



Dental Small Group Rate Sheet for Other Upstate 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	\$11.12	\$11.59	\$12.09	\$13.05	\$12.00	\$12.51	\$13.05	\$14.10
	EE + SP	\$22.24	\$23.18	\$24.17	\$26.11	\$23.99	\$25.03	\$26.10	\$28.20
	EE + CH	\$27.02	\$28.17	\$29.37	\$31.72	\$29.15	\$30.41	\$31.71	\$34.26
	Family	\$43.37	\$45.22	\$47.14	\$50.92	\$46.80	\$48.81	\$50.90	\$55.00
2 Tier	EE + Dep	\$35.93	\$37.46	\$39.05	\$42.18	\$38.77	\$40.43	\$42.16	\$45.56

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	\$17.40	\$18.24	\$19.08	\$20.73	\$18.38	\$19.26	\$20.15	\$21.89
	EE + SP	\$35.66	\$37.37	\$39.08	\$42.47	\$37.66	\$39.47	\$41.28	\$44.86
	EE + CH	\$37.12	\$38.90	\$40.68	\$44.21	\$39.20	\$41.08	\$42.96	\$46.69
	Family	\$61.73	\$64.69	\$67.66	\$73.53	\$65.19	\$68.32	\$71.45	\$77.65
2 Tier	EE + Dep	\$52.22	\$54.73	\$57.23	\$62.20	\$55.15	\$57.79	\$60.44	\$65.69

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	\$19.96	\$20.90	\$21.86	\$23.76	\$21.08	\$22.08	\$23.09	\$25.09
	EE + SP	\$40.90	\$42.83	\$44.79	\$48.68	\$43.20	\$45.23	\$47.31	\$51.41
	EE + CH	\$42.58	\$44.58	\$46.63	\$50.68	\$44.97	\$47.08	\$49.24	\$53.52
	Family	\$70.81	\$74.15	\$77.54	\$84.28	\$74.78	\$78.30	\$81.89	\$89.01
2 Tier	EE + Dep	\$59.90	\$62.72	\$65.60	\$71.29	\$63.26	\$66.24	\$69.28	\$75.29

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 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

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	\$12.56	\$13.05	\$13.53	\$14.49	\$13.56	\$14.10	\$14.61	\$15.67
	EE + SP	\$25.12	\$26.11	\$27.05	\$28.99	\$27.13	\$28.20	\$29.23	\$31.33
	EE + CH	\$30.52	\$31.72	\$32.87	\$35.22	\$32.96	\$34.26	\$35.51	\$38.07
	Family	\$48.99	\$50.92	\$52.77	\$56.54	\$52.91	\$55.00	\$57.01	\$61.11
2 Tier	EE + Dep	\$40.59	\$42.18	\$43.71	\$46.84	\$43.83	\$45.56	\$47.23	\$50.62

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	\$19.89	\$20.73	\$21.55	\$23.22	\$21.01	\$21.89	\$22.76	\$24.52
	EE + SP	\$40.76	\$42.47	\$44.15	\$47.58	\$43.05	\$44.86	\$46.63	\$50.25
	EE + CH	\$42.43	\$44.21	\$45.96	\$49.53	\$44.81	\$46.69	\$48.54	\$52.30
	Family	\$70.56	\$73.53	\$76.43	\$82.36	\$74.52	\$77.65	\$80.72	\$86.98
2 Tier	EE + Dep	\$59.69	\$62.20	\$64.66	\$69.67	\$63.04	\$65.69	\$68.28	\$73.58

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	\$22.80	\$23.76	\$24.70	\$26.60	\$24.08	\$25.09	\$26.09	\$28.09
	EE + SP	\$46.72	\$48.68	\$50.61	\$54.50	\$49.34	\$51.41	\$53.45	\$57.56
	EE + CH	\$48.63	\$50.68	\$52.68	\$56.73	\$51.36	\$53.52	\$55.64	\$59.92
	Family	\$80.88	\$84.28	\$87.62	\$94.35	\$85.42	\$89.01	\$92.53	\$99.64
2 Tier	EE + Dep	\$68.42	\$71.29	\$74.12	\$79.81	\$72.26	\$75.29	\$78.27	\$84.29

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 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

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	\$14.49	\$15.95	\$17.89	\$15.67	\$17.25	\$19.35
	EE + SP	\$28.99	\$31.91	\$35.78	\$31.33	\$34.50	\$38.71
	EE + CH	\$35.22	\$38.77	\$43.47	\$38.07	\$41.92	\$47.03
	Family	\$56.54	\$62.24	\$69.78	\$61.11	\$67.30	\$75.50
2 Tier	EE + Dep	\$46.84	\$51.55	\$57.81	\$50.62	\$55.75	\$62.54

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	\$23.22	\$25.69	\$29.02	\$24.52	\$27.14	\$30.65
	EE + SP	\$47.58	\$52.65	\$59.46	\$50.25	\$55.60	\$62.80
	EE + CH	\$49.53	\$54.80	\$61.90	\$52.30	\$57.87	\$65.37
	Family	\$82.36	\$91.14	\$102.94	\$86.98	\$96.25	\$108.71
2 Tier	EE + Dep	\$69.67	\$77.10	\$87.08	\$73.58	\$81.42	\$91.96

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	\$26.60	\$29.46	\$33.26	\$28.09	\$31.11	\$35.12
	EE + SP	\$54.50	\$60.36	\$68.14	\$57.56	\$63.74	\$71.96
	EE + CH	\$56.73	\$62.83	\$70.93	\$59.92	\$66.35	\$74.90
	Family	\$94.35	\$104.48	\$117.95	\$99.64	\$110.34	\$124.57
2 Tier	EE + Dep	\$79.81	\$88.39	\$99.78	\$84.29	\$93.34	\$105.38

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