



Dental Small Group Rate Sheet

3rd Quarter 2019 Monthly Rates* for Preferred Dental for Groups of 2 to 4 Eligible Employees

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

Contributory — 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 4	Group 3	Group 2
4 Tier	EE Only	\$30.64	\$33.91	\$38.30
	EE + SP	\$62.77	\$69.49	\$78.48
	EE + CH	\$65.34	\$72.33	\$81.69
	Family	\$108.66	\$120.29	\$135.86
2 Tier	EE + Dep	\$91.92	\$101.76	\$114.93
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	\$35.11	\$38.86	\$43.87
	EE + SP	\$71.94	\$79.62	\$89.89
	EE + CH	\$74.89	\$82.88	\$93.57
	Family	\$124.54	\$137.83	\$155.61
2 Tier	EE + Dep	\$105.35	\$116.59	\$131.64

Contributory — 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 4	Group 3	Group 2
4 Tier	EE Only	\$32.35	\$35.81	\$40.44
	EE + SP	\$66.28	\$73.37	\$82.86
	EE + CH	\$68.99	\$76.37	\$86.25
	Family	\$114.73	\$127.01	\$143.45
2 Tier	EE + Dep	\$97.06	\$107.44	\$121.35
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	\$37.07	\$41.03	\$46.32
	EE + SP	\$75.96	\$84.06	\$94.91
	EE + CH	\$79.07	\$87.50	\$98.79
	Family	\$131.49	\$145.53	\$164.30
2 Tier	EE + Dep	\$111.23	\$123.11	\$138.99

*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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