



## Delta Dental of Illinois Individual and Family Plans Rate Sheet

### Dental Plans\*

Delta Dental PPO Plus Premier® – Premium Plan	
Individual Only	\$77.03
Individual + 1	\$ 149.18
Individual + Family	\$ 258.18

Delta Dental PPO Plus Premier – Elevated Plan	
Individual Only	\$53.30
Individual + 1	\$103.08
Individual + Family	\$188.16

Delta Dental PPO Plus Premier – Base Plan	
Individual Only	\$34.04
Individual + 1	\$65.81
Individual + Family	\$120.14

### DeltaVision® Plans\*

	DeltaVision Essential Plan	DeltaVision Brilliance Plan
Individual Only	\$14.90	\$22.70
Individual + 1	\$29.80	\$45.40
Individual + Family	\$44.70	\$68.10

\*Rates are for plans effective August 1, 2024 – December 31, 2024

DeltaVision is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks. Delta Dental and DeltaVision are registered marks of Delta Dental Plans Association.

## ACA Dental Plans\*\*

Delta Dental of Illinois Individual Preferred Plan	
Children under age 19	\$30.86
Individuals 19 and older	\$24.87

Delta Dental of Illinois Individual Basic Plan	
Children under age 19	\$27.69
Individuals 19 and older	\$24.87

Delta Dental of Illinois Individual Preventive Plan	
Children under age 19	\$19.76
Individuals 19 and older	\$14.50

\*\*Rates are for plans effective January 1, 2024 – December 31, 2024

## Commercial Dental Plans No Longer In Market Renewal Rates\*\*\*

Delta Dental PPO Plus Premier– Progressive Plan	
Individual Only	\$68.88
Individual + 1	\$133.19
Individual + Family	\$243.13

Delta Dental PPO Plus Premier– Platinum Plan			
Annual Maximum	\$2,500	\$2,000	\$1,500
Individual Only	\$71.60	\$70.40	\$65.13
Individual + 1	\$138.65	\$136.31	\$126.12
Individual + Family	\$248.53	\$244.29	\$225.89

Delta Dental PPO -Gold Plan		Delta Dental PPO -Silver Plan		Delta Dental PPO - Bronze Plan	
Individual Only	\$41.12	Individual Only	\$29.81	Individual Only	\$21.89
Individual + 1	\$79.50	Individual + 1	\$57.94	Individual + 1	\$44.86
Individual + Family	\$145.12	Individual + Family	\$108.43	Individual + Family	\$93.66

\*\*\*Rates are for plans effective August 1, 2024 – December 31, 2024