

**DELTA DENTAL OF DELAWARE, INC.  
INDIVIDUAL -- OFF MARKET ONLY**

Rate Effective Date 1/1/2019  
Rate Expiration Date 12/31/2019

Plan ID	Plan Description	Age	Individual Rate
26018DE0010001	Delta Dental PPO Pediatric Basic Plan -- Low	0 -14	24.29
26018DE0010001	Delta Dental PPO Pediatric Basic Plan -- Low	15	24.29
26018DE0010001	Delta Dental PPO Pediatric Basic Plan -- Low	16	24.29
26018DE0010001	Delta Dental PPO Pediatric Basic Plan -- Low	17	24.29
26018DE0010001	Delta Dental PPO Pediatric Basic Plan -- Low	18	24.29
26018DE0010001	Delta Dental PPO Pediatric Basic Plan -- Low	19 - 64	0.00
26018DE0010002	Delta Dental PPO Pediatric Preferred Plan -- High	0 -14	31.40
26018DE0010002	Delta Dental PPO Pediatric Preferred Plan -- High	15	31.40
26018DE0010002	Delta Dental PPO Pediatric Preferred Plan -- High	16	31.40
26018DE0010002	Delta Dental PPO Pediatric Preferred Plan -- High	17	31.40
26018DE0010002	Delta Dental PPO Pediatric Preferred Plan -- High	18	31.40
26018DE0010002	Delta Dental PPO Pediatric Preferred Plan -- High	19 - 64	0.00