



Dental Small Group Rate Sheet for Albany Counties

1st Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2024 through 3/31/2024

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	\$17.37	\$18.15	\$18.94	\$20.52	\$18.75	\$19.60	\$20.44	\$22.16
	EE + SP	\$34.75	\$36.31	\$37.87	\$41.03	\$37.50	\$39.19	\$40.89	\$44.31
	EE + CH	\$42.21	\$44.11	\$46.01	\$49.85	\$45.56	\$47.62	\$49.68	\$53.84
	Family	\$67.77	\$70.82	\$73.87	\$80.03	\$73.15	\$76.45	\$79.75	\$86.43
2 Tier	EE + Dep	\$56.14	\$58.66	\$61.19	\$66.29	\$60.59	\$63.33	\$66.06	\$71.59

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	\$28.16	\$29.50	\$30.84	\$33.52	\$29.70	\$31.11	\$32.53	\$35.35
	EE + SP	\$57.70	\$60.45	\$63.20	\$68.69	\$60.85	\$63.75	\$66.64	\$72.43
	EE + CH	\$60.07	\$62.92	\$65.78	\$71.50	\$63.34	\$66.36	\$69.37	\$75.40
	Family	\$99.89	\$104.65	\$109.40	\$118.91	\$105.34	\$110.35	\$115.37	\$125.39
2 Tier	EE + Dep	\$84.50	\$88.52	\$92.55	\$100.59	\$89.11	\$93.35	\$97.59	\$106.08

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	\$29.84	\$31.27	\$32.68	\$35.53	\$31.47	\$32.97	\$34.46	\$37.46
	EE + SP	\$61.14	\$64.06	\$66.95	\$72.79	\$64.48	\$67.56	\$70.60	\$76.76
	EE + CH	\$63.65	\$66.69	\$69.69	\$75.77	\$67.12	\$70.32	\$73.49	\$79.90
	Family	\$105.85	\$110.90	\$115.90	\$126.01	\$111.62	\$116.95	\$122.22	\$132.88
2 Tier	EE + Dep	\$89.54	\$93.82	\$98.04	\$106.59	\$94.43	\$98.94	\$103.39	\$112.41

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	\$30.69	\$32.15	\$33.61	\$32.37	\$33.90	\$35.44
	EE + SP	\$62.88	\$65.87	\$68.86	\$66.31	\$69.47	\$72.62
	EE + CH	\$79.89	\$83.68	\$87.48	\$84.24	\$88.25	\$92.25
	Family	\$126.58	\$132.59	\$138.62	\$133.49	\$139.83	\$146.17
2 Tier	EE + Dep	\$104.08	\$109.02	\$113.97	\$109.75	\$114.97	\$120.19

*These rates are valid in the following 14 counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington. 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 Albany Counties

1st Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2024 through 3/31/2024

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	\$19.72	\$20.52	\$21.30	\$22.86	\$21.29	\$22.16	\$23.00	\$24.70
	EE + SP	\$39.43	\$41.03	\$42.59	\$45.72	\$42.58	\$44.31	\$46.01	\$49.39
	EE + CH	\$47.91	\$49.85	\$51.75	\$55.54	\$51.73	\$53.84	\$55.89	\$60.01
	Family	\$76.91	\$80.03	\$83.08	\$89.17	\$83.05	\$86.43	\$89.73	\$96.34
2 Tier	EE + Dep	\$63.71	\$66.29	\$68.82	\$73.86	\$68.80	\$71.59	\$74.33	\$79.80

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	\$32.18	\$33.52	\$34.86	\$37.55	\$33.94	\$35.35	\$36.77	\$39.59
	EE + SP	\$65.94	\$68.69	\$71.43	\$76.93	\$69.54	\$72.43	\$75.33	\$81.12
	EE + CH	\$68.64	\$71.50	\$74.36	\$80.07	\$72.39	\$75.40	\$78.41	\$84.44
	Family	\$114.15	\$118.91	\$123.66	\$133.17	\$120.38	\$125.39	\$130.41	\$140.43
2 Tier	EE + Dep	\$96.57	\$100.59	\$104.61	\$112.65	\$101.83	\$106.08	\$110.32	\$118.80

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	\$34.10	\$35.53	\$36.95	\$39.78	\$35.96	\$37.46	\$38.97	\$41.95
	EE + SP	\$69.87	\$72.79	\$75.71	\$81.51	\$73.68	\$76.76	\$79.84	\$85.96
	EE + CH	\$72.73	\$75.77	\$78.81	\$84.85	\$76.70	\$79.90	\$83.11	\$89.48
	Family	\$120.95	\$126.01	\$131.06	\$141.11	\$127.55	\$132.88	\$138.21	\$148.81
2 Tier	EE + Dep	\$102.32	\$106.59	\$110.87	\$119.37	\$107.90	\$112.41	\$116.92	\$125.88

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	\$35.09	\$36.54	\$38.00		\$37.00	\$38.54	\$40.08	
	EE + SP	\$71.89	\$74.88	\$77.86		\$75.81	\$78.96	\$82.11	
	EE + CH	\$91.31	\$95.11	\$98.91		\$96.29	\$100.30	\$104.30	
	Family	\$144.69	\$150.71	\$156.72		\$152.58	\$158.93	\$165.28	
2 Tier	EE + Dep	\$118.97	\$123.92	\$128.87		\$125.46	\$130.68	\$135.90	

*These rates are valid in the following 14 counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington. 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 Albany Counties

1st Quarter 2024 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 1/1/2024 through 3/31/2024

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	\$22.86	\$25.20	\$28.34	\$24.70	\$27.24	\$30.64
	EE + SP	\$45.72	\$50.40	\$56.69	\$49.39	\$54.47	\$61.28
	EE + CH	\$55.54	\$61.24	\$68.87	\$60.01	\$66.18	\$74.46
	Family	\$89.17	\$98.31	\$110.57	\$96.34	\$106.25	\$119.53
2 Tier	EE + Dep	\$73.86	\$81.44	\$91.59	\$79.80	\$88.01	\$99.01

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	\$37.55	\$41.57	\$46.93	\$39.59	\$43.83	\$49.49
	EE + SP	\$76.93	\$85.16	\$96.15	\$81.12	\$89.81	\$101.39
	EE + CH	\$80.07	\$88.65	\$100.08	\$84.44	\$93.49	\$105.54
	Family	\$133.17	\$147.43	\$166.45	\$140.43	\$155.47	\$175.53
2 Tier	EE + Dep	\$112.65	\$124.72	\$140.80	\$118.80	\$131.52	\$148.48

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	\$39.78	\$44.04	\$49.73	\$41.95	\$46.45	\$52.44
	EE + SP	\$81.51	\$90.24	\$101.88	\$85.96	\$95.16	\$107.44
	EE + CH	\$84.85	\$93.93	\$106.06	\$89.48	\$99.06	\$111.84
	Family	\$141.11	\$156.22	\$176.38	\$148.81	\$164.74	\$186.00
2 Tier	EE + Dep	\$119.37	\$132.15	\$149.20	\$125.88	\$139.36	\$157.34

*These rates are valid in the following 14 counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington. Refer to EmblemHealth Plan, Inc. policy form numbers EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.

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