



Dental Small Group Rate Sheet for Other Upstate 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	\$10.98	\$11.46	\$11.93	\$12.89	\$11.83	\$12.35	\$12.85	\$13.90
	EE + SP	\$21.96	\$22.92	\$23.85	\$25.78	\$23.65	\$24.70	\$25.71	\$27.80
	EE + CH	\$26.68	\$27.85	\$28.98	\$31.33	\$28.74	\$30.01	\$31.23	\$33.78
	Family	\$42.83	\$44.71	\$46.52	\$50.29	\$46.14	\$48.18	\$50.14	\$54.23
2 Tier	EE + Dep	\$35.48	\$37.04	\$38.54	\$41.66	\$38.22	\$39.91	\$41.54	\$44.92

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	\$17.18	\$18.00	\$18.82	\$20.46	\$18.12	\$18.99	\$19.85	\$21.58
	EE + SP	\$35.20	\$36.88	\$38.56	\$41.92	\$37.13	\$38.90	\$40.67	\$44.22
	EE + CH	\$36.64	\$38.39	\$40.13	\$43.63	\$38.65	\$40.50	\$42.34	\$46.03
	Family	\$60.93	\$63.84	\$66.75	\$72.56	\$64.28	\$67.35	\$70.41	\$76.55
2 Tier	EE + Dep	\$51.54	\$54.00	\$56.46	\$61.38	\$54.38	\$56.97	\$59.56	\$64.75

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 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	\$19.69	\$20.63	\$21.57	\$23.45	\$20.77	\$21.76	\$22.75	\$24.73
	EE + SP	\$40.34	\$42.27	\$44.19	\$48.04	\$42.56	\$44.59	\$46.62	\$50.68
	EE + CH	\$41.99	\$44.00	\$46.00	\$50.00	\$44.30	\$46.41	\$48.52	\$52.75
	Family	\$69.84	\$73.17	\$76.50	\$83.16	\$73.67	\$77.19	\$80.70	\$87.73
2 Tier	EE + Dep	\$59.08	\$61.89	\$64.71	\$70.35	\$62.32	\$65.29	\$68.27	\$74.21

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 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

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	\$12.41	\$12.89	\$13.37	\$14.32	\$13.38	\$13.90	\$14.42	\$15.45
	EE + SP	\$24.82	\$25.78	\$26.75	\$28.64	\$26.76	\$27.80	\$28.85	\$30.90
	EE + CH	\$30.15	\$31.33	\$32.50	\$34.80	\$32.51	\$33.78	\$35.05	\$37.55
	Family	\$48.41	\$50.29	\$52.17	\$55.87	\$52.19	\$54.23	\$56.27	\$60.28
2 Tier	EE + Dep	\$40.10	\$41.66	\$43.22	\$46.28	\$43.23	\$44.92	\$46.61	\$49.93

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	\$19.64	\$20.46	\$21.28	\$22.92	\$20.72	\$21.58	\$22.45	\$24.18
	EE + SP	\$40.24	\$41.92	\$43.59	\$46.95	\$42.45	\$44.22	\$45.99	\$49.53
	EE + CH	\$41.88	\$43.63	\$45.38	\$48.88	\$44.18	\$46.03	\$47.87	\$51.56
	Family	\$69.65	\$72.56	\$75.47	\$81.28	\$73.48	\$76.55	\$79.61	\$85.75
2 Tier	EE + Dep	\$58.92	\$61.38	\$63.84	\$68.76	\$62.16	\$64.75	\$67.35	\$72.54

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	\$22.51	\$23.45	\$24.37	\$26.25	\$23.74	\$24.73	\$25.71	\$27.69
	EE + SP	\$46.11	\$48.04	\$49.93	\$53.78	\$48.65	\$50.68	\$52.67	\$56.73
	EE + CH	\$48.00	\$50.00	\$51.97	\$55.98	\$50.64	\$52.75	\$54.83	\$59.05
	Family	\$79.83	\$83.16	\$86.43	\$93.09	\$84.21	\$87.73	\$91.18	\$98.21
2 Tier	EE + Dep	\$67.53	\$70.35	\$73.12	\$78.75	\$71.24	\$74.21	\$77.13	\$83.08

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 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

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	\$14.32	\$15.75	\$17.66	\$15.45	\$17.00	\$19.08
	EE + SP	\$28.64	\$31.50	\$35.33	\$30.90	\$34.00	\$38.15
	EE + CH	\$34.80	\$38.27	\$42.92	\$37.55	\$41.31	\$46.35
	Family	\$55.87	\$61.45	\$68.91	\$60.28	\$66.33	\$74.42
2 Tier	EE + Dep	\$46.28	\$50.90	\$57.08	\$49.93	\$54.94	\$61.64

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	\$22.92	\$25.38	\$28.64	\$24.18	\$26.77	\$30.21
	EE + SP	\$46.95	\$51.99	\$58.67	\$49.53	\$54.85	\$61.90
	EE + CH	\$48.88	\$54.12	\$61.08	\$51.56	\$57.09	\$64.43
	Family	\$81.28	\$90.01	\$101.57	\$85.75	\$94.95	\$107.15
2 Tier	EE + Dep	\$68.76	\$76.14	\$85.92	\$72.54	\$80.32	\$90.64

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.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$26.25	\$29.06	\$32.82	\$27.69	\$30.66	\$34.62
	EE + SP	\$53.78	\$59.55	\$67.25	\$56.73	\$62.82	\$70.94
	EE + CH	\$55.98	\$61.99	\$70.00	\$59.05	\$65.39	\$73.84
	Family	\$93.09	\$103.09	\$116.41	\$98.21	\$108.75	\$122.81
2 Tier	EE + Dep	\$78.75	\$87.21	\$98.48	\$83.08	\$92.00	\$103.89

*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.