



# Dental Small Group Rate Sheet for Albany Counties

## 3rd Quarter 2020 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/03/2020 through 9/30/2020

**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
<b>4 Tier</b>	EE Only	\$12.19	\$12.71	\$13.25	\$14.32	\$13.15	\$13.71	\$14.30	\$15.46
	EE + SP	\$24.37	\$25.42	\$26.50	\$28.63	\$26.29	\$27.43	\$28.61	\$30.92
	EE + CH	\$29.61	\$30.88	\$32.20	\$34.79	\$31.94	\$33.33	\$34.75	\$37.56
	Family	\$47.54	\$49.58	\$51.69	\$55.85	\$51.28	\$53.50	\$55.79	\$60.31
<b>2 Tier</b>	EE + Dep	\$39.38	\$41.07	\$42.82	\$46.26	\$42.48	\$44.32	\$46.22	\$49.95

**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
<b>4 Tier</b>	EE Only	\$19.25	\$20.16	\$21.09	\$22.92	\$20.32	\$21.28	\$22.26	\$24.19
	EE + SP	\$39.44	\$41.31	\$43.22	\$46.96	\$41.62	\$43.60	\$45.62	\$49.57
	EE + CH	\$41.05	\$43.00	\$44.99	\$48.88	\$43.33	\$45.39	\$47.48	\$51.60
	Family	\$68.27	\$71.51	\$74.81	\$81.30	\$72.06	\$75.48	\$78.97	\$85.81
<b>2 Tier</b>	EE + Dep	\$57.75	\$60.49	\$63.29	\$68.77	\$60.96	\$63.85	\$66.80	\$72.59

**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
<b>4 Tier</b>	EE Only	\$22.06	\$23.11	\$24.16	\$26.27	\$23.28	\$24.39	\$25.50	\$27.72
	EE + SP	\$45.20	\$47.35	\$49.51	\$53.82	\$47.70	\$49.98	\$52.25	\$56.80
	EE + CH	\$47.05	\$49.29	\$51.53	\$56.02	\$49.66	\$52.02	\$54.39	\$59.13
	Family	\$78.24	\$81.97	\$85.70	\$93.17	\$82.58	\$86.52	\$90.46	\$98.34
<b>2 Tier</b>	EE + Dep	\$66.19	\$69.34	\$72.50	\$78.81	\$69.86	\$73.19	\$76.52	\$83.19

**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
<b>4 Tier</b>	EE Only	\$28.03	\$29.37	\$30.70	\$29.58	\$31.00	\$32.40
	EE + SP	\$57.42	\$60.18	\$62.90	\$60.61	\$63.52	\$66.39
	EE + CH	\$73.12	\$76.61	\$80.08	\$77.18	\$80.86	\$84.53
	Family	\$115.81	\$121.34	\$126.84	\$122.23	\$128.07	\$133.87
<b>2 Tier</b>	EE + Dep	\$95.19	\$99.74	\$104.25	\$100.47	\$105.27	\$110.04

\*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

## 3rd Quarter 2020 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/03/2020 through 9/30/2020

**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
<b>4 Tier</b>	EE Only	\$13.79	\$14.32	\$14.86	\$15.92	\$14.89	\$15.46	\$16.05	\$17.20
	EE + SP	\$27.59	\$28.63	\$29.72	\$31.85	\$29.78	\$30.92	\$32.09	\$34.41
	EE + CH	\$33.52	\$34.79	\$36.10	\$38.69	\$36.18	\$37.56	\$38.99	\$41.80
	Family	\$53.81	\$55.85	\$57.96	\$62.12	\$58.09	\$60.31	\$62.60	\$67.11
<b>2 Tier</b>	EE + Dep	\$44.57	\$46.26	\$48.01	\$51.46	\$48.12	\$49.95	\$51.86	\$55.59

**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
<b>4 Tier</b>	EE Only	\$22.01	\$22.92	\$23.83	\$25.66	\$23.23	\$24.19	\$25.16	\$27.09
	EE + SP	\$45.09	\$46.96	\$48.84	\$52.58	\$47.59	\$49.57	\$51.55	\$55.50
	EE + CH	\$46.94	\$48.88	\$50.83	\$54.73	\$49.54	\$51.60	\$53.66	\$57.77
	Family	\$78.06	\$81.30	\$84.54	\$91.02	\$82.39	\$85.81	\$89.23	\$96.08
<b>2 Tier</b>	EE + Dep	\$66.03	\$68.77	\$71.52	\$77.00	\$69.69	\$72.59	\$75.48	\$81.27

**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
<b>4 Tier</b>	EE Only	\$25.21	\$26.27	\$27.30	\$29.41	\$26.61	\$27.72	\$28.82	\$31.04
	EE + SP	\$51.66	\$53.82	\$55.94	\$60.25	\$54.53	\$56.80	\$59.04	\$63.59
	EE + CH	\$53.78	\$56.02	\$58.23	\$62.71	\$56.76	\$59.13	\$61.46	\$66.20
	Family	\$89.43	\$93.17	\$96.84	\$104.30	\$94.40	\$98.34	\$102.21	\$110.09
<b>2 Tier</b>	EE + Dep	\$75.66	\$78.81	\$81.92	\$88.23	\$79.85	\$83.19	\$86.46	\$93.13

**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	
<b>4 Tier</b>	EE Only	\$32.04	\$33.37	\$34.70		\$33.82	\$35.22	\$36.63	
	EE + SP	\$65.66	\$68.38	\$71.10		\$69.30	\$72.17	\$75.04	
	EE + CH	\$83.60	\$87.08	\$90.53		\$88.24	\$91.91	\$95.54	
	Family	\$132.40	\$137.90	\$143.37		\$139.75	\$145.55	\$151.32	
<b>2 Tier</b>	EE + Dep	\$108.83	\$113.34	\$117.85		\$114.86	\$119.64	\$124.39	

\*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

## 3rd Quarter 2020 Monthly Rates\* for Groups of 2 to 4 Eligible Employees

Effective 7/03/2020 through 9/30/2020

**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
<b>4 Tier</b>	EE Only	\$15.92	\$17.53	\$19.68	\$17.20	\$18.95	\$21.28
	EE + SP	\$31.85	\$35.06	\$39.36	\$34.41	\$37.90	\$42.56
	EE + CH	\$38.69	\$42.60	\$47.82	\$41.80	\$46.04	\$51.71
	Family	\$62.12	\$68.39	\$76.77	\$67.11	\$73.92	\$83.02
<b>2 Tier</b>	EE + Dep	\$51.46	\$56.65	\$63.60	\$55.59	\$61.23	\$68.77

**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.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
<b>4 Tier</b>	EE Only	\$25.66	\$28.42	\$32.08	\$27.09	\$30.00	\$33.86
	EE + SP	\$52.58	\$58.23	\$65.73	\$55.50	\$61.47	\$69.37
	EE + CH	\$54.73	\$60.62	\$68.42	\$57.77	\$63.98	\$72.21
	Family	\$91.02	\$100.81	\$113.78	\$96.08	\$106.41	\$120.10
<b>2 Tier</b>	EE + Dep	\$77.00	\$85.28	\$96.25	\$81.27	\$90.01	\$101.59

**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
<b>4 Tier</b>	EE Only	\$29.41	\$32.56	\$36.77	\$31.04	\$34.37	\$38.81
	EE + SP	\$60.25	\$66.72	\$75.34	\$63.59	\$70.42	\$79.52
	EE + CH	\$62.71	\$69.45	\$78.42	\$66.20	\$73.30	\$82.77
	Family	\$104.30	\$115.49	\$130.42	\$110.09	\$121.90	\$137.66
<b>2 Tier</b>	EE + Dep	\$88.23	\$97.70	\$110.33	\$93.13	\$103.12	\$116.45

\*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.