DELTA DENTAL OF DELAWARE, INC. INDIVIDUAL

Rate Expiration Date 1/1/2025
Rate Expiration Date 12/31/2025

Plan ID	Plan Descriptioin	Age	Individual Rate
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	0-14	$ 33.28
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	15	$ 33.28
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	16	$ 33.28
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	17	$ 33.28
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	18	$ 33.28
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	19	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	20	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	21	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	22	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	23	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	24	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	25	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	26	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	27	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	28	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	29	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	30	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	31	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	32	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	33	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	34	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	35	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	36	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	37	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	38	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	39	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	40	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	41	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	42	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	43	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	44	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	45	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	46	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	47	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	48	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	49	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	50	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	51	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	52	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	53	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	54	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	55	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	56	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	57	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	58	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	59	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	60	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	61	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	62	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	63	$ 54.38
26018DE0010004	Delta Dental PPO Preferred Plan for Famillies -- High	64 and over	$ 54.38

DELTA DENTAL OF DELAWARE, INC. INDIVIDUAL

Rate Expiration Date 1/1/2025
Rate Expiration Date 12/31/2025

Plan ID	Plan Descriptioin	Age	Individual Rate
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	0-14	$ 25.75
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	15	$ 25.75
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	16	$ 25.75
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	17	$ 25.75
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	18	$ 25.75
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	19	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	20	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	21	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	22	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	23	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	24	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	25	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	26	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	27	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	28	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	29	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	30	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	31	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	32	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	33	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	34	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	35	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	36	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	37	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	38	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	39	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	40	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	41	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	42	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	43	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	44	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	45	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	46	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	47	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	48	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	49	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	50	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	51	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	52	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	53	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	54	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	55	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	56	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	57	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	58	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	59	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	60	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	61	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	62	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	63	$ 24.89
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	64 and over	$ 24.89