



Dental Small Group Rate Sheet for Buffalo 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
4 Tier	EE Only	\$12.53	\$13.09	\$13.64	\$14.75	\$13.51	\$14.11	\$14.72	\$15.92
	EE + SP	\$25.07	\$26.18	\$27.28	\$29.50	\$27.03	\$28.23	\$29.43	\$31.83
	EE + CH	\$30.46	\$31.80	\$33.15	\$35.84	\$32.84	\$34.30	\$35.76	\$38.68
	Family	\$48.89	\$51.06	\$53.22	\$57.54	\$52.72	\$55.06	\$57.40	\$62.09
2 Tier	EE + Dep	\$40.50	\$42.29	\$44.08	\$47.66	\$43.67	\$45.61	\$47.55	\$51.43

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	\$19.86	\$20.80	\$21.76	\$23.65	\$20.95	\$21.94	\$22.95	\$24.95
	EE + SP	\$40.69	\$42.62	\$44.57	\$48.46	\$42.93	\$44.96	\$47.02	\$51.12
	EE + CH	\$42.36	\$44.36	\$46.40	\$50.44	\$44.68	\$46.80	\$48.95	\$53.21
	Family	\$70.44	\$73.77	\$77.16	\$83.89	\$74.31	\$77.82	\$81.40	\$88.50
2 Tier	EE + Dep	\$59.59	\$62.41	\$65.28	\$70.96	\$62.86	\$65.83	\$68.86	\$74.86

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	\$22.78	\$23.86	\$24.95	\$27.12	\$24.03	\$25.17	\$26.32	\$28.61
	EE + SP	\$46.67	\$48.88	\$51.12	\$55.56	\$49.24	\$51.56	\$53.92	\$58.61
	EE + CH	\$48.58	\$50.88	\$53.21	\$57.84	\$51.25	\$53.67	\$56.13	\$61.01
	Family	\$80.80	\$84.61	\$88.49	\$96.18	\$85.24	\$89.26	\$93.35	\$101.47
2 Tier	EE + Dep	\$68.35	\$71.58	\$74.86	\$81.36	\$72.10	\$75.51	\$78.97	\$85.83

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	\$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
2 Tier	EE + Dep	\$94.70	\$99.23	\$103.68	\$99.91	\$104.68	\$109.37

*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

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
4 Tier	EE Only	\$14.20	\$14.75	\$15.29	\$16.39	\$15.32	\$15.92	\$16.50	\$17.70
	EE + SP	\$28.39	\$29.50	\$30.57	\$32.79	\$30.63	\$31.83	\$33.00	\$35.40
	EE + CH	\$34.50	\$35.84	\$37.15	\$39.84	\$37.22	\$38.68	\$40.09	\$43.01
	Family	\$55.38	\$57.54	\$59.63	\$63.96	\$59.75	\$62.09	\$64.36	\$69.05
2 Tier	EE + Dep	\$45.87	\$47.66	\$49.40	\$52.98	\$49.49	\$51.43	\$53.31	\$57.20

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.

		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	\$22.69	\$23.65	\$24.59	\$26.49	\$23.94	\$24.95	\$25.94	\$27.94
	EE + SP	\$46.50	\$48.46	\$50.38	\$54.27	\$49.05	\$51.12	\$53.15	\$57.25
	EE + CH	\$48.40	\$50.44	\$52.44	\$56.49	\$51.06	\$53.21	\$55.33	\$59.59
	Family	\$80.50	\$83.89	\$87.22	\$93.94	\$84.92	\$88.50	\$92.01	\$99.10
2 Tier	EE + Dep	\$68.09	\$70.96	\$73.78	\$79.47	\$71.83	\$74.86	\$77.83	\$83.83

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	\$26.02	\$27.12	\$28.19	\$30.36	\$27.45	\$28.61	\$29.74	\$32.03
	EE + SP	\$53.32	\$55.56	\$57.76	\$62.21	\$56.25	\$58.61	\$60.94	\$65.63
	EE + CH	\$55.50	\$57.84	\$60.13	\$64.75	\$58.55	\$61.01	\$63.43	\$68.31
	Family	\$92.31	\$96.18	\$100.00	\$107.69	\$97.38	\$101.47	\$105.49	\$113.61
2 Tier	EE + Dep	\$78.09	\$81.36	\$84.59	\$91.10	\$82.37	\$85.83	\$89.24	\$96.10

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	\$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	
2 Tier	EE + Dep	\$108.21	\$112.74	\$117.26		\$114.15	\$118.93	\$123.70	

*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

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
4 Tier	EE Only	\$16.39	\$18.06	\$20.27	\$17.70	\$19.50	\$21.91
	EE + SP	\$32.79	\$36.11	\$40.55	\$35.40	\$39.01	\$43.81
	EE + CH	\$39.84	\$43.88	\$49.26	\$43.01	\$47.39	\$53.23
	Family	\$63.96	\$70.44	\$79.09	\$69.05	\$76.08	\$85.46
2 Tier	EE + Dep	\$52.98	\$58.35	\$65.51	\$57.20	\$63.02	\$70.79

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 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$26.49	\$29.32	\$33.09	\$27.94	\$30.93	\$34.91
	EE + SP	\$54.27	\$60.07	\$67.81	\$57.25	\$63.37	\$71.53
	EE + CH	\$56.49	\$62.53	\$70.58	\$59.59	\$65.97	\$74.46
	Family	\$93.94	\$104.00	\$117.38	\$99.10	\$109.71	\$123.83
2 Tier	EE + Dep	\$79.47	\$87.97	\$99.30	\$83.83	\$92.81	\$104.75

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	\$30.36	\$33.62	\$37.96	\$32.03	\$35.47	\$40.05
	EE + SP	\$62.21	\$68.89	\$77.78	\$65.63	\$72.67	\$82.05
	EE + CH	\$64.75	\$71.71	\$80.96	\$68.31	\$75.65	\$85.41
	Family	\$107.69	\$119.26	\$134.64	\$113.61	\$125.81	\$142.04
2 Tier	EE + Dep	\$91.10	\$100.89	\$113.90	\$96.10	\$106.43	\$120.16

*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.