



Dental Small Group Rate Sheet

3rd Quarter 2019 Monthly Rates* for Preferred Dental for Groups of 5 to 50 Eligible Employees

Effective 07/01/2019 through 09/30/2019

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	\$26.26	\$27.36	\$28.45	\$30.64
	EE + SP	\$53.81	\$56.05	\$58.29	\$62.77
	EE + CH	\$56.02	\$58.35	\$60.68	\$65.34
	Family	\$93.16	\$97.03	\$100.91	\$108.66
2 Tier	EE + Dep	\$78.81	\$82.08	\$85.36	\$91.92
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	\$30.08	\$31.35	\$32.60	\$35.11
	EE + SP	\$61.63	\$64.23	\$66.79	\$71.94
	EE + CH	\$64.16	\$66.86	\$69.52	\$74.89
	Family	\$106.69	\$111.19	\$115.62	\$124.54
2 Tier	EE + Dep	\$90.26	\$94.06	\$97.80	\$105.35

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	\$27.73	\$28.89	\$30.04	\$32.35
	EE + SP	\$56.82	\$59.18	\$61.55	\$66.28
	EE + CH	\$59.14	\$61.61	\$64.07	\$68.99
	Family	\$98.36	\$102.45	\$106.55	\$114.73
2 Tier	EE + Dep	\$83.21	\$86.67	\$90.13	\$97.06
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	\$31.76	\$33.10	\$34.42	\$37.07
	EE + SP	\$65.07	\$67.81	\$70.52	\$75.96
	EE + CH	\$67.74	\$70.59	\$73.40	\$79.07
	Family	\$112.65	\$117.40	\$122.07	\$131.49
2 Tier	EE + Dep	\$95.30	\$99.31	\$103.27	\$111.23

*These rates are valid in the following 10 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.

Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. EmblemHealth dental insurance plans are underwritten by GHI.