

Individual Plan Options for Delta Dental Premier

Rates Effective 1/1/2025 – 12/31/2025

Benefit	Option 1	Option 2
Network	Premier	Premier
Annual Benefit Maximum	\$1,000	\$1,000
Type 1	100%	100%
Type 2 *	80%	50%
Type 3 *	50%	40%
Deductible: There is a \$50 deductible per person up to \$150 per family on Type 2 and Type 3 services.		
* Waiting Periods: There is a six (6) month waiting period on Type 2 services and a twelve (12) month waiting period on Type 3 services		
Please review the Summary of Benefits for more details on the benefits.		

Age 50 and Over Monthly Rates	Option 1	Option 2
Single	\$61.75	\$49.60
Single + 1	\$124.62	\$100.13
Family	\$192.00	\$154.26

Below Age 50 Monthly Rates	Option 1	Option 2
Single	\$58.38	\$46.90
Single + 1	\$110.03	\$88.41
Family	\$187.50	\$150.63

Rates are guaranteed for 12-month period if enrolled between 1/1/2025 and 12/31/2025.

Enrollment dates are always effective on the first day of the month.

Applications postmarked by the 20th of the month will become effective the 1st of the following month. Example - an application postmarked January 20 will have an effective date of February 1. An application postmarked January 21 will have an effective date of March 1.

* The waiting period may be waived for former Delta Dental of Massachusetts members under limited circumstances. In order for the waiting period to be waived, your coverage on a comparable plan would need to have terminated for no more than 60 days prior to enrollment in the Premier Individual Plan. A comparable plan must include substantially similar coverage. Members with an in-force dental plan will be subject to the waiting periods under this policy.

