



Dental Small Group Rate Sheet

4th Quarter 2019 Monthly Rates* for Preferred Dental for Groups of 5 to 50 Eligible Employees

Effective 10/01/2019 through 12/31/2019

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	\$22.17	\$23.22	\$24.29	\$26.40
	EE + SP	\$45.42	\$47.58	\$49.77	\$54.09
	EE + CH	\$47.28	\$49.53	\$51.81	\$56.30
	Family	\$78.64	\$82.37	\$86.16	\$93.63
2 Tier	EE + Dep	\$66.52	\$69.68	\$72.89	\$79.20
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	\$25.19	\$26.40	\$27.59	\$29.99
	EE + SP	\$51.61	\$54.09	\$56.53	\$61.45
	EE + CH	\$53.72	\$56.30	\$58.84	\$63.97
	Family	\$89.34	\$93.63	\$97.86	\$106.38
2 Tier	EE + Dep	\$75.57	\$79.20	\$82.78	\$89.99

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	\$23.42	\$24.53	\$25.67	\$27.89
	EE + SP	\$47.99	\$50.27	\$52.58	\$57.14
	EE + CH	\$49.96	\$52.33	\$54.74	\$59.48
	Family	\$83.08	\$87.02	\$91.03	\$98.92
2 Tier	EE + Dep	\$70.28	\$73.62	\$77.01	\$83.68
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	\$26.61	\$27.89	\$29.15	\$31.69
	EE + SP	\$54.52	\$57.14	\$59.72	\$64.92
	EE + CH	\$56.75	\$59.48	\$62.17	\$67.58
	Family	\$94.38	\$98.92	\$103.39	\$112.39
2 Tier	EE + Dep	\$79.84	\$83.68	\$87.46	\$95.08

*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.