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