



Delta Dental of Illinois Individual and Family Plans Rate Sheet*

Delta Dental PPO Plus Premier - Premium Plan	
Individual Only	\$55.02
Individual + 1	\$106.55
Individual + Family	\$184.41

Delta Dental PPO Plus Premier - Elevated Plan	
Individual Only	\$43.26
Individual + 1	\$83.67
Individual + Family	\$152.73

Delta Dental PPO Plus Premier - Progressive Plan	
Individual Only	\$50.09
Individual + 1	\$96.86
Individual + Family	\$176.82

Delta Dental PPO Plus Premier - Base Plan	
Individual Only	\$24.75
Individual + 1	\$47.86
Individual + Family	\$87.37

Delta Dental of Illinois ACA- Individual Kids Preferred Plan	
Individual Under Age 19	\$28.05 per child

*Rates are for plans effective in 2022-2023