



Dental Small Group Rate Sheet for Albany Counties

2nd Quarter 2020 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/01/2020 through 6/30/2020

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	\$12.25	\$12.78	\$13.33	\$14.40	\$13.23	\$13.80	\$14.40	\$15.57
	EE + SP	\$24.50	\$25.56	\$26.65	\$28.81	\$26.45	\$27.60	\$28.79	\$31.13
	EE + CH	\$29.76	\$31.05	\$32.38	\$35.00	\$32.14	\$33.54	\$34.98	\$37.82
	Family	\$47.78	\$49.85	\$51.99	\$56.19	\$51.60	\$53.84	\$56.16	\$60.72
2 Tier	EE + Dep	\$39.58	\$41.29	\$43.06	\$46.54	\$42.74	\$44.60	\$46.52	\$50.30

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	\$19.35	\$20.28	\$21.20	\$23.05	\$20.44	\$21.41	\$22.39	\$24.34
	EE + SP	\$39.65	\$41.55	\$43.44	\$47.22	\$41.88	\$43.88	\$45.87	\$49.87
	EE + CH	\$41.28	\$43.25	\$45.22	\$49.15	\$43.59	\$45.67	\$47.75	\$51.91
	Family	\$68.65	\$71.92	\$75.20	\$81.75	\$72.50	\$75.96	\$79.41	\$86.33
2 Tier	EE + Dep	\$58.07	\$60.84	\$63.61	\$69.15	\$61.33	\$64.25	\$67.18	\$73.03

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	\$22.19	\$23.24	\$24.30	\$26.41	\$23.44	\$24.54	\$25.66	\$27.89
	EE + SP	\$45.47	\$47.61	\$49.79	\$54.11	\$48.02	\$50.28	\$52.58	\$57.14
	EE + CH	\$47.33	\$49.56	\$51.83	\$56.32	\$49.99	\$52.34	\$54.74	\$59.48
	Family	\$78.72	\$82.43	\$86.19	\$93.67	\$83.13	\$87.05	\$91.03	\$98.93
2 Tier	EE + Dep	\$66.59	\$69.73	\$72.91	\$79.24	\$70.33	\$73.64	\$77.00	\$83.68

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		
4 Tier	EE Only	\$28.19	\$29.53	\$30.87	\$29.77	\$31.18	\$32.60
	EE + SP	\$57.75	\$60.50	\$63.25	\$60.99	\$63.89	\$66.79
	EE + CH	\$73.54	\$77.03	\$80.55	\$77.68	\$81.35	\$85.06
	Family	\$116.47	\$121.99	\$127.55	\$123.00	\$128.84	\$134.71
2 Tier	EE + Dep	\$95.73	\$100.28	\$104.84	\$101.10	\$105.90	\$110.73

*These rates are valid in the following 14 counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington.

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 Albany Counties

2nd Quarter 2020 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/01/2020 through 6/30/2020

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	\$13.86	\$14.40	\$14.93	\$16.01	\$14.97	\$15.57	\$16.14	\$17.31
	EE + SP	\$27.71	\$28.81	\$29.86	\$32.02	\$29.94	\$31.13	\$32.28	\$34.62
	EE + CH	\$33.67	\$35.00	\$36.28	\$38.90	\$36.38	\$37.82	\$39.22	\$42.06
	Family	\$54.05	\$56.19	\$58.25	\$62.45	\$58.40	\$60.72	\$62.97	\$67.53
2 Tier	EE + Dep	\$44.77	\$46.54	\$48.25	\$51.73	\$48.38	\$50.30	\$52.16	\$55.94

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	\$22.12	\$23.05	\$23.97	\$25.82	\$23.36	\$24.34	\$25.31	\$27.26
	EE + SP	\$45.33	\$47.22	\$49.11	\$52.90	\$47.87	\$49.87	\$51.87	\$55.86
	EE + CH	\$47.18	\$49.15	\$51.12	\$55.06	\$49.83	\$51.91	\$53.99	\$58.15
	Family	\$78.47	\$81.75	\$85.02	\$91.57	\$82.87	\$86.33	\$89.79	\$96.71
2 Tier	EE + Dep	\$66.38	\$69.15	\$71.92	\$77.46	\$70.10	\$73.03	\$75.96	\$81.81

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	\$25.36	\$26.41	\$27.47	\$29.58	\$26.79	\$27.89	\$29.01	\$31.24
	EE + SP	\$51.97	\$54.11	\$56.29	\$60.61	\$54.88	\$57.14	\$59.44	\$64.00
	EE + CH	\$54.10	\$56.32	\$58.59	\$63.09	\$57.13	\$59.48	\$61.88	\$66.62
	Family	\$89.96	\$93.67	\$97.44	\$104.92	\$95.01	\$98.93	\$102.91	\$110.80
2 Tier	EE + Dep	\$76.10	\$79.24	\$82.43	\$88.75	\$80.37	\$83.68	\$87.05	\$93.73

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	\$32.21	\$33.55	\$34.89		\$34.02	\$35.43	\$36.85	
	EE + SP	\$65.99	\$68.74	\$71.49		\$69.70	\$72.60	\$75.50	
	EE + CH	\$84.03	\$87.54	\$91.05		\$88.74	\$92.44	\$96.15	
	Family	\$133.08	\$138.63	\$144.18		\$140.53	\$146.41	\$152.27	
2 Tier	EE + Dep	\$109.38	\$113.95	\$118.51		\$115.52	\$120.34	\$125.16	

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Dental Small Group Rate Sheet for Albany Counties

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

Effective 4/01/2020 through 6/30/2020

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	\$16.01	\$17.63	\$19.79	\$17.31	\$19.08	\$21.42
	EE + SP	\$32.02	\$35.27	\$39.57	\$34.62	\$38.15	\$42.83
	EE + CH	\$38.90	\$42.85	\$48.08	\$42.06	\$46.35	\$52.04
	Family	\$62.45	\$68.79	\$77.19	\$67.53	\$74.41	\$83.54
2 Tier	EE + Dep	\$51.73	\$56.98	\$63.94	\$55.94	\$61.64	\$69.20

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 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$25.82	\$28.57	\$32.26	\$27.26	\$30.17	\$34.07
	EE + SP	\$52.90	\$58.54	\$66.10	\$55.86	\$61.82	\$69.81
	EE + CH	\$55.06	\$60.93	\$68.81	\$58.15	\$64.35	\$72.67
	Family	\$91.57	\$101.33	\$114.43	\$96.71	\$107.02	\$120.85
2 Tier	EE + Dep	\$77.46	\$85.72	\$96.80	\$81.81	\$90.53	\$102.23

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	\$29.58	\$32.75	\$36.98	\$31.24	\$34.59	\$39.06
	EE + SP	\$60.61	\$67.10	\$75.77	\$64.00	\$70.87	\$80.02
	EE + CH	\$63.09	\$69.85	\$78.88	\$66.62	\$73.77	\$83.30
	Family	\$104.92	\$116.16	\$131.18	\$110.80	\$122.68	\$138.53
2 Tier	EE + Dep	\$88.75	\$98.26	\$110.97	\$93.73	\$103.78	\$117.19

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