

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

Rate Effective Date 1/1/2023
Rate Expiration Date 12/31/2023

Plan ID	Plan Description	Age	Individual Rate
26018DE0010004	Delta Dental PPO Preferred Plan for Families -- High	0-18	30.14
	Delta Dental PPO Preferred Plan for Families -- High	19-64+	49.25
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	0-18	23.32
		19-64+	22.54