



Dental Small Group Rate Sheet for Other Upstate 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	\$11.05	\$11.52	\$12.00	\$12.96	\$11.91	\$12.42	\$12.95	\$13.99
	EE + SP	\$22.10	\$23.03	\$24.01	\$25.92	\$23.82	\$24.84	\$25.90	\$27.98
	EE + CH	\$26.84	\$27.99	\$29.17	\$31.50	\$28.94	\$30.18	\$31.47	\$33.99
	Family	\$43.10	\$44.93	\$46.83	\$50.56	\$46.47	\$48.45	\$50.52	\$54.57
2 Tier	EE + Dep	\$35.70	\$37.22	\$38.79	\$41.89	\$38.49	\$40.14	\$41.85	\$45.20

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 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	\$17.30	\$18.13	\$18.95	\$20.61	\$18.26	\$19.13	\$20.01	\$21.75
	EE + SP	\$35.44	\$37.14	\$38.83	\$42.23	\$37.41	\$39.20	\$40.99	\$44.57
	EE + CH	\$36.89	\$38.66	\$40.42	\$43.96	\$38.94	\$40.80	\$42.67	\$46.40
	Family	\$61.36	\$64.29	\$67.23	\$73.10	\$64.76	\$67.86	\$70.96	\$77.16
2 Tier	EE + Dep	\$51.90	\$54.39	\$56.87	\$61.84	\$54.78	\$57.41	\$60.03	\$65.27

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.

		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	\$19.83	\$20.78	\$21.71	\$23.61	\$20.93	\$21.94	\$22.92	\$24.92
	EE + SP	\$40.64	\$42.58	\$44.49	\$48.38	\$42.89	\$44.94	\$46.96	\$51.06
	EE + CH	\$42.30	\$44.32	\$46.31	\$50.36	\$44.65	\$46.78	\$48.88	\$53.15
	Family	\$70.35	\$73.71	\$77.02	\$83.75	\$74.25	\$77.80	\$81.29	\$88.39
2 Tier	EE + Dep	\$59.51	\$62.36	\$65.15	\$70.84	\$62.81	\$65.82	\$68.77	\$74.77

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 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

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	\$12.49	\$12.96	\$13.45	\$14.41	\$13.48	\$13.99	\$14.52	\$15.56
	EE + SP	\$24.99	\$25.92	\$26.90	\$28.81	\$26.96	\$27.98	\$29.04	\$31.11
	EE + CH	\$30.36	\$31.50	\$32.68	\$35.01	\$32.75	\$33.99	\$35.28	\$37.80
	Family	\$48.73	\$50.56	\$52.47	\$56.20	\$52.58	\$54.57	\$56.64	\$60.69
2 Tier	EE + Dep	\$40.37	\$41.89	\$43.46	\$46.55	\$43.56	\$45.20	\$46.91	\$50.27

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	\$19.78	\$20.61	\$21.42	\$23.08	\$20.88	\$21.75	\$22.61	\$24.36
	EE + SP	\$40.53	\$42.23	\$43.89	\$47.28	\$42.78	\$44.57	\$46.32	\$49.90
	EE + CH	\$42.19	\$43.96	\$45.68	\$49.22	\$44.53	\$46.40	\$48.22	\$51.95
	Family	\$70.16	\$73.10	\$75.98	\$81.85	\$74.06	\$77.16	\$80.19	\$86.39
2 Tier	EE + Dep	\$59.35	\$61.84	\$64.27	\$69.24	\$62.65	\$65.27	\$67.84	\$73.08

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	\$22.66	\$23.61	\$24.56	\$26.44	\$23.92	\$24.92	\$25.92	\$27.91
	EE + SP	\$46.43	\$48.38	\$50.32	\$54.17	\$49.01	\$51.06	\$53.11	\$57.18
	EE + CH	\$48.33	\$50.36	\$52.38	\$56.39	\$51.02	\$53.15	\$55.29	\$59.52
	Family	\$80.38	\$83.75	\$87.11	\$93.78	\$84.84	\$88.39	\$91.94	\$98.98
2 Tier	EE + Dep	\$68.00	\$70.84	\$73.69	\$79.33	\$71.77	\$74.77	\$77.78	\$83.73

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	\$32.04	\$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 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

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	\$14.41	\$15.85	\$17.78	\$15.56	\$17.13	\$19.22
	EE + SP	\$28.81	\$31.70	\$35.57	\$31.11	\$34.25	\$38.45
	EE + CH	\$35.01	\$38.52	\$43.21	\$37.80	\$41.61	\$46.71
	Family	\$56.20	\$61.84	\$69.38	\$60.69	\$66.81	\$74.99
2 Tier	EE + Dep	\$46.55	\$51.22	\$57.47	\$50.27	\$55.34	\$62.12

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.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$23.08	\$25.54	\$28.84	\$24.36	\$26.96	\$30.44
	EE + SP	\$47.28	\$52.33	\$59.08	\$49.90	\$55.24	\$62.36
	EE + CH	\$49.22	\$54.48	\$61.50	\$51.95	\$57.50	\$64.91
	Family	\$81.85	\$90.60	\$102.28	\$86.39	\$95.62	\$107.96
2 Tier	EE + Dep	\$69.24	\$76.64	\$86.52	\$73.08	\$80.89	\$91.32

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	\$26.44	\$29.27	\$33.04	\$27.91	\$30.89	\$34.88
	EE + SP	\$54.17	\$59.97	\$67.70	\$57.18	\$63.29	\$71.46
	EE + CH	\$56.39	\$62.42	\$70.48	\$59.52	\$65.89	\$74.39
	Family	\$93.78	\$103.81	\$117.21	\$98.98	\$109.57	\$123.71
2 Tier	EE + Dep	\$79.33	\$87.82	\$99.15	\$83.73	\$92.69	\$104.65

*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.