



Dental Small Group Rate Sheet for Other Upstate Counties

2nd Quarter 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2023 through 6/30/2023

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	\$11.64	\$12.14	\$12.65	\$13.68	\$12.54	\$13.07	\$13.63	\$14.75
	EE + SP	\$23.28	\$24.27	\$25.30	\$27.36	\$25.07	\$26.15	\$27.27	\$29.50
	EE + CH	\$28.28	\$29.49	\$30.74	\$33.24	\$30.46	\$31.77	\$33.13	\$35.84
	Family	\$45.40	\$47.34	\$49.35	\$53.37	\$48.90	\$51.00	\$53.18	\$57.53
2 Tier	EE + Dep	\$37.61	\$39.22	\$40.88	\$44.21	\$40.51	\$42.25	\$44.05	\$47.66

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	\$18.34	\$19.22	\$20.09	\$21.83	\$19.34	\$20.27	\$21.18	\$23.03
	EE + SP	\$37.58	\$39.38	\$41.16	\$44.74	\$39.63	\$41.53	\$43.40	\$47.18
	EE + CH	\$39.11	\$41.00	\$42.84	\$46.57	\$41.25	\$43.23	\$45.18	\$49.11
	Family	\$65.05	\$68.18	\$71.25	\$77.45	\$68.60	\$71.90	\$75.14	\$81.67
2 Tier	EE + Dep	\$55.03	\$57.68	\$60.27	\$65.51	\$58.03	\$60.82	\$63.56	\$69.09

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	\$22.33	\$23.38	\$24.45	\$26.57	\$23.54	\$24.65	\$25.78	\$28.02
	EE + SP	\$45.75	\$47.90	\$50.09	\$54.44	\$48.24	\$50.51	\$52.82	\$57.41
	EE + CH	\$47.62	\$49.86	\$52.14	\$56.66	\$50.22	\$52.58	\$54.99	\$59.75
	Family	\$79.19	\$82.92	\$86.71	\$94.24	\$83.51	\$87.45	\$91.44	\$99.38
2 Tier	EE + Dep	\$66.99	\$70.15	\$73.35	\$79.72	\$70.65	\$73.97	\$77.36	\$84.07

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	\$30.03	\$31.47	\$32.90		\$31.67	\$33.19	\$34.69	
	EE + SP	\$61.53	\$64.48	\$67.40		\$64.88	\$68.00	\$71.08	
	EE + CH	\$78.21	\$81.94	\$85.67		\$82.48	\$86.41	\$90.34	
	Family	\$123.91	\$129.84	\$135.73		\$130.67	\$136.92	\$143.14	
2 Tier	EE + Dep	\$101.87	\$106.75	\$111.59		\$107.43	\$112.57	\$117.68	

*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

2nd Quarter 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2023 through 6/30/2023

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	\$13.17	\$13.68	\$14.18	\$15.21	\$14.19	\$14.75	\$15.29	\$16.40
	EE + SP	\$26.33	\$27.36	\$28.35	\$30.41	\$28.38	\$29.50	\$30.57	\$32.81
	EE + CH	\$31.99	\$33.24	\$34.45	\$36.95	\$34.48	\$35.84	\$37.15	\$39.86
	Family	\$51.36	\$53.37	\$55.31	\$59.32	\$55.36	\$57.53	\$59.64	\$63.99
2 Tier	EE + Dep	\$42.54	\$44.21	\$45.81	\$49.14	\$45.85	\$47.66	\$49.40	\$53.00

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	\$20.97	\$21.83	\$22.72	\$24.46	\$22.11	\$23.03	\$23.96	\$25.80
	EE + SP	\$42.96	\$44.74	\$46.54	\$50.13	\$45.31	\$47.18	\$49.08	\$52.86
	EE + CH	\$44.72	\$46.57	\$48.45	\$52.18	\$47.16	\$49.11	\$51.09	\$55.02
	Family	\$74.38	\$77.45	\$80.58	\$86.77	\$78.43	\$81.67	\$84.97	\$91.51
2 Tier	EE + Dep	\$62.92	\$65.51	\$68.16	\$73.40	\$66.35	\$69.09	\$71.88	\$77.41

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	\$25.52	\$26.57	\$27.64	\$29.76	\$26.91	\$28.02	\$29.14	\$31.38
	EE + SP	\$52.28	\$54.44	\$56.63	\$60.97	\$55.13	\$57.41	\$59.71	\$64.30
	EE + CH	\$54.42	\$56.66	\$58.94	\$63.47	\$57.39	\$59.75	\$62.16	\$66.93
	Family	\$90.50	\$94.24	\$98.03	\$105.55	\$95.44	\$99.38	\$103.37	\$111.31
2 Tier	EE + Dep	\$76.56	\$79.72	\$82.92	\$89.29	\$80.74	\$84.07	\$87.45	\$94.16

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	\$34.32	\$35.76	\$37.19		\$36.19	\$37.71	\$39.22	
	EE + SP	\$70.32	\$73.28	\$76.20		\$74.16	\$77.27	\$80.35	
	EE + CH	\$89.37	\$93.13	\$96.83		\$94.24	\$98.21	\$102.11	
	Family	\$141.60	\$147.55	\$153.42		\$149.32	\$155.60	\$161.78	
2 Tier	EE + Dep	\$116.42	\$121.32	\$126.13		\$122.77	\$127.93	\$133.02	

*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

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

Effective 4/1/2023 through 6/30/2023

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	\$15.21	\$16.73	\$18.78	\$16.40	\$18.06	\$20.27
	EE + SP	\$30.41	\$33.47	\$37.55	\$32.81	\$36.12	\$40.54
	EE + CH	\$36.95	\$40.66	\$45.62	\$39.86	\$43.88	\$49.26
	Family	\$59.32	\$65.28	\$73.24	\$63.99	\$70.44	\$79.07
2 Tier	EE + Dep	\$49.14	\$54.07	\$60.67	\$53.00	\$58.35	\$65.50

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	\$24.46	\$27.08	\$30.57	\$25.80	\$28.55	\$32.24
	EE + SP	\$50.13	\$55.48	\$62.64	\$52.86	\$58.50	\$66.06
	EE + CH	\$52.18	\$57.75	\$65.20	\$55.02	\$60.90	\$68.76
	Family	\$86.77	\$96.04	\$108.44	\$91.51	\$101.28	\$114.35
2 Tier	EE + Dep	\$73.40	\$81.24	\$91.73	\$77.41	\$85.68	\$96.73

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	\$29.76	\$32.95	\$37.21	\$31.38	\$34.74	\$39.24
	EE + SP	\$60.97	\$67.51	\$76.23	\$64.30	\$71.19	\$80.39
	EE + CH	\$63.47	\$70.27	\$79.35	\$66.93	\$74.10	\$83.68
	Family	\$105.55	\$116.86	\$131.97	\$111.31	\$123.24	\$139.16
2 Tier	EE + Dep	\$89.29	\$98.86	\$111.63	\$94.16	\$104.25	\$117.72

*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.