



Dental Small Group Rate Sheet for Buffalo Counties

4th Quarter 2020 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/01/2021 through 3/31/2021

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical				Contributory — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$12.49	\$13.04	\$13.59	\$14.69	\$13.46	\$14.06	\$14.65	\$15.85
	EE + SP	\$24.98	\$26.08	\$27.18	\$29.38	\$26.92	\$28.11	\$29.30	\$31.69
	EE + CH	\$30.35	\$31.69	\$33.03	\$35.70	\$32.71	\$34.15	\$35.60	\$38.50
	Family	\$48.73	\$50.87	\$53.02	\$57.31	\$52.50	\$54.83	\$57.16	\$61.81
2 Tier	EE + Dep	\$40.36	\$42.14	\$43.92	\$47.48	\$43.49	\$45.42	\$47.35	\$51.20

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical				Contributory — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$19.82	\$20.77	\$21.70	\$23.60	\$20.90	\$21.90	\$22.88	\$24.89
	EE + SP	\$40.60	\$42.55	\$44.46	\$48.35	\$42.82	\$44.87	\$46.88	\$50.99
	EE + CH	\$42.26	\$44.29	\$46.28	\$50.33	\$44.57	\$46.70	\$48.80	\$53.08
	Family	\$70.29	\$73.66	\$76.97	\$83.71	\$74.12	\$77.67	\$81.16	\$88.27
2 Tier	EE + Dep	\$59.46	\$62.31	\$65.11	\$70.81	\$62.70	\$65.71	\$68.66	\$74.67

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical				Contributory — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$22.72	\$23.80	\$24.87	\$27.04	\$23.96	\$25.10	\$26.23	\$28.52
	EE + SP	\$46.54	\$48.77	\$50.96	\$55.41	\$49.08	\$51.43	\$53.74	\$58.43
	EE + CH	\$48.45	\$50.77	\$53.05	\$57.68	\$51.09	\$53.54	\$55.94	\$60.82
	Family	\$80.58	\$84.43	\$88.22	\$95.92	\$84.97	\$89.03	\$93.03	\$101.15
2 Tier	EE + Dep	\$68.16	\$71.42	\$74.63	\$81.14	\$71.88	\$75.32	\$78.70	\$85.57

Preferred Plus Dental: 100-80-60; \$5,000 max.; \$50 deductible for basic & major; Value package; MAC plan; orthodontic coverage with \$2,500 lifetime maximum. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 25-50	Group 15-24	Group 10-14	Group 25-50	Group 15-24	Group 10-14
4 Tier	EE Only	\$27.82	\$29.15	\$30.47	\$29.34	\$30.74	\$32.13
	EE + SP	\$57.01	\$59.72	\$62.43	\$60.12	\$62.98	\$65.84
	EE + CH	\$72.58	\$76.03	\$79.50	\$76.54	\$80.18	\$83.83
	Family	\$114.95	\$120.42	\$125.90	\$121.22	\$126.99	\$132.76
2 Tier	EE + Dep	\$94.48	\$98.98	\$103.49	\$99.64	\$104.39	\$109.12

*These rates are valid in the following 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. Refer to GHI policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Buffalo Counties

4th Quarter 2020 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/01/2021 through 3/31/2021

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

		Voluntary — Bundled With Medical				Voluntary — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$14.14	\$14.69	\$15.24	\$16.34	\$15.25	\$15.85	\$16.44	\$17.63
	EE + SP	\$28.28	\$29.38	\$30.49	\$32.69	\$30.50	\$31.69	\$32.88	\$35.27
	EE + CH	\$34.36	\$35.70	\$37.04	\$39.71	\$37.05	\$38.50	\$39.95	\$42.85
	Family	\$55.17	\$57.31	\$59.46	\$63.75	\$59.48	\$61.81	\$64.14	\$68.79
2 Tier	EE + Dep	\$45.70	\$47.48	\$49.25	\$52.81	\$49.27	\$51.20	\$53.13	\$56.98

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

		Voluntary — Bundled With Medical				Voluntary — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$22.65	\$23.60	\$24.53	\$26.42	\$23.88	\$24.89	\$25.87	\$27.86
	EE + SP	\$46.41	\$48.35	\$50.26	\$54.12	\$48.94	\$50.99	\$53.01	\$57.08
	EE + CH	\$48.31	\$50.33	\$52.32	\$56.34	\$50.94	\$53.08	\$55.18	\$59.41
	Family	\$80.34	\$83.71	\$87.01	\$93.69	\$84.72	\$88.27	\$91.76	\$98.81
2 Tier	EE + Dep	\$67.96	\$70.81	\$73.61	\$79.26	\$71.67	\$74.67	\$77.62	\$83.58

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

		Voluntary — Bundled With Medical				Voluntary — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$25.96	\$27.04	\$28.13	\$30.28	\$27.37	\$28.52	\$29.66	\$31.94
	EE + SP	\$53.18	\$55.41	\$57.63	\$62.05	\$56.09	\$58.43	\$60.78	\$65.43
	EE + CH	\$55.36	\$57.68	\$59.99	\$64.59	\$58.38	\$60.82	\$63.27	\$68.11
	Family	\$92.07	\$95.92	\$99.77	\$107.41	\$97.09	\$101.15	\$105.21	\$113.27
2 Tier	EE + Dep	\$77.88	\$81.14	\$84.40	\$90.87	\$82.13	\$85.57	\$89.00	\$95.82

Preferred Plus Dental: 100-80-60; \$5,000 max.; \$50 deductible for Basic & Major; Value package; MAC Plan; Orthodontic coverage with \$2,500 lifetime maximum

		Voluntary — Bundled With Medical				Voluntary — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14		Group 25-50	Group 15-24	Group 10-14	
4 Tier	EE Only	\$31.79	\$33.13	\$34.46		\$33.53	\$34.94	\$36.34	
	EE + SP	\$65.14	\$67.89	\$70.60		\$68.70	\$71.59	\$74.45	
	EE + CH	\$82.95	\$86.44	\$89.87		\$87.48	\$91.15	\$94.77	
	Family	\$131.37	\$136.89	\$142.34		\$138.53	\$144.36	\$150.10	
2 Tier	EE + Dep	\$107.98	\$112.53	\$117.00		\$113.87	\$118.66	\$123.38	

*These rates are valid in the following 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. Refer to GHI policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Buffalo Counties

1st Quarter 2020 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 1/01/2021 through 3/31/2021

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$16.34	\$17.99	\$20.20	\$17.63	\$19.42	\$21.81
	EE + SP	\$32.69	\$35.99	\$40.39	\$35.27	\$38.85	\$43.62
	EE + CH	\$39.71	\$43.72	\$49.07	\$42.85	\$47.20	\$53.00
	Family	\$63.75	\$70.19	\$78.78	\$68.79	\$75.77	\$85.08
2 Tier	EE + Dep	\$52.81	\$58.15	\$65.26	\$56.98	\$62.77	\$70.48

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$26.42	\$29.25	\$33.03	\$27.86	\$30.84	\$34.83
	EE + SP	\$54.12	\$59.93	\$67.68	\$57.08	\$63.20	\$71.37
	EE + CH	\$56.34	\$62.38	\$70.45	\$59.41	\$65.78	\$74.29
	Family	\$93.69	\$103.74	\$117.16	\$98.81	\$109.40	\$123.55
2 Tier	EE + Dep	\$79.26	\$87.76	\$99.11	\$83.58	\$92.55	\$104.52

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$30.28	\$33.52	\$37.85	\$31.94	\$35.35	\$39.92
	EE + SP	\$62.05	\$68.69	\$77.55	\$65.43	\$72.43	\$81.78
	EE + CH	\$64.59	\$71.50	\$80.73	\$68.11	\$75.40	\$85.13
	Family	\$107.41	\$118.91	\$134.25	\$113.27	\$125.39	\$141.58
2 Tier	EE + Dep	\$90.87	\$100.59	\$113.57	\$95.82	\$106.08	\$119.76

*These rates are valid in the following 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. Refer to GHI policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.