



DENTAL SMALL GROUP RATE SHEET

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

VOLUNTARY — BUNDLED WITH MEDICAL

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

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	\$36.85	\$38.39	\$39.93	\$43.00
	EE + SP	\$75.54	\$78.70	\$81.86	\$88.14
	EE + CH	\$71.86	\$74.86	\$77.87	\$83.84
	Family	\$121.61	\$126.69	\$131.78	\$141.88
2 Tier	EE + Dep	\$105.02	\$109.41	\$113.81	\$122.54
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	\$41.19	\$42.90	\$44.63	\$48.06
	EE + SP	\$84.45	\$87.95	\$91.49	\$98.53
	EE + CH	\$80.33	\$83.66	\$87.03	\$93.72
	Family	\$135.94	\$141.58	\$147.27	\$158.61
2 Tier	EE + Dep	\$117.40	\$122.27	\$127.19	\$136.98

VOLUNTARY — STAND-ALONE

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

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	\$38.92	\$40.54	\$42.17	\$45.40
	EE + SP	\$79.78	\$83.11	\$86.45	\$93.08
	EE + CH	\$75.88	\$79.06	\$82.23	\$88.54
	Family	\$128.42	\$133.79	\$139.16	\$149.83
2 Tier	EE + Dep	\$110.91	\$115.55	\$120.18	\$129.40
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	\$43.50	\$45.31	\$47.13	\$50.76
	EE + SP	\$89.18	\$92.88	\$96.62	\$104.05
	EE + CH	\$84.83	\$88.35	\$91.90	\$98.98
	Family	\$143.56	\$149.51	\$155.53	\$167.50
2 Tier	EE + Dep	\$123.98	\$129.12	\$134.32	\$144.66

*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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