



Delta Dental of Illinois Individual and Family Plans Rate Sheet*

Dental Plans

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)	\$30.86 per child
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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 Jan 1, 2024 - April 30, 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.