



Dental Small Group Rate Sheet for Downstate 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	\$12.83	\$13.40	\$13.96	\$15.10	\$13.82	\$14.44	\$15.06	\$16.29
	EE + SP	\$25.66	\$26.79	\$27.93	\$30.20	\$27.65	\$28.88	\$30.11	\$32.58
	EE + CH	\$31.17	\$32.55	\$33.93	\$36.69	\$33.59	\$35.09	\$36.59	\$39.58
	Family	\$50.04	\$52.26	\$54.47	\$58.91	\$53.93	\$56.33	\$58.73	\$63.54
2 Tier	EE + Dep	\$41.45	\$43.29	\$45.12	\$48.80	\$44.67	\$46.66	\$48.65	\$52.63

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	\$20.36	\$21.33	\$22.29	\$24.24	\$21.47	\$22.49	\$23.51	\$25.57
	EE + SP	\$41.71	\$43.69	\$45.68	\$49.67	\$43.99	\$46.08	\$48.17	\$52.38
	EE + CH	\$43.42	\$45.48	\$47.55	\$51.71	\$45.79	\$47.96	\$50.14	\$54.53
	Family	\$72.21	\$75.64	\$79.07	\$85.99	\$76.15	\$79.77	\$83.38	\$90.68
2 Tier	EE + Dep	\$61.09	\$63.99	\$66.89	\$72.74	\$64.42	\$67.48	\$70.54	\$76.71

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	\$24.57	\$25.74	\$26.91	\$29.25	\$25.91	\$27.14	\$28.38	\$30.84
	EE + SP	\$50.33	\$52.73	\$55.13	\$59.93	\$53.08	\$55.61	\$58.14	\$63.20
	EE + CH	\$52.39	\$54.89	\$57.39	\$62.38	\$55.25	\$57.89	\$60.52	\$65.78
	Family	\$87.14	\$91.29	\$95.44	\$103.74	\$91.89	\$96.27	\$100.65	\$109.40
2 Tier	EE + Dep	\$73.71	\$77.22	\$80.74	\$87.76	\$77.73	\$81.44	\$85.14	\$92.55

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	\$36.54	\$38.27	\$40.02	\$38.54	\$40.36	\$42.21
	EE + SP	\$74.88	\$78.42	\$82.00	\$78.96	\$82.70	\$86.47
	EE + CH	\$92.37	\$96.74	\$101.16	\$97.40	\$102.02	\$106.67
	Family	\$147.34	\$154.32	\$161.37	\$155.38	\$162.74	\$170.16
2 Tier	EE + Dep	\$121.64	\$127.40	\$133.21	\$128.27	\$134.35	\$140.49

*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

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	\$14.53	\$15.10	\$15.65	\$16.79	\$15.67	\$16.29	\$16.88	\$18.12
	EE + SP	\$29.06	\$30.20	\$31.30	\$33.57	\$31.34	\$32.58	\$33.77	\$36.23
	EE + CH	\$35.31	\$36.69	\$38.03	\$40.79	\$38.08	\$39.58	\$41.03	\$44.02
	Family	\$56.69	\$58.91	\$61.05	\$65.49	\$61.14	\$63.54	\$65.86	\$70.67
2 Tier	EE + Dep	\$46.96	\$48.80	\$50.57	\$54.25	\$50.64	\$52.63	\$54.56	\$58.54

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	\$23.26	\$24.24	\$25.21	\$27.15	\$24.53	\$25.57	\$26.59	\$28.63
	EE + SP	\$47.66	\$49.67	\$51.65	\$55.62	\$50.26	\$52.38	\$54.47	\$58.65
	EE + CH	\$49.61	\$51.71	\$53.77	\$57.89	\$52.31	\$54.53	\$56.70	\$61.05
	Family	\$82.50	\$85.99	\$89.42	\$96.28	\$87.00	\$90.68	\$94.30	\$101.53
2 Tier	EE + Dep	\$69.79	\$72.74	\$75.64	\$81.45	\$73.60	\$76.71	\$79.77	\$85.89

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	\$28.08	\$29.25	\$30.42	\$32.76	\$29.61	\$30.84	\$32.08	\$34.55
	EE + SP	\$57.53	\$59.93	\$62.33	\$67.12	\$60.67	\$63.20	\$65.73	\$70.78
	EE + CH	\$59.88	\$62.38	\$64.88	\$69.87	\$63.15	\$65.78	\$68.42	\$73.68
	Family	\$99.59	\$103.74	\$107.90	\$116.20	\$105.02	\$109.40	\$113.78	\$122.54
2 Tier	EE + Dep	\$84.25	\$87.76	\$91.27	\$98.30	\$88.84	\$92.55	\$96.25	\$103.66

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	\$41.75	\$43.50	\$45.23	\$48.30	\$44.03	\$45.87	\$47.70	\$50.83
	EE + SP	\$85.55	\$89.13	\$92.67	\$98.30	\$90.21	\$93.99	\$97.73	\$103.66
	EE + CH	\$105.53	\$109.95	\$114.33	\$121.20	\$111.29	\$115.95	\$120.56	\$127.63
	Family	\$168.34	\$175.38	\$182.36	\$192.30	\$177.52	\$184.95	\$192.31	\$202.30
2 Tier	EE + Dep	\$138.98	\$144.79	\$150.55	\$158.30	\$146.56	\$152.69	\$158.77	\$166.66

*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

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	\$16.79	\$18.49	\$20.76	\$18.12	\$19.96	\$22.43
	EE + SP	\$33.57	\$36.98	\$41.53	\$36.23	\$39.93	\$44.85
	EE + CH	\$40.79	\$44.93	\$50.45	\$44.02	\$48.51	\$54.49
	Family	\$65.49	\$72.13	\$81.00	\$70.67	\$77.87	\$87.48
2 Tier	EE + Dep	\$54.25	\$59.75	\$67.10	\$58.54	\$64.51	\$72.47

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	\$27.15	\$30.05	\$33.93	\$28.63	\$31.69	\$35.78
	EE + SP	\$55.62	\$61.56	\$69.52	\$58.65	\$64.92	\$73.31
	EE + CH	\$57.89	\$64.08	\$72.37	\$61.05	\$67.58	\$76.32
	Family	\$96.28	\$106.57	\$120.35	\$101.53	\$112.39	\$126.92
2 Tier	EE + Dep	\$81.45	\$90.15	\$101.81	\$85.89	\$95.07	\$107.36

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	\$32.76	\$36.26	\$40.94	\$34.55	\$38.23	\$43.17
	EE + SP	\$67.12	\$74.28	\$83.88	\$70.78	\$78.34	\$88.45
	EE + CH	\$69.87	\$77.32	\$87.31	\$73.68	\$81.54	\$92.07
	Family	\$116.20	\$128.60	\$145.21	\$122.54	\$135.61	\$153.13
2 Tier	EE + Dep	\$98.30	\$108.78	\$122.83	\$103.66	\$114.72	\$129.53

*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.