



# 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

## Voluntary — 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	\$25.58	\$26.65	\$27.72	\$29.84
	EE + SP	\$52.42	\$54.61	\$56.80	\$61.14
	EE + CH	\$54.57	\$56.84	\$59.12	\$63.65
	Family	\$90.75	\$94.54	\$98.33	\$105.85
<b>2 Tier</b>	EE + Dep	\$76.76	\$79.97	\$83.18	\$89.54
<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	\$29.32	\$30.54	\$31.76	\$34.20
	EE + SP	\$60.07	\$62.57	\$65.07	\$70.08
	EE + CH	\$62.53	\$65.13	\$67.74	\$72.95
	Family	\$103.98	\$108.32	\$112.65	\$121.32
<b>2 Tier</b>	EE + Dep	\$87.96	\$91.63	\$95.29	\$102.62

## Voluntary — 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	\$26.98	\$28.11	\$29.23	\$31.47
	EE + SP	\$55.28	\$57.59	\$59.90	\$64.48
	EE + CH	\$57.54	\$59.95	\$62.35	\$67.12
	Family	\$95.70	\$99.69	\$103.69	\$111.62
<b>2 Tier</b>	EE + Dep	\$80.95	\$84.33	\$87.72	\$94.43
<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	\$30.92	\$32.20	\$33.49	\$36.07
	EE + SP	\$63.34	\$65.98	\$68.62	\$73.90
	EE + CH	\$65.94	\$68.68	\$71.43	\$76.93
	Family	\$109.66	\$114.23	\$118.79	\$127.93
<b>2 Tier</b>	EE + Dep	\$92.76	\$96.63	\$100.49	\$108.22

\*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.