



DENTAL SMALL GROUP RATE SHEET

3rd Quarter 2018 Monthly Rates* for Preferred Dental For Groups of 2 to 4 Eligible Employees

CONTRIBUTORY — BUNDLED WITH MEDICAL

EFFECTIVE 7/1/2018 THROUGH 9/30/2018

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 4	Group 3	Group 2
4 Tier	EE Only	\$29.97	\$33.18	\$37.45
	EE + SP	\$61.41	\$67.98	\$76.74
	EE + CH	\$63.93	\$70.76	\$79.88
	Family	\$106.31	\$117.68	\$132.85
2 Tier	EE + Dep	\$89.93	\$99.55	\$112.38
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	\$34.33	\$38.01	\$42.94
	EE + SP	\$70.35	\$77.87	\$87.97
	EE + CH	\$73.23	\$81.06	\$91.57
	Family	\$121.78	\$134.80	\$152.29
2 Tier	EE + Dep	\$103.02	\$114.03	\$128.82

CONTRIBUTORY — STAND-ALONE

EFFECTIVE 7/1/2018 THROUGH 9/30/2018

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 4	Group 3	Group 2
4 Tier	EE Only	\$31.64	\$35.02	\$39.53
	EE + SP	\$64.82	\$71.75	\$81.00
	EE + CH	\$67.47	\$74.69	\$84.31
	Family	\$112.21	\$124.21	\$140.21
2 Tier	EE + Dep	\$94.92	\$105.08	\$118.61
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	\$36.24	\$40.11	\$45.32
	EE + SP	\$74.25	\$82.19	\$92.85
	EE + CH	\$77.29	\$85.55	\$96.65
	Family	\$128.54	\$142.28	\$160.73
2 Tier	EE + Dep	\$108.73	\$120.36	\$135.97

*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-D, PLD-1103-G et al. for the insured dental benefits.

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