



# DENTAL SMALL GROUP RATE SHEET

## 2nd Quarter 2014 Monthly Rates\* for Preferred Dental For Groups of 5 to 50 Eligible Employees

**CONTRIBUTORY – BUNDLED WITH MEDICAL**

**EFFECTIVE 04/01/2014 THROUGH 06/30/2014**

<b>Preferred Dental — Plan E5</b>					
100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
		<b>Group 25-50</b>	<b>Group 15-24</b>	<b>Group 10-14</b>	<b>Group 5-9</b>
<b>4 Tier</b>	EE Only	\$32.25	\$33.79	\$35.33	\$38.39
	EE + SP	\$66.10	\$69.26	\$72.42	\$78.70
	EE + CH	\$62.88	\$65.88	\$68.89	\$74.86
	Family	\$106.41	\$111.50	\$116.58	\$126.69
<b>2 Tier</b>	EE + Dep	\$91.90	\$96.29	\$100.68	\$109.41

  

<b>Preferred Dental — Plan E6</b>					
100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
		<b>Group 25-50</b>	<b>Group 15-24</b>	<b>Group 10-14</b>	<b>Group 5-9</b>
<b>4 Tier</b>	EE Only	\$36.03	\$37.76	\$39.47	\$42.90
	EE + SP	\$73.87	\$77.41	\$80.91	\$87.95
	EE + CH	\$70.27	\$73.63	\$76.96	\$83.66
	Family	\$118.91	\$124.61	\$130.24	\$141.58
<b>2 Tier</b>	EE + Dep	\$102.70	\$107.62	\$112.48	\$122.27

**CONTRIBUTORY – STAND-ALONE**

**EFFECTIVE 04/01/2014 THROUGH 06/30/2014**

<b>Preferred Dental — Plan E5</b>					
100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
		<b>Group 25-50</b>	<b>Group 15-24</b>	<b>Group 10-14</b>	<b>Group 5-9</b>
<b>4 Tier</b>	EE Only	\$34.05	\$35.68	\$37.31	\$40.54
	EE + SP	\$69.81	\$73.14	\$76.48	\$83.11
	EE + CH	\$66.40	\$69.58	\$72.75	\$79.06
	Family	\$112.38	\$117.75	\$123.12	\$133.79
<b>2 Tier</b>	EE + Dep	\$97.05	\$101.69	\$106.33	\$115.55

  

<b>Preferred Dental — Plan E6</b>					
100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature.					
		<b>Group 25-50</b>	<b>Group 15-24</b>	<b>Group 10-14</b>	<b>Group 5-9</b>
<b>4 Tier</b>	EE Only	\$38.05	\$39.88	\$41.68	\$45.31
	EE + SP	\$78.01	\$81.75	\$85.44	\$92.88
	EE + CH	\$74.20	\$77.76	\$81.27	\$88.35
	Family	\$125.57	\$131.59	\$137.54	\$149.51
<b>2 Tier</b>	EE + Dep	\$108.45	\$113.65	\$118.79	\$129.12

\*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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