



# DENTAL SMALL GROUP RATE SHEET

## 4th Quarter 2018 Monthly Rates\* for Preferred Dental For Groups of 2 to 4 Eligible Employees

**CONTRIBUTORY — BUNDLED WITH MEDICAL**

**EFFECTIVE 10/1/2018 THROUGH 12/31/2018**

| <b>Preferred Dental — Plan E5</b>  |          |                |                |                |
|--|----------|----------------|----------------|----------------|
| 100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; no orthodontic coverage.<br>Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. |          |                |                |                |
|  |          | <b>Group 4</b> | <b>Group 3</b> | <b>Group 2</b> |
| <b>4 Tier</b>  | EE Only  | \$29.81        | \$33.00        | \$37.26        |
|  | EE + SP  | \$61.08        | \$67.62        | \$76.33        |
|  | EE + CH  | \$63.58        | \$70.39        | \$79.46        |
|  | Family   | \$105.74       | \$117.06       | \$132.14       |
| <b>2 Tier</b>  | EE + Dep | \$89.45        | \$99.03        | \$111.78       |
| <b>Preferred Dental — Plan E6</b>  |          |                |                |                |
| 100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; no orthodontic coverage.<br>Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. |          |                |                |                |
| <b>4 Tier</b>  | EE Only  | \$34.15        | \$37.80        | \$42.68        |
|  | EE + SP  | \$69.97        | \$77.45        | \$87.46        |
|  | EE + CH  | \$72.83        | \$80.62        | \$91.04        |
|  | Family   | \$121.12       | \$134.08       | \$151.40       |
| <b>2 Tier</b>  | EE + Dep | \$102.46       | \$113.42       | \$128.07       |

**CONTRIBUTORY — STAND-ALONE**

**EFFECTIVE 10/1/2018 THROUGH 12/31/2018**

| <b>Preferred Dental — Plan E5</b>  |          |                |                |                |
|--|----------|----------------|----------------|----------------|
| 100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; no orthodontic coverage.<br>Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. |          |                |                |                |
|  |          | <b>Group 4</b> | <b>Group 3</b> | <b>Group 2</b> |
| <b>4 Tier</b>  | EE Only  | \$31.45        | \$34.82        | \$39.30        |
|  | EE + SP  | \$64.43        | \$71.33        | \$80.52        |
|  | EE + CH  | \$67.07        | \$74.25        | \$83.82        |
|  | Family   | \$111.54       | \$123.49       | \$139.40       |
| <b>2 Tier</b>  | EE + Dep | \$94.36        | \$104.46       | \$117.92       |
| <b>Preferred Dental — Plan E6</b>  |          |                |                |                |
| 100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; no orthodontic coverage.<br>Includes annual maximum rollover feature. Covers dependent children/students to age 26. There are no waiting periods. |          |                |                |                |
| <b>4 Tier</b>  | EE Only  | \$36.02        | \$39.88        | \$45.03        |
|  | EE + SP  | \$73.81        | \$81.70        | \$92.26        |
|  | EE + CH  | \$76.83        | \$85.05        | \$96.04        |
|  | Family   | \$127.77       | \$141.44       | \$159.71       |
| <b>2 Tier</b>  | EE + Dep | \$108.09       | \$119.65       | \$135.11       |

\*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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