

DELTA DENTAL OF DELAWARE, INC. INDIVIDUAL

Rate Expiration Date 1/1/2025

Rate Expiration Date 12/31/2025

Plan ID	Plan Description	Age	Individual Rate
26018DE0010004	Delta Dental PPO Preferred Plan for Families -- High	21	\$ 54.38
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	21	\$ 24.89