



## Delta Dental of Illinois Individual and Family Plans 2017-2018 Rate Sheet

<b>Delta Dental PPO - Gold Plan</b>		<b>with Individual Kids Preferred (Individuals Under Age 19)</b>
Individual Only	\$35.54	N/A
Individual + 1	\$68.73	\$69.07
Individual + Family	\$125.46	\$134.87

<b>Delta Dental PPO - Silver Plan</b>		<b>with Individual Kids Preferred (Individuals Under Age 19)</b>
Individual Only	\$28.94	N/A
Individual + 1	\$56.25	\$56.53
Individual + Family	\$105.27	\$113.17

<b>Delta Dental PPO - Bronze Plan</b>	
Individual Only	\$14.47
Individual + 1	\$29.66
Individual + Family	\$61.93

<b>Delta Dental of Illinois - Individual Kids Preferred Plan</b>	
Individual Under Age 19	\$31.17 per child