



Dental Small Group Rate Sheet for Buffalo 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	\$12.71	\$13.25	\$13.82	\$14.95	\$13.72	\$14.32	\$14.93	\$16.16
	EE + SP	\$25.41	\$26.51	\$27.64	\$29.90	\$27.44	\$28.63	\$29.86	\$32.32
	EE + CH	\$30.87	\$32.20	\$33.58	\$36.33	\$33.34	\$34.79	\$36.28	\$39.27
	Family	\$49.56	\$51.70	\$53.91	\$58.32	\$53.53	\$55.85	\$58.25	\$63.04
2 Tier	EE + Dep	\$41.06	\$42.83	\$44.65	\$48.31	\$44.34	\$46.26	\$48.25	\$52.22

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	\$20.12	\$21.08	\$22.04	\$23.95	\$21.25	\$22.26	\$23.27	\$25.30
	EE + SP	\$41.22	\$43.19	\$45.15	\$49.08	\$43.54	\$45.61	\$47.68	\$51.83
	EE + CH	\$42.91	\$44.96	\$47.00	\$51.09	\$45.32	\$47.48	\$49.64	\$53.95
	Family	\$71.37	\$74.76	\$78.16	\$84.96	\$75.37	\$78.96	\$82.55	\$89.72
2 Tier	EE + Dep	\$60.37	\$63.25	\$66.12	\$71.87	\$63.76	\$66.79	\$69.83	\$75.90

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	\$23.06	\$24.16	\$25.26	\$27.45	\$24.36	\$25.52	\$26.68	\$28.99
	EE + SP	\$47.26	\$49.51	\$51.75	\$56.25	\$49.91	\$52.28	\$54.66	\$59.41
	EE + CH	\$49.19	\$51.53	\$53.87	\$58.55	\$51.95	\$54.42	\$56.89	\$61.84
	Family	\$81.81	\$85.70	\$89.59	\$97.38	\$86.40	\$90.51	\$94.62	\$102.84
2 Tier	EE + Dep	\$69.20	\$72.50	\$75.79	\$82.38	\$73.09	\$76.56	\$80.04	\$87.00

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	\$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 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

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	\$14.38	\$14.95	\$15.50	\$16.63	\$15.55	\$16.16	\$16.76	\$17.99
	EE + SP	\$28.77	\$29.90	\$31.00	\$33.26	\$31.09	\$32.32	\$33.51	\$35.97
	EE + CH	\$34.95	\$36.33	\$37.66	\$40.41	\$37.78	\$39.27	\$40.72	\$43.70
	Family	\$56.11	\$58.32	\$60.46	\$64.87	\$60.65	\$63.04	\$65.36	\$70.16
2 Tier	EE + Dep	\$46.48	\$48.31	\$50.08	\$53.74	\$50.24	\$52.22	\$54.14	\$58.12

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	\$22.99	\$23.95	\$24.91	\$26.83	\$24.28	\$25.30	\$26.31	\$28.33
	EE + SP	\$47.11	\$49.08	\$51.04	\$54.97	\$49.76	\$51.83	\$53.90	\$58.05
	EE + CH	\$49.04	\$51.09	\$53.13	\$57.22	\$51.79	\$53.95	\$56.11	\$60.43
	Family	\$81.56	\$84.96	\$88.36	\$95.15	\$86.14	\$89.72	\$93.31	\$100.49
2 Tier	EE + Dep	\$68.99	\$71.87	\$74.74	\$80.49	\$72.86	\$75.90	\$78.94	\$85.01

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	\$26.36	\$27.45	\$28.55	\$30.75	\$27.84	\$28.99	\$30.15	\$32.47
	EE + SP	\$54.00	\$56.25	\$58.50	\$63.00	\$57.03	\$59.41	\$61.78	\$66.53
	EE + CH	\$56.21	\$58.55	\$60.89	\$65.58	\$59.37	\$61.84	\$64.31	\$69.25
	Family	\$93.49	\$97.38	\$101.27	\$109.06	\$98.73	\$102.84	\$106.95	\$115.17
2 Tier	EE + Dep	\$79.08	\$82.38	\$85.67	\$92.25	\$83.52	\$87.00	\$90.47	\$97.43

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	

*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

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	\$16.63	\$18.31	\$20.55	\$17.99	\$19.81	\$22.25
	EE + SP	\$33.26	\$36.62	\$41.11	\$35.97	\$39.62	\$44.50
	EE + CH	\$40.41	\$44.49	\$49.94	\$43.70	\$48.13	\$54.06
	Family	\$64.87	\$71.42	\$80.18	\$70.16	\$77.28	\$86.79
2 Tier	EE + Dep	\$53.74	\$59.16	\$66.42	\$58.12	\$64.01	\$71.89

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	\$26.83	\$29.70	\$33.53	\$28.33	\$31.37	\$35.41
	EE + SP	\$54.97	\$60.86	\$68.71	\$58.05	\$64.27	\$72.56
	EE + CH	\$57.22	\$63.35	\$71.52	\$60.43	\$66.90	\$75.53
	Family	\$95.15	\$105.35	\$118.94	\$100.49	\$111.26	\$125.61
2 Tier	EE + Dep	\$80.49	\$89.12	\$100.62	\$85.01	\$94.12	\$106.26

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	\$30.75	\$34.06	\$38.45	\$32.47	\$35.97	\$40.60
	EE + SP	\$63.00	\$69.78	\$78.77	\$66.53	\$73.69	\$83.19
	EE + CH	\$65.58	\$72.63	\$82.00	\$69.25	\$76.71	\$86.60
	Family	\$109.06	\$120.80	\$136.37	\$115.17	\$127.57	\$144.02
2 Tier	EE + Dep	\$92.25	\$102.19	\$115.36	\$97.43	\$107.92	\$121.83

*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.