

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

**Rate Effective Date** 1/1/2021  
**Rate Expiration Date** 12/31/2021

<b>Plan ID</b>	<b>Plan Description</b>	<b>Age</b>	<b>Individual Rate</b>
26018DE0010004	Delta Dental PPO Preferred Plan for Families -- High	0-18	31.40
	Delta Dental PPO Preferred Plan for Families -- High	19-64+	51.30
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	0-18	24.29
		19-64+	23.48