the applicability of this reporting requirement to only include insurers, organizations or persons licensed to engage in the business of insurance in this State who provide stand-alone dental insurance in this State. **Section 2** of this regulation defines the term “stand-alone dental insurance.” **Section 4** of this regulation prescribes: (1) the date on which an insurer, organization or other person licensed to engage in the business of insurance in this State must submit the annual report; and (2) certain requirements for the content of the report. **Section 5** of this regulation provides that an insurer, organization or person licensed to engage in the business of insurance in this State: (1) need not submit a report until May 1, 2026; and (2) must include, to the extent applicable, in the first report that the insurer, organization or person submits, information for the years 2023, 2024 and 2025, stated separately.

**Section 1.** Chapter 686B of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

**Sec. 2.** *As used in sections 2, 3 and 4 of this regulation, unless the context otherwise requires, “stand-alone dental insurance” means any policy of insurance which only pays for*

*or reimburses any part of the cost of dental care, as defined in NRS 695D.030, and is offered or issued separately from any policy of health insurance.*

**Sec. 3.** *For the purposes of the submission of reports pursuant to NRS 686B.125, the Commissioner interprets “insurer, organization or person licensed pursuant to this title who provides coverage for dental care in this State” to include only an insurer, organization or person licensed pursuant to title 57 of NRS who provides stand-alone dental insurance in this State.*

**Sec. 4. 1.** *A report submitted pursuant to NRS 686B.125 by an insurer, organization or person licensed pursuant to title 57 of NRS must:*

*(a) Be submitted on or before May 1 of each year on a form prescribed by the Commissioner;*

*(b) Include all losses incurred in connection with stand-alone dental insurance during the previous calendar year and paid through March 31 of the year in which the report is filed;*

*(c) Include all premiums earned in connection with stand-alone dental insurance during the previous calendar year; and*

*(d) Separately list the losses and premiums for the individual, small employer and large employer markets.*

*2. As used in this section:*

*(a) “Large employer” means an employer that is not a small employer.*

*(b) “Loss” means a direct claim incurred.*

*(c) “Premium” means a direct premium earned.*

*(d) “Small employer” has the meaning ascribed to it in NRS 689C.095.*

**Sec. 5.** This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

1. Notwithstanding the provisions of section 2 of this regulation, an insurer, organization or person licensed pursuant to title 57 of NRS who provides coverage for dental care in this State is not required to submit a report pursuant to NRS 686B.125 until May 1, 2026. The report submitted on May 1, 2026, must include, to the extent applicable, the information required by section 4 of this regulation for the years 2023, 2024 and 2025, stated separately.

2. As used in this section, “insurer, organization or person licensed pursuant to title 57 of NRS who provides coverage for dental care in this State” has the meaning ascribed to “insurer, organization or person licensed pursuant to this title who provides coverage for dental care in this State” in section 3 of this regulation.