



DENTAL SMALL GROUP RATE SHEET

4th Quarter 2018 Monthly Rates* for Preferred Dental For Groups of 5 to 50 Eligible Employees

CONTRIBUTORY — BUNDLED WITH MEDICAL

EFFECTIVE 10/1/2018 THROUGH 12/31/2018

| 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 | \$22.35 | \$23.41 | \$24.48 | \$26.60 |
| | EE + SP | \$45.79 | \$47.96 | \$50.16 | \$54.50 |
| | EE + CH | \$47.67 | \$49.92 | \$52.22 | \$56.73 |
| | Family | \$79.27 | \$83.03 | \$86.84 | \$94.35 |
| 2 Tier | EE + Dep | \$67.06 | \$70.24 | \$73.46 | \$79.82 |

| 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 | \$25.61 | \$26.82 | \$28.05 | \$30.49 |
| | EE + SP | \$52.47 | \$54.96 | \$57.48 | \$62.48 |
| | EE + CH | \$54.62 | \$57.21 | \$59.83 | \$65.04 |
| | Family | \$90.84 | \$95.14 | \$99.50 | \$108.16 |
| 2 Tier | EE + Dep | \$76.84 | \$80.48 | \$84.17 | \$91.50 |

CONTRIBUTORY — STAND-ALONE

EFFECTIVE 10/1/2018 THROUGH 12/31/2018

| 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 | \$23.58 | \$24.69 | \$25.83 | \$28.06 |
| | EE + SP | \$48.31 | \$50.59 | \$52.92 | \$57.50 |
| | EE + CH | \$50.28 | \$52.67 | \$55.09 | \$59.85 |
| | Family | \$83.63 | \$87.59 | \$91.61 | \$99.53 |
| 2 Tier | EE + Dep | \$70.74 | \$74.09 | \$77.50 | \$84.20 |

| 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 | \$27.02 | \$28.30 | \$29.59 | \$32.17 |
| | EE + SP | \$55.36 | \$57.98 | \$60.63 | \$65.91 |
| | EE + CH | \$57.62 | \$60.35 | \$63.11 | \$68.61 |
| | Family | \$95.83 | \$100.36 | \$104.96 | \$114.10 |
| 2 Tier | EE + Dep | \$81.06 | \$84.90 | \$88.79 | \$96.52 |

*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.

Group Health Incorporated (GHI), HIP Health Plan of 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.