



# Dental Small Group Rate Sheet for Upstate Counties

## 1<sup>st</sup> 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
<b>4 Tier</b>	EE Only	\$17.07	\$17.85	\$18.62	\$20.16	\$18.42	\$19.27	\$20.10	\$21.77
	EE + SP	\$34.14	\$35.70	\$37.23	\$40.32	\$36.85	\$38.54	\$40.19	\$43.54
	EE + CH	\$41.48	\$43.38	\$45.23	\$48.99	\$44.77	\$46.82	\$48.83	\$52.90
	Family	\$66.59	\$69.64	\$72.62	\$78.64	\$71.87	\$75.17	\$78.40	\$84.93
<b>2 Tier</b>	EE + Dep	\$55.16	\$57.69	\$60.15	\$65.14	\$59.53	\$62.27	\$64.94	\$70.35

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
<b>4 Tier</b>	EE Only	\$27.67	\$28.99	\$30.30	\$32.95	\$29.18	\$30.58	\$31.95	\$34.74
	EE + SP	\$56.70	\$59.41	\$62.08	\$67.51	\$59.79	\$62.65	\$65.47	\$71.19
	EE + CH	\$59.02	\$61.84	\$64.62	\$70.27	\$62.24	\$65.21	\$68.15	\$74.10
	Family	\$98.15	\$102.84	\$107.47	\$116.86	\$103.50	\$108.45	\$113.34	\$123.24
<b>2 Tier</b>	EE + Dep	\$83.03	\$87.00	\$90.92	\$98.86	\$87.55	\$91.74	\$95.88	\$104.25

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
<b>4 Tier</b>	EE Only	\$29.91	\$31.34	\$32.76	\$35.61	\$31.54	\$33.05	\$34.55	\$37.55
	EE + SP	\$61.28	\$64.20	\$67.12	\$72.96	\$64.63	\$67.71	\$70.78	\$76.94
	EE + CH	\$63.79	\$66.83	\$69.87	\$75.95	\$67.27	\$70.48	\$73.68	\$80.09
	Family	\$106.09	\$111.15	\$116.20	\$126.31	\$111.88	\$117.21	\$122.54	\$133.20
<b>2 Tier</b>	EE + Dep	\$89.75	\$94.02	\$98.30	\$106.85	\$94.64	\$99.15	\$103.66	\$112.68

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	
<b>4 Tier</b>	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	
<b>2 Tier</b>	EE + Dep	\$104.08	\$109.02	\$113.97		\$109.75	\$114.97	\$120.19	

\*Rates are valid in all NY counties except counties included in the Albany, Buffalo, and Downstate regions. 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 Other Upstate Counties

## 1<sup>st</sup> 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
<b>4 Tier</b>	EE Only	\$19.38	\$20.16	\$20.92	\$22.45	\$20.92	\$21.77	\$22.60	\$24.25
	EE + SP	\$38.76	\$40.32	\$41.85	\$44.90	\$41.85	\$43.54	\$45.20	\$48.51
	EE + CH	\$47.09	\$48.99	\$50.84	\$54.55	\$50.85	\$52.90	\$54.91	\$58.93
	Family	\$75.60	\$78.64	\$81.62	\$87.58	\$81.63	\$84.93	\$88.16	\$94.61
<b>2 Tier</b>	EE + Dep	\$62.62	\$65.14	\$67.61	\$72.54	\$67.62	\$70.35	\$73.02	\$78.37

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
<b>4 Tier</b>	EE Only	\$31.62	\$32.95	\$34.25	\$36.90	\$33.35	\$34.74	\$36.12	\$38.91
	EE + SP	\$64.79	\$67.51	\$70.18	\$75.61	\$68.33	\$71.19	\$74.01	\$79.73
	EE + CH	\$67.45	\$70.27	\$73.06	\$78.70	\$71.13	\$74.10	\$77.04	\$82.99
	Family	\$112.17	\$116.86	\$121.50	\$130.88	\$118.29	\$123.24	\$128.12	\$138.02
<b>2 Tier</b>	EE + Dep	\$94.89	\$98.86	\$102.78	\$110.72	\$100.06	\$104.25	\$108.38	\$116.76

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
<b>4 Tier</b>	EE Only	\$34.19	\$35.61	\$37.04	\$39.89	\$36.05	\$37.55	\$39.06	\$42.06
	EE + SP	\$70.04	\$72.96	\$75.88	\$81.72	\$73.86	\$76.94	\$80.02	\$86.18
	EE + CH	\$72.91	\$75.95	\$78.99	\$85.07	\$76.89	\$80.09	\$83.30	\$89.71
	Family	\$121.25	\$126.31	\$131.36	\$141.47	\$127.87	\$133.20	\$138.53	\$149.19
<b>2 Tier</b>	EE + Dep	\$102.57	\$106.85	\$111.13	\$119.68	\$108.17	\$112.68	\$117.19	\$126.21

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	
<b>4 Tier</b>	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	
<b>2 Tier</b>	EE + Dep	\$118.97	\$123.92	\$128.87		\$125.46	\$130.68	\$135.90	

\*Rates are valid in all NY counties except counties included in the Albany, Buffalo, and Downstate regions. 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 Other Upstate Counties

## 1<sup>st</sup> 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
<b>4 Tier</b>	EE Only	\$22.45	\$24.76	\$27.85	\$24.25	\$26.75	\$30.10
	EE + SP	\$44.90	\$49.52	\$55.69	\$48.51	\$53.51	\$60.21
	EE + CH	\$54.55	\$60.16	\$67.67	\$58.93	\$65.01	\$73.15
	Family	\$87.58	\$96.58	\$108.63	\$94.61	\$104.37	\$117.43
<b>2 Tier</b>	EE + Dep	\$72.54	\$80.00	\$89.98	\$78.37	\$86.45	\$97.27

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 4	Group 3	Group 2	Group 4	Group 3	Group 2
<b>4 Tier</b>	EE Only	\$36.90	\$40.85	\$46.11	\$38.91	\$43.08	\$48.63
	EE + SP	\$75.61	\$83.70	\$94.48	\$79.73	\$88.27	\$99.63
	EE + CH	\$78.70	\$87.13	\$98.35	\$82.99	\$91.88	\$103.71
	Family	\$130.88	\$144.90	\$163.56	\$138.02	\$152.81	\$172.48
<b>2 Tier</b>	EE + Dep	\$110.72	\$122.58	\$138.36	\$116.76	\$129.27	\$145.91

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
<b>4 Tier</b>	EE Only	\$39.89	\$44.14	\$49.85	\$42.06	\$46.55	\$52.56
	EE + SP	\$81.72	\$90.45	\$102.13	\$86.18	\$95.38	\$107.70
	EE + CH	\$85.07	\$94.15	\$106.31	\$89.71	\$99.29	\$112.11
	Family	\$141.47	\$156.58	\$176.80	\$149.19	\$165.12	\$186.44
<b>2 Tier</b>	EE + Dep	\$119.68	\$132.45	\$149.56	\$126.21	\$139.68	\$157.72

\*Rates are valid in all NY counties except counties included in the Albany, Buffalo, and Downstate regions. Refer to EmblemHealth Plan, Inc. policy form numbers EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.