



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

Voluntary — 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 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$25.48	\$26.55	\$27.60	\$29.72
	EE + SP	\$52.21	\$54.40	\$56.56	\$60.90
	EE + CH	\$54.35	\$56.63	\$58.87	\$63.39
	Family	\$90.38	\$94.18	\$97.91	\$105.43
2 Tier	EE + Dep	\$76.46	\$79.67	\$82.82	\$89.19
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	\$29.20	\$30.42	\$31.62	\$34.07
	EE + SP	\$59.82	\$62.33	\$64.79	\$69.80
	EE + CH	\$62.27	\$64.88	\$67.45	\$72.66
	Family	\$103.56	\$107.90	\$112.17	\$120.83
2 Tier	EE + Dep	\$87.61	\$91.27	\$94.89	\$102.22

Voluntary — 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 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$26.87	\$28.00	\$29.11	\$31.35
	EE + SP	\$55.06	\$57.37	\$59.64	\$64.22
	EE + CH	\$57.31	\$59.72	\$62.08	\$66.85
	Family	\$95.31	\$99.31	\$103.25	\$111.18
2 Tier	EE + Dep	\$80.63	\$84.01	\$87.34	\$94.05
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	\$30.79	\$32.08	\$33.35	\$35.93
	EE + SP	\$63.09	\$65.73	\$68.33	\$73.61
	EE + CH	\$65.67	\$68.42	\$71.13	\$76.62
	Family	\$109.21	\$113.78	\$118.29	\$127.43
2 Tier	EE + Dep	\$92.39	\$96.25	\$100.06	\$107.79

*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.