



Dental Small Group Rate Sheet for Other Upstate Counties

1st Quarter 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2023 through 3/31/2023

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	\$11.59	\$12.08	\$12.60	\$13.61	\$12.48	\$13.02	\$13.57	\$14.67
	EE + SP	\$23.17	\$24.17	\$25.19	\$27.22	\$24.96	\$26.03	\$27.15	\$29.34
	EE + CH	\$28.15	\$29.36	\$30.61	\$33.07	\$30.32	\$31.63	\$32.99	\$35.65
	Family	\$45.19	\$47.13	\$49.14	\$53.09	\$48.68	\$50.78	\$52.95	\$57.23
2 Tier	EE + Dep	\$37.44	\$39.04	\$40.71	\$43.98	\$40.32	\$42.06	\$43.87	\$47.41

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	\$18.22	\$19.09	\$19.97	\$21.70	\$19.22	\$20.13	\$21.06	\$22.88
	EE + SP	\$37.33	\$39.11	\$40.91	\$44.46	\$39.37	\$41.24	\$43.15	\$46.88
	EE + CH	\$38.86	\$40.71	\$42.59	\$46.28	\$40.98	\$42.93	\$44.91	\$48.80
	Family	\$64.63	\$67.70	\$70.83	\$76.97	\$68.15	\$71.39	\$74.69	\$81.16
2 Tier	EE + Dep	\$54.67	\$57.27	\$59.92	\$65.11	\$57.65	\$60.39	\$63.18	\$68.66

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	\$22.17	\$23.24	\$24.29	\$26.40	\$23.38	\$24.51	\$25.62	\$27.84
	EE + SP	\$45.43	\$47.62	\$49.78	\$54.09	\$47.91	\$50.22	\$52.49	\$57.04
	EE + CH	\$47.29	\$49.57	\$51.82	\$56.30	\$49.87	\$52.28	\$54.64	\$59.37
	Family	\$78.65	\$82.44	\$86.17	\$93.63	\$82.94	\$86.94	\$90.87	\$98.74
2 Tier	EE + Dep	\$66.53	\$69.74	\$72.90	\$79.21	\$70.16	\$73.54	\$76.87	\$83.53

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 25-50	Group 15-24	Group 10-14	
4 Tier	EE Only	\$29.83	\$31.23	\$32.66		\$31.45	\$32.94	\$34.44	
	EE + SP	\$61.11	\$63.99	\$66.91		\$64.44	\$67.49	\$70.56	
	EE + CH	\$77.67	\$81.35	\$85.05		\$81.90	\$85.80	\$89.69	
	Family	\$123.06	\$128.89	\$134.76		\$129.77	\$135.93	\$142.11	
2 Tier	EE + Dep	\$101.17	\$105.97	\$110.79		\$106.69	\$111.75	\$116.84	

*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate.
Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Other Upstate Counties

1st Quarter 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2023 through 3/31/2023

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	\$13.09	\$13.61	\$14.11	\$15.12	\$14.11	\$14.67	\$15.21	\$16.31
	EE + SP	\$26.19	\$27.22	\$28.21	\$30.24	\$28.23	\$29.34	\$30.42	\$32.61
	EE + CH	\$31.82	\$33.07	\$34.28	\$36.74	\$34.29	\$35.65	\$36.96	\$39.62
	Family	\$51.08	\$53.09	\$55.03	\$58.98	\$55.06	\$57.23	\$59.33	\$63.61
2 Tier	EE + Dep	\$42.31	\$43.98	\$45.58	\$48.85	\$45.61	\$47.41	\$49.15	\$52.69

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	\$20.83	\$21.70	\$22.56	\$24.29	\$21.97	\$22.88	\$23.80	\$25.62
	EE + SP	\$42.69	\$44.46	\$46.23	\$49.78	\$45.01	\$46.88	\$48.75	\$52.49
	EE + CH	\$44.43	\$46.28	\$48.12	\$51.82	\$46.86	\$48.80	\$50.75	\$54.64
	Family	\$73.90	\$76.97	\$80.03	\$86.17	\$77.93	\$81.16	\$84.40	\$90.87
2 Tier	EE + Dep	\$62.51	\$65.11	\$67.70	\$72.90	\$65.92	\$68.66	\$71.40	\$76.87

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	\$25.35	\$26.40	\$27.47	\$29.57	\$26.73	\$27.84	\$28.97	\$31.18
	EE + SP	\$51.93	\$54.09	\$56.28	\$60.59	\$54.77	\$57.04	\$59.35	\$63.89
	EE + CH	\$54.06	\$56.30	\$58.58	\$63.07	\$57.01	\$59.37	\$61.78	\$66.51
	Family	\$89.90	\$93.63	\$97.43	\$104.89	\$94.81	\$98.74	\$102.74	\$110.61
2 Tier	EE + Dep	\$76.05	\$79.21	\$82.42	\$88.73	\$80.20	\$83.53	\$86.91	\$93.57

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 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$34.08	\$35.51	\$36.92		\$35.94	\$37.45	\$38.93	
	EE + SP	\$69.83	\$72.75	\$75.64		\$73.64	\$76.72	\$79.77	
	EE + CH	\$88.78	\$92.48	\$96.15		\$93.63	\$97.52	\$101.39	
	Family	\$140.65	\$146.52	\$152.32		\$148.33	\$154.51	\$160.64	
2 Tier	EE + Dep	\$115.64	\$120.46	\$125.24		\$121.95	\$127.04	\$132.07	

*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate.
Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Other Upstate Counties

1st Quarter 2023 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 1/1/2023 through 3/31/2023

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	\$15.12	\$16.65	\$18.67	\$16.31	\$17.96	\$20.16
	EE + SP	\$30.24	\$33.29	\$37.34	\$32.61	\$35.92	\$40.31
	EE + CH	\$36.74	\$40.45	\$45.36	\$39.62	\$43.65	\$48.97
	Family	\$58.98	\$64.93	\$72.83	\$63.61	\$70.07	\$78.62
2 Tier	EE + Dep	\$48.85	\$53.79	\$60.33	\$52.69	\$58.04	\$65.13

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	\$24.29	\$26.91	\$30.39	\$25.62	\$28.38	\$32.04
	EE + SP	\$49.78	\$55.13	\$62.26	\$52.49	\$58.14	\$65.65
	EE + CH	\$51.82	\$57.39	\$64.81	\$54.64	\$60.52	\$68.34
	Family	\$86.17	\$95.44	\$107.78	\$90.87	\$100.65	\$113.65
2 Tier	EE + Dep	\$72.90	\$80.74	\$91.17	\$76.87	\$85.14	\$96.14

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	\$29.57	\$32.74	\$36.97	\$31.18	\$34.53	\$38.98
	EE + SP	\$60.59	\$67.09	\$75.74	\$63.89	\$70.75	\$79.88
	EE + CH	\$63.07	\$69.83	\$78.84	\$66.51	\$73.64	\$83.15
	Family	\$104.89	\$116.14	\$131.12	\$110.61	\$122.48	\$138.28
2 Tier	EE + Dep	\$88.73	\$98.25	\$110.92	\$93.57	\$103.61	\$116.97

*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate.
Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.