



# Dental Small Group Rate Sheet

1st Quarter 2019 Monthly Rates\* for Preferred Dental For Groups of 5 to 50 Eligible Employees

Effective 01/01/2019 through 03/31/2019

## Contributory — Bundled With Medical

<b>Preferred Dental — Plan E5</b>					
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 25-50	Group 15-24	Group 10-14	Group 5-9
<b>4 Tier</b>	EE Only	\$22.29	\$23.36	\$24.41	\$26.55
	EE + SP	\$45.68	\$47.87	\$50.02	\$54.40
	EE + CH	\$47.55	\$49.83	\$52.07	\$56.63
	Family	\$79.07	\$82.86	\$86.59	\$94.18
<b>2 Tier</b>	EE + Dep	\$66.89	\$70.10	\$73.25	\$79.67
<b>Preferred Dental — Plan E6</b>					
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.					
<b>4 Tier</b>	EE Only	\$25.55	\$26.76	\$27.98	\$30.42
	EE + SP	\$52.35	\$54.82	\$57.32	\$62.33
	EE + CH	\$54.49	\$57.06	\$59.67	\$64.88
	Family	\$90.63	\$94.90	\$99.23	\$107.90
<b>2 Tier</b>	EE + Dep	\$76.66	\$80.28	\$83.94	\$91.27

## Contributory — Stand-Alone

<b>Preferred Dental — Plan E5</b>					
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 25-50	Group 15-24	Group 10-14	Group 5-9
<b>4 Tier</b>	EE Only	\$23.51	\$24.64	\$25.75	\$28.00
	EE + SP	\$48.17	\$50.48	\$52.75	\$57.37
	EE + CH	\$50.14	\$52.54	\$54.91	\$59.72
	Family	\$83.38	\$87.38	\$91.32	\$99.31
<b>2 Tier</b>	EE + Dep	\$70.54	\$73.92	\$77.25	\$84.01
<b>Preferred Dental — Plan E6</b>					
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.					
<b>4 Tier</b>	EE Only	\$26.94	\$28.21	\$29.50	\$32.08
	EE + SP	\$55.21	\$57.81	\$60.45	\$65.73
	EE + CH	\$57.47	\$60.17	\$62.92	\$68.42
	Family	\$95.57	\$100.07	\$104.64	\$113.78
<b>2 Tier</b>	EE + Dep	\$80.84	\$84.66	\$88.52	\$96.25

\*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.