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			

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

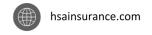
Below Age 50 Monthly Rates	Option 1	Option 2
Single	\$58.38	\$46.90
Single + 1	\$110.03	\$88.41
Family	\$187.50	\$150.63

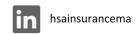
Rates are guaranteed for 12-month period if enrolled between 1/1/2025 and 12/31/2025.

Please review the Summary of Benefits for more details on the benefits.

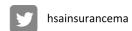
Enrollment dates are always effective on the first day of the month.

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.