

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

**Rate Expiration Date 1/1/2024**

**Rate Expiration Date 12/31/2024**

<b>Plan ID</b>	<b>Plan Description</b>	<b>Age</b>	<b>Individual Rate</b>
26018DE0010004	Delta Dental PPO Preferred Plan for Families -- High	21	\$ 51.30
26018DE0010006	Delta Dental PPO Basic Plan for Families -- Low	21	\$ 23.48