



DENTAL SMALL GROUP RATE SHEET

1st Quarter 2014 Monthly Rates* for Preferred Dental For Groups of 5 to 50 Eligible Employees

CONTRIBUTORY — BUNDLED WITH MEDICAL

EFFECTIVE 01/01/2014 THROUGH 03/31/2014

Preferred Dental — Plan E5					
100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
		Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$31.94	\$33.46	\$34.98	\$38.04
	EE + SP	\$65.48	\$68.59	\$71.71	\$77.97
	EE + CH	\$62.28	\$65.25	\$68.21	\$74.17
	Family	\$105.40	\$110.42	\$115.43	\$125.52
2 Tier	EE + Dep	\$91.03	\$95.36	\$99.69	\$108.40
Preferred Dental — Plan E6					
100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
4 Tier	EE Only	\$35.70	\$37.39	\$39.11	\$42.50
	EE + SP	\$73.19	\$76.64	\$80.18	\$87.13
	EE + CH	\$69.62	\$72.91	\$76.27	\$82.88
	Family	\$117.82	\$123.38	\$129.07	\$140.25
2 Tier	EE + Dep	\$101.75	\$106.55	\$111.47	\$121.13

CONTRIBUTORY — STAND-ALONE

EFFECTIVE 01/01/2014 THROUGH 03/31/2014

Preferred Dental — Plan E5					
100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
		Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$33.73	\$35.33	\$36.94	\$40.16
	EE + SP	\$69.14	\$72.43	\$75.72	\$82.33
	EE + CH	\$65.77	\$68.90	\$72.02	\$78.32
	Family	\$111.30	\$116.59	\$121.89	\$132.54
2 Tier	EE + Dep	\$96.12	\$100.69	\$105.27	\$114.46
Preferred Dental — Plan E6					
100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
4 Tier	EE Only	\$37.70	\$39.48	\$41.30	\$44.88
	EE + SP	\$77.28	\$80.93	\$84.66	\$92.00
	EE + CH	\$73.51	\$76.98	\$80.53	\$87.51
	Family	\$124.40	\$130.28	\$136.28	\$148.10
2 Tier	EE + Dep	\$107.44	\$112.51	\$117.70	\$127.90

*These rates are valid in the following ten counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland and Orange.

Refer to GHI policy form numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits.

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