



Dental Small Group Rate Sheet for Other Upstate 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	\$10.95	\$11.43	\$11.91	\$12.85	\$11.79	\$12.30	\$12.82	\$13.84
	EE + SP	\$21.89	\$22.85	\$23.81	\$25.69	\$23.57	\$24.61	\$25.65	\$27.69
	EE + CH	\$26.60	\$27.76	\$28.93	\$31.21	\$28.64	\$29.90	\$31.16	\$33.64
	Family	\$42.70	\$44.57	\$46.44	\$50.11	\$45.97	\$48.00	\$50.03	\$54.01
2 Tier	EE + Dep	\$35.37	\$36.92	\$38.47	\$41.51	\$38.08	\$39.76	\$41.44	\$44.74

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	\$17.14	\$17.97	\$18.78	\$20.41	\$18.07	\$18.95	\$19.81	\$21.52
	EE + SP	\$35.11	\$36.81	\$38.48	\$41.82	\$37.02	\$38.82	\$40.58	\$44.10
	EE + CH	\$36.55	\$38.32	\$40.06	\$43.53	\$38.54	\$40.41	\$42.24	\$45.90
	Family	\$60.78	\$63.73	\$66.62	\$72.39	\$64.09	\$67.20	\$70.25	\$76.34
2 Tier	EE + Dep	\$51.41	\$53.91	\$56.35	\$61.24	\$54.22	\$56.85	\$59.43	\$64.58

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.

		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	\$19.65	\$20.58	\$21.51	\$23.40	\$20.72	\$21.70	\$22.69	\$24.67
	EE + SP	\$40.25	\$42.17	\$44.08	\$47.94	\$42.45	\$44.47	\$46.48	\$50.55
	EE + CH	\$41.90	\$43.89	\$45.88	\$49.90	\$44.19	\$46.29	\$48.38	\$52.62
	Family	\$69.68	\$72.99	\$76.30	\$82.98	\$73.49	\$76.98	\$80.47	\$87.51
2 Tier	EE + Dep	\$58.95	\$61.75	\$64.55	\$70.20	\$62.16	\$65.12	\$68.07	\$74.03

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 all other NY counties, not included within Albany, Buffalo, and Downstate. 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 Other Upstate 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	\$12.37	\$12.85	\$13.33	\$14.28	\$13.32	\$13.84	\$14.36	\$15.40
	EE + SP	\$24.73	\$25.69	\$26.65	\$28.57	\$26.65	\$27.69	\$28.73	\$30.81
	EE + CH	\$30.05	\$31.21	\$32.38	\$34.71	\$32.38	\$33.64	\$34.90	\$37.43
	Family	\$48.24	\$50.11	\$51.98	\$55.72	\$51.98	\$54.01	\$56.03	\$60.09
2 Tier	EE + Dep	\$39.96	\$41.51	\$43.06	\$46.16	\$43.06	\$44.74	\$46.41	\$49.77

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	\$19.60	\$20.41	\$21.22	\$22.85	\$20.66	\$21.52	\$22.38	\$24.10
	EE + SP	\$40.15	\$41.82	\$43.49	\$46.82	\$42.34	\$44.10	\$45.86	\$49.38
	EE + CH	\$41.79	\$43.53	\$45.27	\$48.74	\$44.07	\$45.90	\$47.74	\$51.40
	Family	\$69.50	\$72.39	\$75.28	\$81.06	\$73.29	\$76.34	\$79.39	\$85.48
2 Tier	EE + Dep	\$58.80	\$61.24	\$63.68	\$68.57	\$62.00	\$64.58	\$67.16	\$72.31

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	\$22.46	\$23.40	\$24.33	\$26.20	\$23.69	\$24.67	\$25.66	\$27.62
	EE + SP	\$46.02	\$47.94	\$49.85	\$53.67	\$48.53	\$50.55	\$52.57	\$56.60
	EE + CH	\$47.91	\$49.90	\$51.89	\$55.87	\$50.52	\$52.62	\$54.72	\$58.92
	Family	\$79.67	\$82.98	\$86.29	\$92.91	\$84.02	\$87.51	\$91.00	\$97.98
2 Tier	EE + Dep	\$67.40	\$70.20	\$73.00	\$78.60	\$71.07	\$74.03	\$76.98	\$82.88

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 all other NY counties, not included within Albany, Buffalo, and Downstate. 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 Other Upstate 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	\$14.28	\$15.70	\$17.62	\$15.40	\$16.94	\$19.02
	EE + SP	\$28.57	\$31.41	\$35.24	\$30.81	\$33.88	\$38.04
	EE + CH	\$34.71	\$38.16	\$42.82	\$37.43	\$41.17	\$46.22
	Family	\$55.72	\$61.26	\$68.74	\$60.09	\$66.09	\$74.20
2 Tier	EE + Dep	\$46.16	\$50.75	\$56.94	\$49.77	\$54.75	\$61.46

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	\$22.85	\$25.31	\$28.57	\$24.10	\$26.69	\$30.13
	EE + SP	\$46.82	\$51.86	\$58.54	\$49.38	\$54.69	\$61.73
	EE + CH	\$48.74	\$53.99	\$60.93	\$51.40	\$56.93	\$64.26
	Family	\$81.06	\$89.78	\$101.34	\$85.48	\$94.68	\$106.86
2 Tier	EE + Dep	\$68.57	\$75.95	\$85.72	\$72.31	\$80.09	\$90.40

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	\$26.20	\$29.01	\$32.74	\$27.62	\$30.59	\$34.53
	EE + SP	\$53.67	\$59.44	\$67.09	\$56.60	\$62.68	\$70.75
	EE + CH	\$55.87	\$61.87	\$69.83	\$58.92	\$65.25	\$73.64
	Family	\$92.91	\$102.90	\$116.14	\$97.98	\$108.51	\$122.48
2 Tier	EE + Dep	\$78.60	\$87.05	\$98.25	\$82.88	\$91.80	\$103.61

*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate. Refer to GHI policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.