



Dental Small Group Rate Sheet for Downstate Counties

3rd Quarter 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2023 through 9/30/2023

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical				Contributory — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$12.26	\$12.81	\$13.34	\$14.43	\$13.21	\$13.81	\$14.38	\$15.56
	EE + SP	\$24.52	\$25.62	\$26.69	\$28.85	\$26.42	\$27.61	\$28.77	\$31.11
	EE + CH	\$29.79	\$31.13	\$32.42	\$35.05	\$32.10	\$33.55	\$34.95	\$37.80
	Family	\$47.83	\$49.97	\$52.05	\$56.28	\$51.53	\$53.86	\$56.11	\$60.69
2 Tier	EE + Dep	\$39.62	\$41.40	\$43.12	\$46.62	\$42.68	\$44.61	\$46.48	\$50.27

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/ students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical				Contributory — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$19.41	\$20.34	\$21.26	\$23.11	\$20.47	\$21.45	\$22.42	\$24.37
	EE + SP	\$39.77	\$41.68	\$43.56	\$47.34	\$41.94	\$43.95	\$45.93	\$49.93
	EE + CH	\$41.39	\$43.38	\$45.34	\$49.28	\$43.65	\$45.75	\$47.81	\$51.97
	Family	\$68.84	\$72.15	\$75.40	\$81.96	\$72.60	\$76.09	\$79.51	\$86.43
2 Tier	EE + Dep	\$58.24	\$61.04	\$63.78	\$69.33	\$61.41	\$64.36	\$67.26	\$73.11

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/ students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical				Contributory — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$23.62	\$24.75	\$25.87	\$28.13	\$24.90	\$26.10	\$27.28	\$29.66
	EE + SP	\$48.39	\$50.72	\$53.01	\$57.63	\$51.03	\$53.48	\$55.90	\$60.78
	EE + CH	\$50.37	\$52.79	\$55.18	\$59.99	\$53.12	\$55.67	\$58.19	\$63.27
	Family	\$83.77	\$87.80	\$91.77	\$99.77	\$88.33	\$92.59	\$96.77	\$105.21
2 Tier	EE + Dep	\$70.86	\$74.27	\$77.63	\$84.40	\$74.72	\$78.32	\$81.86	\$89.00

Preferred Plus Dental: 100-80-60; \$5,000 max.; \$50 deductible for basic & major; Value package; MAC plan; orthodontic coverage with \$2,500 lifetime maximum. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical				Contributory — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$36.02	\$37.73	\$39.45		\$37.98	\$39.79	\$41.60	
	EE + SP	\$73.80	\$77.31	\$80.82		\$77.82	\$81.53	\$85.23	
	EE + CH	\$91.06	\$95.37	\$99.72		\$96.03	\$100.58	\$105.16	
	Family	\$145.24	\$152.13	\$159.06		\$153.17	\$160.43	\$167.73	
2 Tier	EE + Dep	\$119.91	\$125.59	\$131.30		\$126.45	\$132.45	\$138.47	

*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. Refer to EmblemHealth Plan, Inc. policy form numbers EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Downstate Counties

3rd Quarter 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2023 through 9/30/2023

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

		Voluntary — Bundled With Medical				Voluntary — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$13.89	\$14.43	\$14.96	\$16.04	\$14.98	\$15.56	\$16.13	\$17.31
	EE + SP	\$27.79	\$28.85	\$29.92	\$32.08	\$29.96	\$31.11	\$32.27	\$34.62
	EE + CH	\$33.76	\$35.05	\$36.35	\$38.98	\$36.40	\$37.80	\$39.20	\$42.06
	Family	\$54.20	\$56.28	\$58.35	\$62.58	\$58.43	\$60.69	\$62.94	\$67.52
2 Tier	EE + Dep	\$44.89	\$46.62	\$48.34	\$51.84	\$48.40	\$50.27	\$52.13	\$55.93

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/ students to age 26. There are no waiting periods.

		Voluntary — Bundled With Medical				Voluntary — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$22.19	\$23.11	\$24.04	\$25.89	\$23.40	\$24.37	\$25.35	\$27.30
	EE + SP	\$45.47	\$47.34	\$49.26	\$53.05	\$47.95	\$49.93	\$51.94	\$55.94
	EE + CH	\$47.33	\$49.28	\$51.27	\$55.22	\$49.91	\$51.97	\$54.07	\$58.23
	Family	\$78.71	\$81.96	\$85.27	\$91.83	\$83.00	\$86.43	\$89.92	\$96.84
2 Tier	EE + Dep	\$66.58	\$69.33	\$72.13	\$77.68	\$70.22	\$73.11	\$76.07	\$81.92

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/ students to age 26. There are no waiting periods.

		Voluntary — Bundled With Medical				Voluntary — Stand-Alone			
		Group 25-50	Group 15-24	Group 10-14	Group 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$26.99	\$28.13	\$29.25	\$31.49	\$28.46	\$29.66	\$30.84	\$33.21
	EE + SP	\$55.30	\$57.63	\$59.93	\$64.52	\$58.32	\$60.78	\$63.20	\$68.04
	EE + CH	\$57.57	\$59.99	\$62.38	\$67.16	\$60.71	\$63.27	\$65.78	\$70.82
	Family	\$95.74	\$99.77	\$103.74	\$111.69	\$100.96	\$105.21	\$109.40	\$117.78
2 Tier	EE + Dep	\$80.99	\$84.40	\$87.76	\$94.48	\$85.41	\$89.00	\$92.55	\$99.63

Preferred Plus Dental: 100-80-60; \$5,000 max.; \$50 deductible for Basic & Major; Value package; MAC Plan; Orthodontic coverage with \$2,500 lifetime maximum

		Voluntary — Bundled With Medical			Voluntary — Stand-Alone		
		Group 25-50	Group 15-24	Group 10-14	Group 25-50	Group 15-24	Group 10-14
4 Tier	EE Only	\$41.16	\$42.89	\$44.60	\$43.40	\$45.23	\$47.04
	EE + SP	\$84.33	\$87.88	\$91.39	\$88.93	\$92.67	\$96.37
	EE + CH	\$104.05	\$108.43	\$112.75	\$109.73	\$114.34	\$118.90
	Family	\$165.98	\$172.96	\$179.84	\$175.03	\$182.39	\$189.65
2 Tier	EE + Dep	\$137.02	\$142.78	\$148.47	\$144.49	\$150.57	\$156.57

*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. Refer to EmblemHealth Plan, Inc. policy form numbers EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Downstate Counties

3rd Quarter 2023 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 7/1/2023 through 9/30/2023

Dental Access: 100% coverage for preventive, denture, and bridge repairs using Preferred Network; \$0 deductible; \$1,500 annual max. Discounted services available through in-network offices. Covers dependent children/students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$16.04	\$17.66	\$19.82	\$17.31	\$19.06	\$21.41
	EE + SP	\$32.08	\$35.31	\$39.65	\$34.62	\$38.12	\$42.81
	EE + CH	\$38.98	\$42.90	\$48.17	\$42.06	\$46.31	\$52.01
	Family	\$62.58	\$68.88	\$77.33	\$67.52	\$74.35	\$83.50
2 Tier	EE + Dep	\$51.84	\$57.06	\$64.05	\$55.93	\$61.58	\$69.17

Preferred Dental: 100-80-50; \$2,000 max.; \$50 deductible for basic & major; Value package; no out-of-network coverage; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/ students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$25.89	\$28.66	\$32.35	\$27.30	\$30.22	\$34.12
	EE + SP	\$53.05	\$58.71	\$66.29	\$55.94	\$61.91	\$69.91
	EE + CH	\$55.22	\$61.11	\$69.00	\$58.23	\$64.45	\$72.77
	Family	\$91.83	\$101.64	\$114.76	\$96.84	\$107.18	\$121.02
2 Tier	EE + Dep	\$77.68	\$85.98	\$97.08	\$81.92	\$90.67	\$102.37

Preferred Premier Dental: 100-80-50; \$2,500 max.; \$50 deductible for basic & major; Value package; MAC plan; no orthodontic coverage. Includes annual maximum rollover feature. Covers dependent children/ students to age 26. There are no waiting periods.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$31.49	\$34.86	\$39.38	\$33.21	\$36.77	\$41.53
	EE + SP	\$64.52	\$71.43	\$80.68	\$68.04	\$75.33	\$85.08
	EE + CH	\$67.16	\$74.36	\$83.98	\$70.82	\$78.41	\$88.56
	Family	\$111.69	\$123.66	\$139.67	\$117.78	\$130.41	\$147.29
2 Tier	EE + Dep	\$94.48	\$104.61	\$118.15	\$99.63	\$110.32	\$124.60

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