



Dental Small Group Rate Sheet

3rd Quarter 2019 Monthly Rates* for Preferred Dental for Groups of 5 to 50 Eligible Employees

Effective 07/01/2019 through 09/30/2019

Contributory — Bundled With Medical

| Preferred Dental — Plan E5 | | | | | |
|--|----------|-------------|-------------|-------------|-----------|
| 100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. | | | | | |
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$22.99 | \$24.08 | \$25.17 | \$27.36 |
| | EE + SP | \$47.10 | \$49.33 | \$51.57 | \$56.05 |
| | EE + CH | \$49.02 | \$51.35 | \$53.68 | \$58.35 |
| | Family | \$81.53 | \$85.40 | \$89.28 | \$97.03 |
| 2 Tier | EE + Dep | \$68.97 | \$72.25 | \$75.53 | \$82.08 |
| Preferred Dental — Plan E6 | | | | | |
| 100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. | | | | | |
| 4 Tier | EE Only | \$26.33 | \$27.60 | \$28.83 | \$31.35 |
| | EE + SP | \$53.96 | \$56.55 | \$59.07 | \$64.23 |
| | EE + CH | \$56.16 | \$58.86 | \$61.49 | \$66.86 |
| | Family | \$93.40 | \$97.90 | \$102.26 | \$111.19 |
| 2 Tier | EE + Dep | \$79.01 | \$82.81 | \$86.51 | \$94.06 |

Contributory — Stand-Alone

| Preferred Dental — Plan E5 | | | | | |
|--|----------|-------------|-------------|-------------|-----------|
| 100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. | | | | | |
| | | Group 25-50 | Group 15-24 | Group 10-14 | Group 5-9 |
| 4 Tier | EE Only | \$24.27 | \$25.42 | \$26.58 | \$28.89 |
| | EE + SP | \$49.73 | \$52.09 | \$54.45 | \$59.18 |
| | EE + CH | \$51.76 | \$54.22 | \$56.68 | \$61.61 |
| | Family | \$86.08 | \$90.17 | \$94.27 | \$102.45 |
| 2 Tier | EE + Dep | \$72.82 | \$76.28 | \$79.74 | \$86.67 |
| Preferred Dental — Plan E6 | | | | | |
| 100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. | | | | | |
| 4 Tier | EE Only | \$27.80 | \$29.14 | \$30.44 | \$33.10 |
| | EE + SP | \$56.97 | \$59.71 | \$62.37 | \$67.81 |
| | EE + CH | \$59.30 | \$62.15 | \$64.93 | \$70.59 |
| | Family | \$98.62 | \$103.36 | \$107.98 | \$117.40 |
| 2 Tier | EE + Dep | \$83.43 | \$87.44 | \$91.34 | \$99.31 |

*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange.
Refer to GHI policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.