

**DELTA DENTAL OF DELAWARE, INC.  
INDIVIDUAL**

Rate Effective Date 1/1/2018  
Rate Expiration Date 12/31/2018

Plan ID	Plan Description	Age	Individual Rate
26018DE0010001	Delta Dental PPO Pediatric Basic Plan -- Low	0-18	24.29
26018DE0010002	Delta Dental PPO Pediatric Preferred Plan -- High	0-18	31.40
26018DE0010004	Delta Dental PPO Preferred Plan for Families -- High	0-18	31.40
	Delta Dental PPO Preferred Plan for Families -- High	19-65	51.30
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	0-18	24.29
	Delta Dental PPO Basic Plan for Families -- Low	19-65	23.48