



Delta Dental of Illinois Individual and Family Plans Rate Sheet

Commercial Dental Plans (non-ACA)*

Delta Dental PPO Plus Premier® – Premium Plan (for plans effective 3/1/2025 and thereafter)

Individual Only	\$88.87
Individual + 1	\$ 172.11
Individual + Family	\$ 297.86

Note: Premium plan with effective dates of 7/1/22 – 2/1/25 have different renewal rates; the rates above do not apply.

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 March 1, 2025 – December 1, 2025

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.