

Dental Small Group Rate Sheet

3rd Quarter 2019 Monthly Rates* for Preferred Dental for Groups of 2 to 4 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 4 Group 3 Group 2 4 Tier **EE Only** \$30.64 \$33.91 \$38.30 EE + SP \$62.77 \$69.49 \$78.48 EE + CH \$65.34 \$72.33 \$81.69 Family \$120.29 \$108.66 \$135.86 2 Tier EE + Dep \$91.92 \$101.76 \$114.93 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 \$35.11 \$38.86 \$43.87 EE + SP \$71.94 \$79.62 \$89.89 EE + CH \$74.89 \$82.88 \$93.57 Family \$124.54 \$137.83 \$155.61

\$116.59

\$105.35

Contributory — Stand-Alone

EE + Dep

2 Tier

Continuatory Star				
Preferred Dental — Plan E5				
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 4	Group 3	Group 2
4 Tier	EE Only	\$32.35	\$35.81	\$40.44
	EE + SP	\$66.28	\$73.37	\$82.86
	EE + CH	\$68.99	\$76.37	\$86.25
	Family	\$114.73	\$127.01	\$143.45
2 Tier	EE + Dep	\$97.06	\$107.44	\$121.35
Preferred Dental — Plan E6				
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	\$37.07	\$41.03	\$46.32
	EE + SP	\$75.96	\$84.06	\$94.91
	EE + CH	\$79.07	\$87.50	\$98.79
	Family	\$131.49	\$145.53	\$164.30
2 Tier	EE + Dep	\$111.23	\$123.11	\$138.99

^{*}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.

\$131.64