



DENTAL SMALL GROUP RATE SHEET

3rd Quarter 2018 Monthly Rates* for Preferred Dental For Groups of 5 to 50 Eligible Employees

CONTRIBUTORY — BUNDLED WITH MEDICAL

EFFECTIVE 7/1/2018 THROUGH 9/30/2018

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	\$22.48	\$23.54	\$24.61	\$26.75
	EE + SP	\$46.05	\$48.24	\$50.43	\$54.81
	EE + CH	\$47.94	\$50.21	\$52.49	\$57.05
	Family	\$79.72	\$83.51	\$87.30	\$94.88
2 Tier	EE + Dep	\$67.44	\$70.64	\$73.85	\$80.26

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.					
		Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$25.75	\$26.97	\$28.20	\$30.65
	EE + SP	\$52.76	\$55.27	\$57.78	\$62.79
	EE + CH	\$54.92	\$57.53	\$60.14	\$65.36
	Family	\$91.34	\$95.68	\$100.02	\$108.70
2 Tier	EE + Dep	\$77.26	\$80.94	\$84.61	\$91.95

CONTRIBUTORY — STAND-ALONE

EFFECTIVE 7/1/2018 THROUGH 9/30/2018

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	\$23.72	\$24.85	\$25.98	\$28.23
	EE + SP	\$48.60	\$50.92	\$53.23	\$57.85
	EE + CH	\$50.59	\$53.00	\$55.41	\$60.22
	Family	\$84.14	\$88.14	\$92.14	\$100.14
2 Tier	EE + Dep	\$71.18	\$74.56	\$77.95	\$84.72

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.					
		Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$27.18	\$28.47	\$29.76	\$32.35
	EE + SP	\$55.69	\$58.33	\$60.98	\$66.27
	EE + CH	\$57.97	\$60.72	\$63.48	\$68.99
	Family	\$96.40	\$100.98	\$105.56	\$114.73
2 Tier	EE + Dep	\$81.55	\$85.42	\$89.30	\$97.05

*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.

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