



Dental Small Group Rate Sheet

2nd Quarter 2019 Monthly Rates* for Preferred Dental For Groups of 2 to 4 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 4	Group 3	Group 2
4 Tier	EE Only	\$29.84	\$33.05	\$37.31
	EE + SP	\$61.14	\$67.71	\$76.44
	EE + CH	\$63.65	\$70.49	\$79.57
	Family	\$105.85	\$117.22	\$132.33
2 Tier	EE + Dep	\$89.54	\$99.16	\$111.94
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	\$34.20	\$37.87	\$42.75
	EE + SP	\$70.08	\$77.59	\$87.60
	EE + CH	\$72.95	\$80.76	\$91.18
	Family	\$121.32	\$134.31	\$151.64
2 Tier	EE + Dep	\$102.62	\$113.62	\$128.28

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	\$31.47	\$34.85	\$39.34
	EE + SP	\$64.48	\$71.41	\$80.61
	EE + CH	\$67.12	\$74.33	\$83.91
	Family	\$111.62	\$123.62	\$139.55
2 Tier	EE + Dep	\$94.43	\$104.57	\$118.05
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	\$36.07	\$39.93	\$45.09
	EE + SP	\$73.90	\$81.82	\$92.38
	EE + CH	\$76.93	\$85.17	\$96.16
	Family	\$127.93	\$141.64	\$159.92
2 Tier	EE + Dep	\$108.22	\$119.82	\$135.28

*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.