



DENTAL SMALL GROUP RATE SHEET

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

VOLUNTARY — 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	\$36.52	\$38.04	\$39.56	\$42.59
	EE + SP	\$74.86	\$77.97	\$81.09	\$87.32
	EE + CH	\$71.21	\$74.17	\$77.13	\$83.06
	Family	\$120.51	\$125.52	\$130.53	\$140.56
2 Tier	EE + Dep	\$104.07	\$108.40	\$112.73	\$121.39
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	\$40.80	\$42.50	\$44.19	\$47.60
	EE + SP	\$83.63	\$87.13	\$90.58	\$97.57
	EE + CH	\$79.55	\$82.88	\$86.16	\$92.81
	Family	\$134.63	\$140.25	\$145.82	\$157.07
2 Tier	EE + Dep	\$116.27	\$121.13	\$125.93	\$135.65

VOLUNTARY — 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	\$38.56	\$40.16	\$41.77	\$44.98
	EE + SP	\$79.05	\$82.33	\$85.62	\$92.20
	EE + CH	\$75.19	\$78.32	\$81.45	\$87.70
	Family	\$127.24	\$132.54	\$137.83	\$148.42
2 Tier	EE + Dep	\$109.89	\$114.46	\$119.04	\$128.18
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	\$43.08	\$44.88	\$46.66	\$50.26
	EE + SP	\$88.31	\$92.00	\$95.65	\$103.03
	EE + CH	\$84.00	\$87.51	\$90.98	\$98.00
	Family	\$142.16	\$148.10	\$153.97	\$165.85
2 Tier	EE + Dep	\$122.77	\$127.90	\$132.98	\$143.23

*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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