

2027 plan rates

(Premiums effective Jan. 1, 2027 through Dec. 31, 2027)

Age	Delta Dental EPO	Delta Dental PPO™	Delta Dental PPO™ MAC	Delta Dental PPO™ Bright Smiles	Delta Dental Premier® 1000 Direct	Willamette EPO
0-18	\$50.00	\$44.00	\$43.00	\$44.00	\$46.00	\$58.34
19-24	\$36.00	\$29.00	\$28.00	N/A	\$43.00	\$58.34
25	\$36.00	\$29.00	\$28.00	N/A	\$43.00	\$58.34
26-29	\$36.00	\$29.00	\$28.00	N/A	\$43.00	\$63.55
30-34	\$38.00	\$31.00	\$30.00	N/A	\$46.00	\$63.55
35-39	\$41.00	\$34.00	\$33.00	N/A	\$50.00	\$70.42
40-44	\$42.00	\$35.00	\$34.00	N/A	\$51.00	\$70.42
45-49	\$43.00	\$36.00	\$35.00	N/A	\$52.00	\$82.47
50-54	\$46.00	\$39.00	\$38.00	N/A	\$56.00	\$82.47
55-59	\$50.00	\$42.00	\$41.00	N/A	\$61.00	\$97.30
60-63	\$54.00	\$46.00	\$45.00	N/A	\$66.00	\$97.30
64+	\$57.00	\$49.00	\$48.00	N/A	\$70.00	\$97.30