

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

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 | 0-18 | 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 |