



# Dental Small Group Rate Sheet

4th Quarter 2019 Monthly Rates\* for Preferred Dental for Groups of 2 to 4 Eligible Employees

Effective 10/01/2019 through 12/31/2019

## Contributory — 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 4	Group 3	Group 2
<b>4 Tier</b>	EE Only	\$29.57	\$32.73	\$36.96
	EE + SP	\$60.59	\$67.06	\$75.72
	EE + CH	\$63.07	\$69.80	\$78.82
	Family	\$104.89	\$116.09	\$131.08
<b>2 Tier</b>	EE + Dep	\$88.73	\$98.20	\$110.89
<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	\$33.59	\$37.18	\$41.99
	EE + SP	\$68.82	\$76.19	\$86.03
	EE + CH	\$71.64	\$79.31	\$89.55
	Family	\$119.14	\$131.89	\$148.94
<b>2 Tier</b>	EE + Dep	\$100.78	\$111.57	\$125.99

## Contributory — 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 4	Group 3	Group 2
<b>4 Tier</b>	EE Only	\$31.24	\$34.58	\$39.04
	EE + SP	\$64.01	\$70.85	\$80.00
	EE + CH	\$66.63	\$73.75	\$83.27
	Family	\$110.82	\$122.65	\$138.49
<b>2 Tier</b>	EE + Dep	\$93.74	\$103.75	\$117.15
<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	\$35.49	\$39.29	\$44.36
	EE + SP	\$72.71	\$80.49	\$90.89
	EE + CH	\$75.68	\$83.79	\$94.61
	Family	\$125.87	\$139.34	\$157.35
<b>2 Tier</b>	EE + Dep	\$106.47	\$117.87	\$133.11

\*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.

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