



Dental Small Group Rate Sheet

1st Quarter 2019 Monthly Rates* for Preferred Dental For Groups of 2 to 4 Eligible Employees

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

Contributory — Bundled With Medical

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	\$29.72	\$32.91	\$37.17
	EE + SP	\$60.90	\$67.44	\$76.16
	EE + CH	\$63.39	\$70.20	\$79.28
	Family	\$105.43	\$116.74	\$131.85
2 Tier	EE + Dep	\$89.19	\$98.76	\$111.53
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	\$34.07	\$37.71	\$42.60
	EE + SP	\$69.80	\$77.27	\$87.28
	EE + CH	\$72.66	\$80.44	\$90.86
	Family	\$120.83	\$133.77	\$151.10
2 Tier	EE + Dep	\$102.22	\$113.16	\$127.82

Contributory — Stand-Alone

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	\$31.35	\$34.71	\$39.20
	EE + SP	\$64.22	\$71.11	\$80.32
	EE + CH	\$66.85	\$74.03	\$83.60
	Family	\$111.18	\$123.11	\$139.04
2 Tier	EE + Dep	\$94.05	\$104.14	\$117.62
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	\$35.93	\$39.77	\$44.92
	EE + SP	\$73.61	\$81.49	\$92.05
	EE + CH	\$76.62	\$84.82	\$95.81
	Family	\$127.43	\$141.07	\$159.34
2 Tier	EE + Dep	\$107.79	\$119.33	\$134.79

*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.