



Delta Dental of Illinois Individual and Family Plans Rate Sheet*

Dental Plans*

Delta Dental PPO Plus Premier® - Premium Plan	
Individual Only	\$61.62
Individual + 1	\$119.34
Individual + Family	\$206.54

Delta Dental PPO Plus Premier - Elevated Plan	
Individual Only	\$47.59
Individual + 1	\$92.04
Individual + Family	\$168.00

Delta Dental PPO Plus Premier - Base Plan	
Individual Only	\$27.23
Individual + 1	\$52.65
Individual + Family	\$96.11

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 effective as of May 1, 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.