



Plan Rates 2010

Delta Preferred <i>(available Statewide)</i>	Effective 1-1-10 to 12-31-10	PPO Group: 9746-0001		
		EE Only	EE + 1	Family
Total Billed		\$53.45	\$100.40	\$180.12
Waiting Period	Preventive None	Basic 12 months	Major 12 months	
Plan Maximum	\$1,000			
Deductible	\$50 per person			

DeltaCare® USA <i>(available Statewide)</i>	Effective 1-1-10 to 12-31-10	DHMO Group: 6065-0001		
		EE Only	EE + 1	Family
Total Billed		\$24.25	\$37.40	\$53.41
Waiting Period	Preventive None	Basic None	Major None	
Plan Maximum	None			
Deductible	None			