



Dental Small Group Rate Sheet

2nd Quarter 2019 Monthly Rates* for Preferred Dental For Groups of 5 to 50 Eligible Employees

Effective 04/01/2019 through 06/30/2019

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 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$22.38	\$23.45	\$24.52	\$26.65
	EE + SP	\$45.85	\$48.04	\$50.23	\$54.61
	EE + CH	\$47.73	\$50.01	\$52.29	\$56.84
	Family	\$79.37	\$83.16	\$86.95	\$94.54
2 Tier	EE + Dep	\$67.14	\$70.35	\$73.56	\$79.97
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	\$25.65	\$26.87	\$28.10	\$30.54
	EE + SP	\$52.56	\$55.06	\$57.56	\$62.57
	EE + CH	\$54.71	\$57.32	\$59.92	\$65.13
	Family	\$90.99	\$95.32	\$99.65	\$108.32
2 Tier	EE + Dep	\$76.97	\$80.63	\$84.30	\$91.63

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 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$23.60	\$24.73	\$25.85	\$28.11
	EE + SP	\$48.35	\$50.66	\$52.97	\$57.59
	EE + CH	\$50.33	\$52.73	\$55.14	\$59.95
	Family	\$83.70	\$87.70	\$91.70	\$99.69
2 Tier	EE + Dep	\$70.81	\$74.19	\$77.57	\$84.33
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	\$27.05	\$28.34	\$29.63	\$32.20
	EE + SP	\$55.43	\$58.06	\$60.70	\$65.98
	EE + CH	\$57.69	\$60.44	\$63.19	\$68.68
	Family	\$95.95	\$100.52	\$105.09	\$114.23
2 Tier	EE + Dep	\$81.17	\$85.03	\$88.90	\$96.63

*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.