

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

Rate Effective Date **1/1/2025**

Rate Expiration Date **12/31/2025**

| Plan ID | Plan Description | Age | Individual Rate |
|----------------|--|------------------|------------------------|
| 26018DE0010001 | Delta Dental PPO Pediatric Basic Plan -- | 0-14 | 25.75 |
| 26018DE0010001 | Delta Dental PPO Pediatric Basic Plan -- | 15 | 25.75 |
| 26018DE0010001 | Delta Dental PPO Pediatric Basic Plan -- | 16 | 25.75 |
| 26018DE0010001 | Delta Dental PPO Pediatric Basic Plan -- | 17 | 25.75 |
| 26018DE0010001 | Delta Dental PPO Pediatric Basic Plan -- | 18 | 25.75 |
| 26018DE0010001 | Delta Dental PPO Pediatric Basic Plan -- | 19 - 64 and over | 0.00 |