

# EmblemHealth Small Group Dental Rate Sheet

Downstate — Stand-Alone Contributory Plans\*



Contributory dental is also available for groups of 2, 3 and 4. **Voluntary rates on reverse side.**

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$12.59	EE Only	\$13.15	EE Only	\$13.70	EE Only	\$14.81
EE + SP	\$25.18	EE + SP	\$26.29	EE + SP	\$27.40	EE + SP	\$29.62
EE + CH	\$27.70	EE + CH	\$28.92	EE + CH	\$30.14	EE + CH	\$32.58
Family	\$45.33	Family	\$47.32	Family	\$49.32	Family	\$53.31
EE + Dep	\$38.40	EE + Dep	\$40.09	EE + Dep	\$41.78	EE + Dep	\$45.17

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$30.74	EE Only	\$32.18	EE Only	\$33.65	EE Only	\$36.56
EE + SP	\$63.03	EE + SP	\$65.96	EE + SP	\$68.97	EE + SP	\$74.96
EE + CH	\$59.95	EE + CH	\$62.74	EE + CH	\$65.61	EE + CH	\$71.30
Family	\$101.46	Family	\$106.18	Family	\$111.03	Family	\$120.66
EE + Dep	\$87.62	EE + Dep	\$91.70	EE + Dep	\$95.89	EE + Dep	\$104.21

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$34.33	EE Only	\$35.97	EE Only	\$37.61	EE Only	\$40.88
EE + SP	\$70.38	EE + SP	\$73.75	EE + SP	\$77.11	EE + SP	\$83.80
EE + CH	\$66.95	EE + CH	\$70.15	EE + CH	\$73.35	EE + CH	\$79.71
Family	\$113.30	Family	\$118.71	Family	\$124.13	Family	\$134.90
EE + Dep	\$97.85	EE + Dep	\$102.52	EE + Dep	\$107.20	EE + Dep	\$116.50

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$38.99	EE Only	\$40.84	EE Only	\$42.69	EE Only	\$46.41
EE + SP	\$79.93	EE + SP	\$83.72	EE + SP	\$87.52	EE + SP	\$95.15
EE + CH	\$76.03	EE + CH	\$79.64	EE + CH	\$83.25	EE + CH	\$90.50
Family	\$128.66	Family	\$134.77	Family	\$140.88	Family	\$153.16
EE + Dep	\$111.12	EE + Dep	\$116.39	EE + Dep	\$121.67	EE + Dep	\$132.27

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$65.84	EE Only	\$68.99	EE Only	\$72.14	EE Only	\$78.40
EE + SP	\$134.97	EE + SP	\$141.43	EE + SP	\$147.88	EE + SP	\$160.71
EE + CH	\$128.39	EE + CH	\$134.53	EE + CH	\$140.67	EE + CH	\$152.87
Family	\$217.27	Family	\$227.66	Family	\$238.05	Family	\$258.71
EE + Dep	\$187.64	EE + Dep	\$196.62	EE + Dep	\$205.59	EE + Dep	\$223.43

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$72.10	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.
EE + SP	\$147.80						
EE + CH	\$154.86						
Family	\$255.77						
EE + Dep	\$217.79						

\*Downstate is defined as areas with ZIP codes beginning with the three digits 100 through 119.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract. 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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet

Upstate — Stand-Alone Contributory Plans\*



Contributory dental is also available for groups of 2, 3 and 4. **Voluntary rates on reverse side.**

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$12.02	EE Only	\$12.53	EE Only	\$13.06	EE Only	\$14.11
EE + SP	\$24.03	EE + SP	\$25.06	EE + SP	\$26.13	EE + SP	\$28.22
EE + CH	\$26.44	EE + CH	\$27.57	EE + CH	\$28.74	EE + CH	\$31.04
Family	\$43.26	Family	\$45.11	Family	\$47.03	Family	\$50.80
EE + Dep	\$36.65	EE + Dep	\$38.22	EE + Dep	\$39.84	EE + Dep	\$43.04

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$29.22	EE Only	\$30.59	EE Only	\$31.98	EE Only	\$34.77
EE + SP	\$59.90	EE + SP	\$62.71	EE + SP	\$65.57	EE + SP	\$71.28
EE + CH	\$56.97	EE + CH	\$59.65	EE + CH	\$62.37	EE + CH	\$67.80
Family	\$96.42	Family	\$100.95	Family	\$105.55	Family	\$114.74
EE + Dep	\$83.27	EE + Dep	\$87.19	EE + Dep	\$91.16	EE + Dep	\$99.10

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$32.65	EE Only	\$34.20	EE Only	\$35.74	EE Only	\$38.85
EE + SP	\$66.94	EE + SP	\$70.11	EE + SP	\$73.28	EE + SP	\$79.65
EE + CH	\$63.67	EE + CH	\$66.69	EE + CH	\$69.70	EE + CH	\$75.77
Family	\$107.75	Family	\$112.85	Family	\$117.96	Family	\$128.22
EE + Dep	\$93.06	EE + Dep	\$97.47	EE + Dep	\$101.87	EE + Dep	\$110.74

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$31.98	EE Only	\$33.49	EE Only	\$35.02	EE Only	\$38.07
EE + SP	\$65.57	EE + SP	\$68.66	EE + SP	\$71.79	EE + SP	\$78.05
EE + CH	\$62.37	EE + CH	\$65.31	EE + CH	\$68.29	EE + CH	\$74.24
Family	\$105.55	Family	\$110.52	Family	\$115.56	Family	\$125.64
EE + Dep	\$91.16	EE + Dep	\$95.45	EE + Dep	\$99.80	EE + Dep	\$108.51

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$46.62	EE Only	\$48.85	EE Only	\$51.07	EE Only	\$55.52
EE + SP	\$95.58	EE + SP	\$100.15	EE + SP	\$104.69	EE + SP	\$113.81
EE + CH	\$90.91	EE + CH	\$95.27	EE + CH	\$99.58	EE + CH	\$108.25
Family	\$153.85	Family	\$161.22	Family	\$168.53	Family	\$183.20
EE + Dep	\$132.87	EE + Dep	\$139.24	EE + Dep	\$145.55	EE + Dep	\$158.22

Eligible Employees 25-50	Eligible Employees 15-24	Eligible Employees 10-14	Eligible Employees 5-9
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50	Eligible Employees 15-24	Eligible Employees 10-14	Eligible Employees 5-9
EE Only	\$50.90	Only available to groups of 25 or more.	Only available to groups of 25 or more.
EE + SP	\$104.34		
EE + CH	\$113.52		
Family	\$185.80		
EE + Dep	\$157.37		

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract. 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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet

Upstate — Stand-Alone Voluntary Plans\*



Contributory rates on reverse side

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Coverage for preventive and denture and bridge repairs using Preferred network; \$0 deductible; \$1,000 annual max. Discounted services available through in-network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$13.58	EE Only	\$14.11	EE Only	\$14.62	EE Only	\$15.67
EE + SP	\$27.15	EE + SP	\$28.22	EE + SP	\$29.25	EE + SP	\$31.34
EE + CH	\$29.87	EE + CH	\$31.04	EE + CH	\$32.17	EE + CH	\$34.47
Family	\$48.88	Family	\$50.80	Family	\$52.64	Family	\$56.41
EE + Dep	\$41.41	EE + Dep	\$43.04	EE + Dep	\$44.60	EE + Dep	\$47.79

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$33.38	EE Only	\$34.77	EE Only	\$36.16	EE Only	\$38.95
EE + SP	\$68.42	EE + SP	\$71.28	EE + SP	\$74.14	EE + SP	\$79.85
EE + CH	\$65.09	EE + CH	\$67.80	EE + CH	\$70.52	EE + CH	\$75.95
Family	\$110.15	Family	\$114.74	Family	\$119.34	Family	\$128.54
EE + Dep	\$95.13	EE + Dep	\$99.10	EE + Dep	\$103.07	EE + Dep	\$111.01

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$37.31	EE Only	\$38.85	EE Only	\$40.40	EE Only	\$43.51
EE + SP	\$76.48	EE + SP	\$79.65	EE + SP	\$82.82	EE + SP	\$89.20
EE + CH	\$72.75	EE + CH	\$75.77	EE + CH	\$78.78	EE + CH	\$84.85
Family	\$123.12	Family	\$128.22	Family	\$133.32	Family	\$143.59
EE + Dep	\$106.33	EE + Dep	\$110.74	EE + Dep	\$115.14	EE + Dep	\$124.01

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$36.55	EE Only	\$38.07	EE Only	\$39.58	EE Only	\$42.63
EE + SP	\$74.92	EE + SP	\$78.05	EE + SP	\$81.14	EE + SP	\$87.40
EE + CH	\$71.26	EE + CH	\$74.24	EE + CH	\$77.18	EE + CH	\$83.14
Family	\$120.60	Family	\$125.64	Family	\$130.61	Family	\$140.69
EE + Dep	\$104.16	EE + Dep	\$108.51	EE + Dep	\$112.80	EE + Dep	\$121.51

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$53.28	EE Only	\$55.52	EE Only	\$57.73	EE Only	\$62.18
EE + SP	\$109.23	EE + SP	\$113.81	EE + SP	\$118.34	EE + SP	\$127.46
EE + CH	\$103.90	EE + CH	\$108.25	EE + CH	\$112.57	EE + CH	\$121.24
Family	\$175.83	Family	\$183.20	Family	\$190.51	Family	\$205.18
EE + Dep	\$151.85	EE + Dep	\$158.22	EE + Dep	\$164.53	EE + Dep	\$177.20

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$58.17	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.		
EE + SP	\$119.24						
EE + CH	\$129.74						
Family	\$212.34						
EE + Dep	\$179.85						

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.

# EmblemHealth Small Group Dental Rate Sheet

Downstate — Stand-Alone Voluntary Plans\*



Contributory rates on reverse side

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Coverage for preventive and denture and bridge repairs using Preferred network; \$0 deductible; \$1,000 annual max. Discounted services are available through in-network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$14.25	EE Only	\$14.81	EE Only	\$15.34	EE Only	\$16.45
EE + SP	\$28.51	EE + SP	\$29.62	EE + SP	\$30.68	EE + SP	\$32.90
EE + CH	\$31.36	EE + CH	\$32.58	EE + CH	\$33.75	EE + CH	\$36.19
Family	\$51.31	Family	\$53.31	Family	\$55.23	Family	\$59.22
EE + Dep	\$43.47	EE + Dep	\$45.17	EE + Dep	\$46.79	EE + Dep	\$50.17

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$35.11	EE Only	\$36.56	EE Only	\$38.03	EE Only	\$40.95
EE + SP	\$71.98	EE + SP	\$74.96	EE + SP	\$77.97	EE + SP	\$83.96
EE + CH	\$68.47	EE + CH	\$71.30	EE + CH	\$74.17	EE + CH	\$79.86
Family	\$115.88	Family	\$120.66	Family	\$125.51	Family	\$135.15
EE + Dep	\$100.08	EE + Dep	\$104.21	EE + Dep	\$108.40	EE + Dep	\$116.72

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$39.24	EE Only	\$40.88	EE Only	\$42.50	EE Only	\$45.78
EE + SP	\$80.44	EE + SP	\$83.80	EE + SP	\$87.13	EE + SP	\$93.85
EE + CH	\$76.51	EE + CH	\$79.71	EE + CH	\$82.88	EE + CH	\$89.28
Family	\$129.48	Family	\$134.90	Family	\$140.25	Family	\$151.08
EE + Dep	\$111.82	EE + Dep	\$116.50	EE + Dep	\$121.13	EE + Dep	\$130.48

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$44.56	EE Only	\$46.41	EE Only	\$48.26	EE Only	\$51.98
EE + SP	\$91.35	EE + SP	\$95.15	EE + SP	\$98.94	EE + SP	\$106.57
EE + CH	\$86.89	EE + CH	\$90.50	EE + CH	\$94.11	EE + CH	\$101.37
Family	\$147.05	Family	\$153.16	Family	\$159.27	Family	\$171.55
EE + Dep	\$127.00	EE + Dep	\$132.27	EE + Dep	\$137.55	EE + Dep	\$148.16

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$75.27	EE Only	\$78.40	EE Only	\$81.55	EE Only	\$87.82
EE + SP	\$154.30	EE + SP	\$160.71	EE + SP	\$167.17	EE + SP	\$180.04
EE + CH	\$146.77	EE + CH	\$152.87	EE + CH	\$159.01	EE + CH	\$171.26
Family	\$248.38	Family	\$258.71	Family	\$269.10	Family	\$289.82
EE + Dep	\$214.51	EE + Dep	\$223.43	EE + Dep	\$232.41	EE + Dep	\$250.30

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$82.40	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.		
EE + SP	\$168.93						
EE + CH	\$177.00						
Family	\$292.33						
EE + Dep	\$248.92						

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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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet (2, 3, 4)

Downstate — Stand-Alone\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Group of 4		Group of 3		Group of 2	
EE Only	\$16.45	EE Only	\$18.11	EE Only	\$20.33
EE + SP	\$32.90	EE + SP	\$36.22	EE + SP	\$40.66
EE + CH	\$36.19	EE + CH	\$39.85	EE + CH	\$44.72
Family	\$59.22	Family	\$65.20	Family	\$73.18
EE + Dep	\$50.17	EE + Dep	\$55.24	EE + Dep	\$62.00

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$40.95	EE Only	\$45.34	EE Only	\$51.20
EE + SP	\$83.96	EE + SP	\$92.95	EE + SP	\$104.96
EE + CH	\$79.86	EE + CH	\$88.42	EE + CH	\$99.84
Family	\$135.15	Family	\$149.63	Family	\$168.97
EE + Dep	\$116.72	EE + Dep	\$129.23	EE + Dep	\$145.93

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$45.78	EE Only	\$50.67	EE Only	\$57.21
EE + SP	\$93.85	EE + SP	\$103.87	EE + SP	\$117.29
EE + CH	\$89.28	EE + CH	\$98.80	EE + CH	\$111.57
Family	\$151.08	Family	\$167.20	Family	\$188.81
EE + Dep	\$130.48	EE + Dep	\$144.40	EE + Dep	\$163.06

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$51.98	EE Only	\$57.56	EE Only	\$64.98
EE + SP	\$106.57	EE + SP	\$117.99	EE + SP	\$133.21
EE + CH	\$101.37	EE + CH	\$112.24	EE + CH	\$126.71
Family	\$171.55	Family	\$189.94	Family	\$214.44
EE + Dep	\$148.16	EE + Dep	\$164.04	EE + Dep	\$185.20

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$87.82	EE Only	\$97.21	EE Only	\$109.73
EE + SP	\$180.04	EE + SP	\$199.29	EE + SP	\$224.95
EE + CH	\$171.26	EE + CH	\$189.57	EE + CH	\$213.98
Family	\$289.82	Family	\$320.81	Family	\$362.12
EE + Dep	\$250.30	EE + Dep	\$277.06	EE + Dep	\$312.74

\*Downstate is defined as areas with ZIP codes beginning with the three digits 100 through 119.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract. 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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet (2, 3, 4)

Downstate — Bundled with Medical\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Group of 4		Group of 3		Group of 2	
EE Only	\$15.26	EE Only	\$16.79	EE Only	\$18.83
EE + SP	\$30.51	EE + SP	\$33.58	EE + SP	\$37.67
EE + CH	\$33.56	EE + CH	\$36.94	EE + CH	\$41.44
Family	\$54.92	Family	\$60.44	Family	\$67.80
EE + Dep	\$46.53	EE + Dep	\$51.21	EE + Dep	\$57.44

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$38.84	EE Only	\$43.00	EE Only	\$48.55
EE + SP	\$79.61	EE + SP	\$88.15	EE + SP	\$99.54
EE + CH	\$75.73	EE + CH	\$83.85	EE + CH	\$94.68
Family	\$128.16	Family	\$141.89	Family	\$160.23
EE + Dep	\$110.68	EE + Dep	\$122.54	EE + Dep	\$138.38

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$43.41	EE Only	\$48.05	EE Only	\$54.25
EE + SP	\$89.00	EE + SP	\$98.50	EE + SP	\$111.22
EE + CH	\$84.66	EE + CH	\$93.69	EE + CH	\$105.80
Family	\$143.27	Family	\$158.56	Family	\$179.04
EE + Dep	\$123.73	EE + Dep	\$136.93	EE + Dep	\$154.62

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$49.30	EE Only	\$54.58	EE Only	\$61.62
EE + SP	\$101.06	EE + SP	\$111.89	EE + SP	\$126.32
EE + CH	\$96.13	EE + CH	\$106.43	EE + CH	\$120.16
Family	\$162.68	Family	\$180.11	Family	\$203.34
EE + Dep	\$140.49	EE + Dep	\$155.55	EE + Dep	\$175.62

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$83.28	EE Only	\$92.19	EE Only	\$104.06
EE + SP	\$170.73	EE + SP	\$188.98	EE + SP	\$213.32
EE + CH	\$162.40	EE + CH	\$179.76	EE + CH	\$202.91
Family	\$274.83	Family	\$304.21	Family	\$343.39
EE + Dep	\$237.35	EE + Dep	\$262.73	EE + Dep	\$296.56

\*Downstate is defined as areas with ZIP codes beginning with the three digits 100 through 119.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program, PLD is not insured and its terms are set forth under the discount program contract.

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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet

Upstate — Stand-Alone Contributory Plans\*



Contributory dental is also available for groups of 2, 3 and 4. **Voluntary rates on reverse side.**

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$12.02	EE Only	\$12.53	EE Only	\$13.06	EE Only	\$14.11
EE + SP	\$24.03	EE + SP	\$25.06	EE + SP	\$26.13	EE + SP	\$28.22
EE + CH	\$26.44	EE + CH	\$27.57	EE + CH	\$28.74	EE + CH	\$31.04
Family	\$43.26	Family	\$45.11	Family	\$47.03	Family	\$50.80
EE + Dep	\$36.65	EE + Dep	\$38.22	EE + Dep	\$39.84	EE + Dep	\$43.04

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$29.22	EE Only	\$30.59	EE Only	\$31.98	EE Only	\$34.77
EE + SP	\$59.90	EE + SP	\$62.71	EE + SP	\$65.57	EE + SP	\$71.28
EE + CH	\$56.97	EE + CH	\$59.65	EE + CH	\$62.37	EE + CH	\$67.80
Family	\$96.42	Family	\$100.95	Family	\$105.55	Family	\$114.74
EE + Dep	\$83.27	EE + Dep	\$87.19	EE + Dep	\$91.16	EE + Dep	\$99.10

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$32.65	EE Only	\$34.20	EE Only	\$35.74	EE Only	\$38.85
EE + SP	\$66.94	EE + SP	\$70.11	EE + SP	\$73.28	EE + SP	\$79.65
EE + CH	\$63.67	EE + CH	\$66.69	EE + CH	\$69.70	EE + CH	\$75.77
Family	\$107.75	Family	\$112.85	Family	\$117.96	Family	\$128.22
EE + Dep	\$93.06	EE + Dep	\$97.47	EE + Dep	\$101.87	EE + Dep	\$110.74

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$31.98	EE Only	\$33.49	EE Only	\$35.02	EE Only	\$38.07
EE + SP	\$65.57	EE + SP	\$68.66	EE + SP	\$71.79	EE + SP	\$78.05
EE + CH	\$62.37	EE + CH	\$65.31	EE + CH	\$68.29	EE + CH	\$74.24
Family	\$105.55	Family	\$110.52	Family	\$115.56	Family	\$125.64
EE + Dep	\$91.16	EE + Dep	\$95.45	EE + Dep	\$99.80	EE + Dep	\$108.51

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$46.62	EE Only	\$48.85	EE Only	\$51.07	EE Only	\$55.52
EE + SP	\$95.58	EE + SP	\$100.15	EE + SP	\$104.69	EE + SP	\$113.81
EE + CH	\$90.91	EE + CH	\$95.27	EE + CH	\$99.58	EE + CH	\$108.25
Family	\$153.85	Family	\$161.22	Family	\$168.53	Family	\$183.20
EE + Dep	\$132.87	EE + Dep	\$139.24	EE + Dep	\$145.55	EE + Dep	\$158.22

Eligible Employees 25-50	Eligible Employees 15-24	Eligible Employees 10-14	Eligible Employees 5-9
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$50.90	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.
EE + SP	\$104.34						
EE + CH	\$113.52						
Family	\$185.80						
EE + Dep	\$157.37						

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract. 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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet

Upstate — Stand-Alone Voluntary Plans\*



Contributory rates on reverse side

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Coverage for preventive and denture and bridge repairs using Preferred network; \$0 deductible; \$1,000 annual max. Discounted services available through in-network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$13.58	EE Only	\$14.11	EE Only	\$14.62	EE Only	\$15.67
EE + SP	\$27.15	EE + SP	\$28.22	EE + SP	\$29.25	EE + SP	\$31.34
EE + CH	\$29.87	EE + CH	\$31.04	EE + CH	\$32.17	EE + CH	\$34.47
Family	\$48.88	Family	\$50.80	Family	\$52.64	Family	\$56.41
EE + Dep	\$41.41	EE + Dep	\$43.04	EE + Dep	\$44.60	EE + Dep	\$47.79

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$33.38	EE Only	\$34.77	EE Only	\$36.16	EE Only	\$38.95
EE + SP	\$68.42	EE + SP	\$71.28	EE + SP	\$74.14	EE + SP	\$79.85
EE + CH	\$65.09	EE + CH	\$67.80	EE + CH	\$70.52	EE + CH	\$75.95
Family	\$110.15	Family	\$114.74	Family	\$119.34	Family	\$128.54
EE + Dep	\$95.13	EE + Dep	\$99.10	EE + Dep	\$103.07	EE + Dep	\$111.01

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$37.31	EE Only	\$38.85	EE Only	\$40.40	EE Only	\$43.51
EE + SP	\$76.48	EE + SP	\$79.65	EE + SP	\$82.82	EE + SP	\$89.20
EE + CH	\$72.75	EE + CH	\$75.77	EE + CH	\$78.78	EE + CH	\$84.85
Family	\$123.12	Family	\$128.22	Family	\$133.32	Family	\$143.59
EE + Dep	\$106.33	EE + Dep	\$110.74	EE + Dep	\$115.14	EE + Dep	\$124.01

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$36.55	EE Only	\$38.07	EE Only	\$39.58	EE Only	\$42.63
EE + SP	\$74.92	EE + SP	\$78.05	EE + SP	\$81.14	EE + SP	\$87.40
EE + CH	\$71.26	EE + CH	\$74.24	EE + CH	\$77.18	EE + CH	\$83.14
Family	\$120.60	Family	\$125.64	Family	\$130.61	Family	\$140.69
EE + Dep	\$104.16	EE + Dep	\$108.51	EE + Dep	\$112.80	EE + Dep	\$121.51

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$53.28	EE Only	\$55.52	EE Only	\$57.73	EE Only	\$62.18
EE + SP	\$109.23	EE + SP	\$113.81	EE + SP	\$118.34	EE + SP	\$127.46
EE + CH	\$103.90	EE + CH	\$108.25	EE + CH	\$112.57	EE + CH	\$121.24
Family	\$175.83	Family	\$183.20	Family	\$190.51	Family	\$205.18
EE + Dep	\$151.85	EE + Dep	\$158.22	EE + Dep	\$164.53	EE + Dep	\$177.20

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$58.17	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.		
EE + SP	\$119.24						
EE + CH	\$129.74						
Family	\$212.34						
EE + Dep	\$179.85						

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.



# EmblemHealth Small Group Dental Rate Sheet (2, 3, 4)

Downstate — Stand-Alone\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Group of 4		Group of 3		Group of 2	
EE Only	\$16.45	EE Only	\$18.11	EE Only	\$20.33
EE + SP	\$32.90	EE + SP	\$36.22	EE + SP	\$40.66
EE + CH	\$36.19	EE + CH	\$39.85	EE + CH	\$44.72
Family	\$59.22	Family	\$65.20	Family	\$73.18
EE + Dep	\$50.17	EE + Dep	\$55.24	EE + Dep	\$62.00

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$40.95	EE Only	\$45.34	EE Only	\$51.20
EE + SP	\$83.96	EE + SP	\$92.95	EE + SP	\$104.96
EE + CH	\$79.86	EE + CH	\$88.42	EE + CH	\$99.84
Family	\$135.15	Family	\$149.63	Family	\$168.97
EE + Dep	\$116.72	EE + Dep	\$129.23	EE + Dep	\$145.93

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$45.78	EE Only	\$50.67	EE Only	\$57.21
EE + SP	\$93.85	EE + SP	\$103.87	EE + SP	\$117.29
EE + CH	\$89.28	EE + CH	\$98.80	EE + CH	\$111.57
Family	\$151.08	Family	\$167.20	Family	\$188.81
EE + Dep	\$130.48	EE + Dep	\$144.40	EE + Dep	\$163.06

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$51.98	EE Only	\$57.56	EE Only	\$64.98
EE + SP	\$106.57	EE + SP	\$117.99	EE + SP	\$133.21
EE + CH	\$101.37	EE + CH	\$112.24	EE + CH	\$126.71
Family	\$171.55	Family	\$189.94	Family	\$214.44
EE + Dep	\$148.16	EE + Dep	\$164.04	EE + Dep	\$185.20

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$87.82	EE Only	\$97.21	EE Only	\$109.73
EE + SP	\$180.04	EE + SP	\$199.29	EE + SP	\$224.95
EE + CH	\$171.26	EE + CH	\$189.57	EE + CH	\$213.98
Family	\$289.82	Family	\$320.81	Family	\$362.12
EE + Dep	\$250.30	EE + Dep	\$277.06	EE + Dep	\$312.74

\*Downstate is defined as areas with ZIP codes beginning with the three digits 100 through 119.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract. 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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet (2, 3, 4)

Downstate — Bundled with Medical\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Group of 4		Group of 3		Group of 2	
EE Only	\$15.26	EE Only	\$16.79	EE Only	\$18.83
EE + SP	\$30.51	EE + SP	\$33.58	EE + SP	\$37.67
EE + CH	\$33.56	EE + CH	\$36.94	EE + CH	\$41.44
Family	\$54.92	Family	\$60.44	Family	\$67.80
EE + Dep	\$46.53	EE + Dep	\$51.21	EE + Dep	\$57.44

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$38.84	EE Only	\$43.00	EE Only	\$48.55
EE + SP	\$79.61	EE + SP	\$88.15	EE + SP	\$99.54
EE + CH	\$75.73	EE + CH	\$83.85	EE + CH	\$94.68
Family	\$128.16	Family	\$141.89	Family	\$160.23
EE + Dep	\$110.68	EE + Dep	\$122.54	EE + Dep	\$138.38

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$43.41	EE Only	\$48.05	EE Only	\$54.25
EE + SP	\$89.00	EE + SP	\$98.50	EE + SP	\$111.22
EE + CH	\$84.66	EE + CH	\$93.69	EE + CH	\$105.80
Family	\$143.27	Family	\$158.56	Family	\$179.04
EE + Dep	\$123.73	EE + Dep	\$136.93	EE + Dep	\$154.62

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$49.30	EE Only	\$54.58	EE Only	\$61.62
EE + SP	\$101.06	EE + SP	\$111.89	EE + SP	\$126.32
EE + CH	\$96.13	EE + CH	\$106.43	EE + CH	\$120.16
Family	\$162.68	Family	\$180.11	Family	\$203.34
EE + Dep	\$140.49	EE + Dep	\$155.55	EE + Dep	\$175.62

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$83.28	EE Only	\$92.19	EE Only	\$104.06
EE + SP	\$170.73	EE + SP	\$188.98	EE + SP	\$213.32
EE + CH	\$162.40	EE + CH	\$179.76	EE + CH	\$202.91
Family	\$274.83	Family	\$304.21	Family	\$343.39
EE + Dep	\$237.35	EE + Dep	\$262.73	EE + Dep	\$296.56

\*Downstate is defined as areas with ZIP codes beginning with the three digits 100 through 119.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program, PLD is not insured and its terms are set forth under the discount program contract.

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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet (2, 3, 4)

Upstate — Stand-Alone\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Group of 4		Group of 3		Group of 2	
EE Only	\$15.67	EE Only	\$17.25	EE Only	\$19.34
EE + SP	\$31.34	EE + SP	\$34.50	EE + SP	\$38.69
EE + CH	\$34.47	EE + CH	\$37.95	EE + CH	\$42.56
Family	\$56.41	Family	\$62.10	Family	\$69.64
EE + Dep	\$47.79	EE + Dep	\$52.61	EE + Dep	\$59.00

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$38.95	EE Only	\$43.11	EE Only	\$48.68
EE + SP	\$79.85	EE + SP	\$88.38	EE + SP	\$99.80
EE + CH	\$75.95	EE + CH	\$84.07	EE + CH	\$94.93
Family	\$128.54	Family	\$142.27	Family	\$160.65
EE + Dep	\$111.01	EE + Dep	\$122.87	EE + Dep	\$138.75

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$43.51	EE Only	\$48.19	EE Only	\$54.41
EE + SP	\$89.20	EE + SP	\$98.78	EE + SP	\$111.54
EE + CH	\$84.85	EE + CH	\$93.96	EE + CH	\$106.10
Family	\$143.59	Family	\$159.02	Family	\$179.55
EE + Dep	\$124.01	EE + Dep	\$137.33	EE + Dep	\$155.06

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$42.63	EE Only	\$47.19	EE Only	\$53.30
EE + SP	\$87.40	EE + SP	\$96.75	EE + SP	\$109.27
EE + CH	\$83.14	EE + CH	\$92.03	EE + CH	\$103.94
Family	\$140.69	Family	\$155.74	Family	\$175.90
EE + Dep	\$121.51	EE + Dep	\$134.50	EE + Dep	\$151.91

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$62.18	EE Only	\$68.84	EE Only	\$77.73
EE + SP	\$127.46	EE + SP	\$141.11	EE + SP	\$159.34
EE + CH	\$121.24	EE + CH	\$134.23	EE + CH	\$151.57
Family	\$205.18	Family	\$227.16	Family	\$256.51
EE + Dep	\$177.20	EE + Dep	\$196.18	EE + Dep	\$221.53

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract. 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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet (2, 3, 4)

Upstate — Bundled with Medical\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Group of 4		Group of 3		Group of 2	
EE Only	\$14.54	EE Only	\$15.99	EE Only	\$17.93
EE + SP	\$29.07	EE + SP	\$31.99	EE + SP	\$35.85
EE + CH	\$31.98	EE + CH	\$35.19	EE + CH	\$39.44
Family	\$52.33	Family	\$57.58	Family	\$64.53
EE + Dep	\$44.33	EE + Dep	\$48.78	EE + Dep	\$54.67

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$36.94	EE Only	\$40.88	EE Only	\$46.16
EE + SP	\$75.72	EE + SP	\$83.81	EE + SP	\$94.64
EE + CH	\$72.02	EE + CH	\$79.72	EE + CH	\$90.02
Family	\$121.89	Family	\$134.91	Family	\$152.34
EE + Dep	\$105.27	EE + Dep	\$116.51	EE + Dep	\$131.57

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$41.26	EE Only	\$45.69	EE Only	\$51.59
EE + SP	\$84.58	EE + SP	\$93.67	EE + SP	\$105.77
EE + CH	\$80.46	EE + CH	\$89.10	EE + CH	\$100.61
Family	\$136.16	Family	\$150.79	Family	\$170.26
EE + Dep	\$117.59	EE + Dep	\$130.23	EE + Dep	\$147.04

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$40.43	EE Only	\$44.75	EE Only	\$50.54
EE + SP	\$82.88	EE + SP	\$91.74	EE + SP	\$103.62
EE + CH	\$78.84	EE + CH	\$87.27	EE + CH	\$98.56
Family	\$133.41	Family	\$147.69	Family	\$166.80
EE + Dep	\$115.22	EE + Dep	\$127.55	EE + Dep	\$144.05

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Group of 4		Group of 3		Group of 2	
EE Only	\$58.96	EE Only	\$65.28	EE Only	\$73.71
EE + SP	\$120.87	EE + SP	\$133.81	EE + SP	\$151.10
EE + CH	\$114.97	EE + CH	\$127.29	EE + CH	\$143.73
Family	\$194.57	Family	\$215.41	Family	\$243.24
EE + Dep	\$168.03	EE + Dep	\$186.03	EE + Dep	\$210.07

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.

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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. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet

Downstate — Expense Discount for Dental Purchased with Medical Contributory Plans\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

Contributory dental is also available for groups of 2, 3 and 4.

Two-tier rates are required when bundled with an EmblemHealth medical plan with two tiers. **Voluntary rates on reverse side.**

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$11.70	EE Only	\$12.21	EE Only	\$12.72	EE Only	\$13.74
EE + SP	\$23.39	EE + SP	\$24.41	EE + SP	\$25.44	EE + SP	\$27.48
EE + CH	\$25.73	EE + CH	\$26.85	EE + CH	\$27.98	EE + CH	\$30.23
Family	\$42.10	Family	\$43.94	Family	\$45.78	Family	\$49.46
EE + Dep	\$35.67	EE + Dep	\$37.23	EE + Dep	\$38.79	EE + Dep	\$41.91

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$29.15	EE Only	\$30.51	EE Only	\$31.90	EE Only	\$34.67
EE + SP	\$59.77	EE + SP	\$62.55	EE + SP	\$65.40	EE + SP	\$71.08
EE + CH	\$56.85	EE + CH	\$59.50	EE + CH	\$62.21	EE + CH	\$67.61
Family	\$96.21	Family	\$100.69	Family	\$105.29	Family	\$114.42
EE + Dep	\$83.09	EE + Dep	\$86.96	EE + Dep	\$90.93	EE + Dep	\$98.82

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$32.56	EE Only	\$34.11	EE Only	\$35.67	EE Only	\$38.76
EE + SP	\$66.74	EE + SP	\$69.93	EE + SP	\$73.12	EE + SP	\$79.46
EE + CH	\$63.48	EE + CH	\$66.52	EE + CH	\$69.55	EE + CH	\$75.59
Family	\$107.44	Family	\$112.57	Family	\$117.71	Family	\$127.92
EE + Dep	\$92.79	EE + Dep	\$97.22	EE + Dep	\$101.66	EE + Dep	\$110.48

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$36.97	EE Only	\$38.73	EE Only	\$40.48	EE Only	\$44.01
EE + SP	\$75.79	EE + SP	\$79.39	EE + SP	\$82.99	EE + SP	\$90.22
EE + CH	\$72.10	EE + CH	\$75.52	EE + CH	\$78.94	EE + CH	\$85.82
Family	\$122.01	Family	\$127.80	Family	\$133.59	Family	\$145.24
EE + Dep	\$105.37	EE + Dep	\$110.37	EE + Dep	\$115.38	EE + Dep	\$125.43

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$62.43	EE Only	\$65.42	EE Only	\$68.41	EE Only	\$74.34
EE + SP	\$127.99	EE + SP	\$134.11	EE + SP	\$140.23	EE + SP	\$152.40
EE + CH	\$121.75	EE + CH	\$127.57	EE + CH	\$133.39	EE + CH	\$144.97
Family	\$206.03	Family	\$215.89	Family	\$225.74	Family	\$245.33
EE + Dep	\$177.94	EE + Dep	\$186.45	EE + Dep	\$194.96	EE + Dep	\$211.87

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$68.37	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.
EE + SP	\$140.16						
EE + CH	\$146.86						
Family	\$242.54						
EE + Dep	\$206.53						

\*Downstate is defined as areas with ZIP codes beginning with the three digits 100 through 119.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract.

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# EmblemHealth Small Group Dental Rate Sheet

Downstate — Expense Discount for Dental Purchased with Medical Voluntary Plans\*



EFFECTIVE 10/01/2011 THROUGH 12/31/2011

Two-tier rates are required when bundled with an EmblemHealth medical plan with two tiers. **Contributory rates on reverse side.**

## DENTAL ACCESS PROGRAM — PLAN EA1

Coverage for preventive and denture and bridge repairs using Preferred network; \$0 deductible; \$1,000 annual max. Discounted services are available through in-network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$13.23	EE Only	\$13.74	EE Only	\$14.23	EE Only	\$15.26
EE + SP	\$26.46	EE + SP	\$27.48	EE + SP	\$28.47	EE + SP	\$30.51
EE + CH	\$29.10	EE + CH	\$30.23	EE + CH	\$31.31	EE + CH	\$33.56
Family	\$47.62	Family	\$49.46	Family	\$51.24	Family	\$54.92
EE + Dep	\$40.35	EE + Dep	\$41.91	EE + Dep	\$43.41	EE + Dep	\$46.53

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$33.30	EE Only	\$34.67	EE Only	\$36.07	EE Only	\$38.84
EE + SP	\$68.26	EE + SP	\$71.08	EE + SP	\$73.94	EE + SP	\$79.61
EE + CH	\$64.93	EE + CH	\$67.61	EE + CH	\$70.33	EE + CH	\$75.73
Family	\$109.88	Family	\$114.42	Family	\$119.02	Family	\$128.16
EE + Dep	\$94.90	EE + Dep	\$98.82	EE + Dep	\$102.79	EE + Dep	\$110.68

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$37.21	EE Only	\$38.76	EE Only	\$40.30	EE Only	\$43.41
EE + SP	\$76.27	EE + SP	\$79.46	EE + SP	\$82.62	EE + SP	\$89.00
EE + CH	\$72.55	EE + CH	\$75.59	EE + CH	\$78.59	EE + CH	\$84.66
Family	\$122.78	Family	\$127.92	Family	\$133.00	Family	\$143.27
EE + Dep	\$106.04	EE + Dep	\$110.48	EE + Dep	\$114.86	EE + Dep	\$123.73

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$42.26	EE Only	\$44.01	EE Only	\$45.77	EE Only	\$49.30
EE + SP	\$86.62	EE + SP	\$90.22	EE + SP	\$93.82	EE + SP	\$101.06
EE + CH	\$82.40	EE + CH	\$85.82	EE + CH	\$89.25	EE + CH	\$96.13
Family	\$139.45	Family	\$145.24	Family	\$151.03	Family	\$162.68
EE + Dep	\$120.43	EE + Dep	\$125.43	EE + Dep	\$130.44	EE + Dep	\$140.49

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$71.37	EE Only	\$74.34	EE Only	\$77.33	EE Only	\$83.28
EE + SP	\$146.32	EE + SP	\$152.40	EE + SP	\$158.52	EE + SP	\$170.73
EE + CH	\$139.18	EE + CH	\$144.97	EE + CH	\$150.79	EE + CH	\$162.40
Family	\$235.53	Family	\$245.33	Family	\$255.18	Family	\$274.83
EE + Dep	\$203.42	EE + Dep	\$211.87	EE + Dep	\$220.38	EE + Dep	\$237.35

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$78.14	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.
EE + SP	\$160.19						
EE + CH	\$167.85						
Family	\$277.20						
EE + Dep	\$236.04						

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# EmblemHealth Small Group Dental Rate Sheet

Upstate — Expense Discount for Dental Purchased with Medical Contributory Plans\*



Contributory dental is also available for groups of 2, 3 and 4. **Voluntary rates on reverse side.**

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Insured benefits for covered preventive and diagnostic care and denture and bridge repairs through Preferred network; \$0 deductible; \$1,000 annual max. Access to care at discounted fees for certain more complex services not covered under the insured program, when received through Preferred network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$11.16	EE Only	\$11.64	EE Only	\$12.13	EE Only	\$13.10
EE + SP	\$22.33	EE + SP	\$23.28	EE + SP	\$24.26	EE + SP	\$26.19
EE + CH	\$24.56	EE + CH	\$25.60	EE + CH	\$26.69	EE + CH	\$28.81
Family	\$40.19	Family	\$41.90	Family	\$43.67	Family	\$47.15
EE + Dep	\$34.05	EE + Dep	\$35.50	EE + Dep	\$37.00	EE + Dep	\$39.94

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$27.71	EE Only	\$29.01	EE Only	\$30.33	EE Only	\$32.97
EE + SP	\$56.80	EE + SP	\$59.47	EE + SP	\$62.18	EE + SP	\$67.59
EE + CH	\$54.03	EE + CH	\$56.57	EE + CH	\$59.14	EE + CH	\$64.30
Family	\$91.43	Family	\$95.73	Family	\$100.09	Family	\$108.81
EE + Dep	\$78.96	EE + Dep	\$82.68	EE + Dep	\$86.44	EE + Dep	\$93.97

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$30.96	EE Only	\$32.43	EE Only	\$33.90	EE Only	\$36.85
EE + SP	\$63.48	EE + SP	\$66.48	EE + SP	\$69.49	EE + SP	\$75.53
EE + CH	\$60.38	EE + CH	\$63.24	EE + CH	\$66.10	EE + CH	\$71.85
Family	\$102.18	Family	\$107.02	Family	\$111.85	Family	\$121.59
EE + Dep	\$88.25	EE + Dep	\$92.42	EE + Dep	\$96.60	EE + Dep	\$105.01

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$30.33	EE Only	\$31.76	EE Only	\$33.21	EE Only	\$36.10
EE + SP	\$62.18	EE + SP	\$65.11	EE + SP	\$68.08	EE + SP	\$74.01
EE + CH	\$59.14	EE + CH	\$61.93	EE + CH	\$64.75	EE + CH	\$70.40
Family	\$100.09	Family	\$104.81	Family	\$109.59	Family	\$119.14
EE + Dep	\$86.44	EE + Dep	\$90.52	EE + Dep	\$94.64	EE + Dep	\$102.89

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$44.21	EE Only	\$46.33	EE Only	\$48.43	EE Only	\$52.64
EE + SP	\$90.63	EE + SP	\$94.97	EE + SP	\$99.28	EE + SP	\$107.92
EE + CH	\$86.21	EE + CH	\$90.34	EE + CH	\$94.43	EE + CH	\$102.66
Family	\$145.89	Family	\$152.88	Family	\$159.81	Family	\$173.72
EE + Dep	\$126.00	EE + Dep	\$132.03	EE + Dep	\$138.02	EE + Dep	\$150.03

Eligible Employees 25-50	Eligible Employees 15-24	Eligible Employees 10-14	Eligible Employees 5-9
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; Orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$48.26	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.		
EE + SP	\$98.94						
EE + CH	\$107.66						
Family	\$176.19						
EE + Dep	\$149.23						

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract.

Group Health Incorporated (GHI) is an EmblemHealth company. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. EmblemHealth dental insurance plans are underwritten by GHI. The EmblemHealth Dental Access discount program component is not underwritten or insured.

# EmblemHealth Small Group Dental Rate Sheet

Upstate — Expense Discount for Dental Purchased with Medical Voluntary Plans\*



Two-tier rates are required when bundled with an EmblemHealth medical plan with two tiers.

Contributory rates on reverse side

EFFECTIVE 10/01/2011 THROUGH 12/31/2011

## DENTAL ACCESS PROGRAM — PLAN EA1

Coverage for preventive and denture and bridge repairs using Preferred network; \$0 deductible; \$1,000 annual max. Discounted services are available through in-network offices.

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$12.60	EE Only	\$13.10	EE Only	\$13.57	EE Only	\$14.54
EE + SP	\$25.21	EE + SP	\$26.19	EE + SP	\$27.14	EE + SP	\$29.07
EE + CH	\$27.73	EE + CH	\$28.81	EE + CH	\$29.85	EE + CH	\$31.98
Family	\$45.37	Family	\$47.15	Family	\$48.85	Family	\$52.33
EE + Dep	\$38.44	EE + Dep	\$39.94	EE + Dep	\$41.39	EE + Dep	\$44.33

## PREFERRED DENTAL — PLAN E5

100-100-100; \$1,000 max; \$50 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$31.65	EE Only	\$32.97	EE Only	\$34.29	EE Only	\$36.94
EE + SP	\$64.89	EE + SP	\$67.59	EE + SP	\$70.30	EE + SP	\$75.72
EE + CH	\$61.72	EE + CH	\$64.30	EE + CH	\$66.87	EE + CH	\$72.02
Family	\$104.45	Family	\$108.81	Family	\$113.17	Family	\$121.89
EE + Dep	\$90.21	EE + Dep	\$93.97	EE + Dep	\$97.74	EE + Dep	\$105.27

## PREFERRED DENTAL — PLAN E6

100-100-100; \$1,500 max; \$25 deductible for Basic and Major; standard package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$35.38	EE Only	\$36.85	EE Only	\$38.31	EE Only	\$41.26
EE + SP	\$72.53	EE + SP	\$75.53	EE + SP	\$78.54	EE + SP	\$84.58
EE + CH	\$68.99	EE + CH	\$71.85	EE + CH	\$74.71	EE + CH	\$80.46
Family	\$116.75	Family	\$121.59	Family	\$126.43	Family	\$136.16
EE + Dep	\$100.83	EE + Dep	\$105.01	EE + Dep	\$109.19	EE + Dep	\$117.59

## PREFERRED PLUS DENTAL — PLAN E+11

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; value package; MAC plan; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$34.66	EE Only	\$36.10	EE Only	\$37.53	EE Only	\$40.43
EE + SP	\$71.04	EE + SP	\$74.01	EE + SP	\$76.94	EE + SP	\$82.88
EE + CH	\$67.58	EE + CH	\$70.40	EE + CH	\$73.19	EE + CH	\$78.84
Family	\$114.36	Family	\$119.14	Family	\$123.86	Family	\$133.41
EE + Dep	\$98.77	EE + Dep	\$102.89	EE + Dep	\$106.97	EE + Dep	\$115.22

## PREFERRED PLUS DENTAL — PLAN E+14

100-80-50; \$1,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; no orthodontic coverage. **Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$50.53	EE Only	\$52.64	EE Only	\$54.74	EE Only	\$58.96
EE + SP	\$103.58	EE + SP	\$107.92	EE + SP	\$112.22	EE + SP	\$120.87
EE + CH	\$98.53	EE + CH	\$102.66	EE + CH	\$106.75	EE + CH	\$114.97
Family	\$166.74	Family	\$173.72	Family	\$180.65	Family	\$194.57
EE + Dep	\$144.00	EE + Dep	\$150.03	EE + Dep	\$156.02	EE + Dep	\$168.03

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
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## PREFERRED PLUS DENTAL — PLAN E+16 (Available to groups of 25 or more.)

100-80-50; \$2,500 max; \$50 deductible for Basic and Major; standard package; Fair Health 80th percentile; orthodontic coverage with \$2,500 lifetime maximum.

**Includes annual maximum rollover feature.**

Eligible Employees 25-50		Eligible Employees 15-24		Eligible Employees 10-14		Eligible Employees 5-9	
EE Only	\$55.16	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.	Only available to groups of 25 or more.
EE + SP	\$113.08						
EE + CH	\$123.03						
Family	\$201.36						
EE + Dep	\$170.54						

\*Upstate is defined as areas with ZIP codes beginning with the three digits 120 through 149.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C et al. for the insured dental benefits. The discount program is not insured and its terms are set forth under the discount program contract.

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