



Dental Small Group Rate Sheet for Buffalo 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
4 Tier	EE Only	\$12.62	\$13.18	\$13.72	\$14.84	\$13.62	\$14.22	\$14.81	\$16.03
	EE + SP	\$25.24	\$26.36	\$27.44	\$29.68	\$27.23	\$28.45	\$29.62	\$32.06
	EE + CH	\$30.66	\$32.02	\$33.34	\$36.06	\$33.09	\$34.56	\$35.99	\$38.95
	Family	\$49.23	\$51.41	\$53.52	\$57.89	\$53.12	\$55.49	\$57.78	\$62.52
2 Tier	EE + Dep	\$40.78	\$42.59	\$44.34	\$47.95	\$44.00	\$45.96	\$47.86	\$51.79

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	\$20.01	\$20.95	\$21.92	\$23.82	\$21.12	\$22.12	\$23.14	\$25.14
	EE + SP	\$40.99	\$42.93	\$44.91	\$48.80	\$43.27	\$45.32	\$47.41	\$51.51
	EE + CH	\$42.67	\$44.69	\$46.75	\$50.80	\$45.04	\$47.17	\$49.35	\$53.62
	Family	\$70.96	\$74.32	\$77.75	\$84.48	\$74.90	\$78.45	\$82.07	\$89.17
2 Tier	EE + Dep	\$60.03	\$62.87	\$65.77	\$71.46	\$63.36	\$66.36	\$69.42	\$75.43

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	\$22.92	\$24.02	\$25.11	\$27.30	\$24.19	\$25.36	\$26.50	\$28.82
	EE + SP	\$46.96	\$49.22	\$51.45	\$55.94	\$49.57	\$51.96	\$54.31	\$59.04
	EE + CH	\$48.88	\$51.24	\$53.56	\$58.23	\$51.60	\$54.08	\$56.53	\$61.46
	Family	\$81.30	\$85.21	\$89.07	\$96.84	\$85.81	\$89.94	\$94.01	\$102.21
2 Tier	EE + Dep	\$68.77	\$72.08	\$75.34	\$81.92	\$72.59	\$76.09	\$79.53	\$86.46

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	\$28.03	\$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
2 Tier	EE + Dep	\$95.19	\$99.74	\$104.25	\$100.47	\$105.27	\$110.04

*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

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
4 Tier	EE Only	\$14.28	\$14.84	\$15.40	\$16.50	\$15.42	\$16.03	\$16.64	\$17.83
	EE + SP	\$28.56	\$29.68	\$30.80	\$33.00	\$30.84	\$32.06	\$33.27	\$35.66
	EE + CH	\$34.70	\$36.06	\$37.42	\$40.10	\$37.47	\$38.95	\$40.42	\$43.33
	Family	\$55.71	\$57.89	\$60.08	\$64.37	\$60.15	\$62.52	\$64.89	\$69.56
2 Tier	EE + Dep	\$46.15	\$47.95	\$49.76	\$53.32	\$49.83	\$51.79	\$53.76	\$57.62

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	\$22.87	\$23.82	\$24.77	\$26.68	\$24.14	\$25.14	\$26.14	\$28.16
	EE + SP	\$46.86	\$48.80	\$50.74	\$54.67	\$49.46	\$51.51	\$53.56	\$57.70
	EE + CH	\$48.77	\$50.80	\$52.82	\$56.90	\$51.48	\$53.62	\$55.75	\$60.06
	Family	\$81.11	\$84.48	\$87.84	\$94.63	\$85.62	\$89.17	\$92.72	\$99.89
2 Tier	EE + Dep	\$68.62	\$71.46	\$74.31	\$80.05	\$72.43	\$75.43	\$78.43	\$84.50

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	\$26.20	\$27.30	\$28.39	\$30.56	\$27.65	\$28.82	\$29.96	\$32.26
	EE + SP	\$53.68	\$55.94	\$58.16	\$62.62	\$56.66	\$59.04	\$61.39	\$66.09
	EE + CH	\$55.87	\$58.23	\$60.54	\$65.18	\$58.97	\$61.46	\$63.91	\$68.80
	Family	\$92.92	\$96.84	\$100.69	\$108.40	\$98.08	\$102.21	\$106.28	\$114.41
2 Tier	EE + Dep	\$78.60	\$81.92	\$85.18	\$91.70	\$82.97	\$86.46	\$89.90	\$96.79

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	\$32.04	\$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	
2 Tier	EE + Dep	\$108.83	\$113.34	\$117.85		\$114.86	\$119.64	\$124.39	

*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

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
4 Tier	EE Only	\$16.50	\$18.18	\$20.40	\$17.83	\$19.65	\$22.07
	EE + SP	\$33.00	\$36.36	\$40.81	\$35.66	\$39.31	\$44.13
	EE + CH	\$40.10	\$44.18	\$49.58	\$43.33	\$47.76	\$53.62
	Family	\$64.37	\$70.93	\$79.59	\$69.56	\$76.67	\$86.08
2 Tier	EE + Dep	\$53.32	\$58.75	\$65.93	\$57.62	\$63.51	\$71.30

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 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$26.68	\$29.54	\$33.34	\$28.16	\$31.18	\$35.19
	EE + SP	\$54.67	\$60.53	\$68.31	\$57.70	\$63.89	\$72.10
	EE + CH	\$56.90	\$63.01	\$71.10	\$60.06	\$66.51	\$75.05
	Family	\$94.63	\$104.79	\$118.25	\$99.89	\$110.60	\$124.81
2 Tier	EE + Dep	\$80.05	\$88.64	\$100.03	\$84.50	\$93.56	\$105.58

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 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$30.56	\$33.84	\$38.22	\$32.26	\$35.72	\$40.34
	EE + SP	\$62.62	\$69.33	\$78.31	\$66.09	\$73.18	\$82.65
	EE + CH	\$65.18	\$72.17	\$81.51	\$68.80	\$76.17	\$86.04
	Family	\$108.40	\$120.02	\$135.56	\$114.41	\$126.68	\$143.08
2 Tier	EE + Dep	\$91.70	\$101.53	\$114.67	\$96.79	\$107.16	\$121.04

*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.