



## Delta Dental of Illinois Individual and Family Plans Rate Sheet\*

Tier	Platinum Plan by Annual Max		
	1,500	2,000	2,500
Individual Only	\$43.26	\$44.52	\$45.28
Individual + 1	\$83.78	\$86.21	\$87.68
Individual + Family	\$150.05	\$154.49	\$157.17

Tier	Silver	Bronze
Individual Only	\$28.94	\$14.47
Individual + 1	\$56.25	\$29.66
Individual + Family	\$105.27	\$61.93

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

\*Rates are for plans effective in 2021