



# Dental Small Group Rate Sheet for Albany Counties

## 4th Quarter 2020 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 10/01/2020 through 12/31/2020

**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	\$12.11	\$12.64	\$13.16	\$14.23	\$13.05	\$13.63	\$14.19	\$15.35
	EE + SP	\$24.21	\$25.28	\$26.32	\$28.46	\$26.10	\$27.26	\$28.38	\$30.71
	EE + CH	\$29.41	\$30.72	\$31.98	\$34.58	\$31.71	\$33.12	\$34.48	\$37.31
	Family	\$47.22	\$49.31	\$51.34	\$55.52	\$50.90	\$53.17	\$55.36	\$59.90
<b>2 Tier</b>	EE + Dep	\$39.12	\$40.85	\$42.52	\$45.99	\$42.16	\$44.04	\$45.86	\$49.62

**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.

		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	\$19.11	\$20.01	\$20.94	\$22.75	\$20.16	\$21.11	\$22.09	\$24.00
	EE + SP	\$39.15	\$41.01	\$42.90	\$46.60	\$41.30	\$43.26	\$45.25	\$49.16
	EE + CH	\$40.75	\$42.68	\$44.65	\$48.51	\$42.99	\$45.03	\$47.10	\$51.18
	Family	\$67.78	\$70.99	\$74.26	\$80.68	\$71.50	\$74.89	\$78.34	\$85.11
<b>2 Tier</b>	EE + Dep	\$57.33	\$60.05	\$62.82	\$68.25	\$60.48	\$63.35	\$66.27	\$72.00

**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	\$21.89	\$22.93	\$23.98	\$26.06	\$23.09	\$24.19	\$25.29	\$27.49
	EE + SP	\$44.85	\$46.99	\$49.12	\$53.39	\$47.32	\$49.57	\$51.82	\$56.32
	EE + CH	\$46.69	\$48.91	\$51.13	\$55.58	\$49.25	\$51.60	\$53.94	\$58.63
	Family	\$77.65	\$81.34	\$85.04	\$92.43	\$81.91	\$85.81	\$89.71	\$97.50
<b>2 Tier</b>	EE + Dep	\$65.69	\$68.81	\$71.94	\$78.19	\$69.29	\$72.59	\$75.89	\$82.48

**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	\$27.89	\$29.22	\$30.53	\$29.42	\$30.82	\$32.21
	EE + SP	\$57.14	\$59.86	\$62.56	\$60.27	\$63.15	\$65.99
	EE + CH	\$72.74	\$76.22	\$79.64	\$76.74	\$80.42	\$84.02
	Family	\$115.21	\$120.72	\$126.14	\$121.54	\$127.35	\$133.07
<b>2 Tier</b>	EE + Dep	\$94.70	\$99.23	\$103.68	\$99.91	\$104.68	\$109.37

\*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

## 4th Quarter 2020 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 10/01/2020 through 12/31/2020

**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	\$13.70	\$14.23	\$14.77	\$15.82	\$14.77	\$15.35	\$15.94	\$17.08
	EE + SP	\$27.39	\$28.46	\$29.54	\$31.65	\$29.55	\$30.71	\$31.87	\$34.16
	EE + CH	\$33.28	\$34.58	\$35.89	\$38.45	\$35.90	\$37.31	\$38.72	\$41.50
	Family	\$53.43	\$55.52	\$57.61	\$61.72	\$57.63	\$59.90	\$62.17	\$66.63
<b>2 Tier</b>	EE + Dep	\$44.26	\$45.99	\$47.72	\$51.13	\$47.74	\$49.62	\$51.50	\$55.19

**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	\$21.84	\$22.75	\$23.67	\$25.48	\$23.04	\$24.00	\$24.97	\$26.88
	EE + SP	\$44.75	\$46.60	\$48.49	\$52.20	\$47.21	\$49.16	\$51.16	\$55.07
	EE + CH	\$46.58	\$48.51	\$50.48	\$54.34	\$49.14	\$51.18	\$53.25	\$57.32
	Family	\$77.47	\$80.68	\$83.95	\$90.37	\$81.72	\$85.11	\$88.56	\$95.33
<b>2 Tier</b>	EE + Dep	\$65.53	\$68.25	\$71.01	\$76.45	\$69.13	\$72.00	\$74.92	\$80.64

**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	\$25.02	\$26.06	\$27.10	\$29.18	\$26.39	\$27.49	\$28.59	\$30.79
	EE + SP	\$51.26	\$53.39	\$55.53	\$59.79	\$54.07	\$56.32	\$58.58	\$63.08
	EE + CH	\$53.36	\$55.58	\$57.80	\$62.24	\$56.29	\$58.63	\$60.97	\$65.66
	Family	\$88.73	\$92.43	\$96.12	\$103.51	\$93.61	\$97.50	\$101.40	\$109.20
<b>2 Tier</b>	EE + Dep	\$75.06	\$78.19	\$81.31	\$87.56	\$79.19	\$82.48	\$85.78	\$92.37

**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	\$31.86	\$33.20	\$34.53		\$33.61	\$35.02	\$36.43	
	EE + SP	\$65.29	\$68.02	\$70.75		\$68.87	\$71.75	\$74.63	
	EE + CH	\$83.12	\$86.60	\$90.07		\$87.68	\$91.35	\$95.03	
	Family	\$131.64	\$137.15	\$142.65		\$138.87	\$144.68	\$150.49	
<b>2 Tier</b>	EE + Dep	\$108.21	\$112.74	\$117.26		\$114.15	\$118.93	\$123.70	

\*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

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

Effective 10/01/2020 through 12/31/2020

**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	\$15.82	\$17.41	\$19.54	\$17.08	\$18.81	\$21.11
	EE + SP	\$31.65	\$34.83	\$39.08	\$34.16	\$37.61	\$42.22
	EE + CH	\$38.45	\$42.31	\$47.48	\$41.50	\$45.69	\$51.30
	Family	\$61.72	\$67.93	\$76.23	\$66.63	\$73.36	\$82.36
<b>2 Tier</b>	EE + Dep	\$51.13	\$56.27	\$63.14	\$55.19	\$60.77	\$68.22

**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 4	Group 3	Group 2	Group 4	Group 3	Group 2
<b>4 Tier</b>	EE Only	\$25.48	\$28.21	\$31.85	\$26.88	\$29.76	\$33.60
	EE + SP	\$52.20	\$57.80	\$65.25	\$55.07	\$60.97	\$68.84
	EE + CH	\$54.34	\$60.17	\$67.92	\$57.32	\$63.47	\$71.65
	Family	\$90.37	\$100.06	\$112.96	\$95.33	\$105.56	\$119.17
<b>2 Tier</b>	EE + Dep	\$76.45	\$84.64	\$95.56	\$80.64	\$89.29	\$100.81

**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	\$29.18	\$32.33	\$36.49	\$30.79	\$34.10	\$38.50
	EE + SP	\$59.79	\$66.23	\$74.77	\$63.08	\$69.87	\$78.88
	EE + CH	\$62.24	\$68.94	\$77.83	\$65.66	\$72.73	\$82.10
	Family	\$103.51	\$114.66	\$129.44	\$109.20	\$120.95	\$136.54
<b>2 Tier</b>	EE + Dep	\$87.56	\$96.99	\$109.49	\$92.37	\$102.32	\$115.51

\*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.