

2027 Individual and Family Dental and Vision Rates

The rates below are effective January 1, 2027 through December 31, 2027 and subject to an annual review.

Plan Name	Prime Dental Rates		Plus Dental Rates**	
	Monthly per-person rates		Monthly per-person rates	
	Adult (21+)	Child (up to age 21*)	Adult (21+)	Child (up to age 21*)
Preventive	\$21.50	\$20.86	\$21.50	\$50.02
Preferred	\$46.32	\$35.52	\$46.32	\$54.28
Platinum	\$65.64	\$50.36	\$65.64	\$61.63

Vision Rate
Monthly per-person rates
\$17.72

*Adult coverage is for ages 21 and older. Child coverage is up to age 21 as of the policy effective date or renewal date. Rates are effective January 1, 2027 through December 31, 2027. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy.

**Delta Dental Plus Plans include the Pediatric Dental Essential Health Benefit.