



# Dental Small Group Rate Sheet for Downstate Counties

## 3<sup>rd</sup> Quarter 2024 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2024 through 9/30/2024

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	\$11.82	\$12.33	\$12.86	\$13.89	\$12.73	\$13.29	\$13.86	\$14.98
	EE + SP	\$23.63	\$24.66	\$25.73	\$27.79	\$25.46	\$26.57	\$27.73	\$29.96
	EE + CH	\$28.71	\$29.96	\$31.26	\$33.76	\$30.93	\$32.28	\$33.69	\$36.40
	Family	\$46.09	\$48.10	\$50.18	\$54.20	\$49.65	\$51.83	\$54.08	\$58.43
<b>2 Tier</b>	EE + Dep	\$38.18	\$39.85	\$41.57	\$44.89	\$41.13	\$42.93	\$44.80	\$48.40

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	\$18.61	\$19.51	\$20.39	\$22.16	\$19.63	\$20.57	\$21.51	\$23.37
	EE + SP	\$38.13	\$39.98	\$41.78	\$45.40	\$40.21	\$42.16	\$44.06	\$47.87
	EE + CH	\$39.69	\$41.61	\$43.49	\$47.26	\$41.86	\$43.88	\$45.87	\$49.83
	Family	\$66.01	\$69.20	\$72.33	\$78.59	\$69.61	\$72.98	\$76.28	\$82.88
<b>2 Tier</b>	EE + Dep	\$55.84	\$58.54	\$61.19	\$66.48	\$58.89	\$61.73	\$64.53	\$70.11

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	\$22.09	\$23.14	\$24.19	\$26.30	\$23.29	\$24.40	\$25.51	\$27.73
	EE + SP	\$45.26	\$47.41	\$49.57	\$53.88	\$47.73	\$50.00	\$52.27	\$56.82
	EE + CH	\$47.11	\$49.35	\$51.60	\$56.09	\$49.68	\$52.05	\$54.41	\$59.14
	Family	\$78.35	\$82.08	\$85.81	\$93.27	\$82.62	\$86.56	\$90.49	\$98.36
<b>2 Tier</b>	EE + Dep	\$66.28	\$69.43	\$72.59	\$78.90	\$69.89	\$73.22	\$76.55	\$83.21

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. 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	\$32.86	\$34.44	\$36.00		\$34.66	\$36.32	\$37.97	
	EE + SP	\$67.33	\$70.56	\$73.76		\$71.00	\$74.41	\$77.79	
	EE + CH	\$83.94	\$87.96	\$91.95		\$88.51	\$92.76	\$96.96	
	Family	\$133.57	\$139.98	\$146.32		\$140.86	\$147.61	\$154.30	
<b>2 Tier</b>	EE + Dep	\$110.11	\$115.40	\$120.62		\$116.11	\$121.68	\$127.20	

\*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

## 3<sup>rd</sup> Quarter 2024 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2024 through 9/30/2024

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	\$13.38	\$13.89	\$14.41	\$15.46	\$14.42	\$14.98	\$15.54	\$16.67
	EE + SP	\$26.76	\$27.79	\$28.82	\$30.91	\$28.84	\$29.96	\$31.07	\$33.35
	EE + CH	\$32.51	\$33.76	\$35.01	\$37.56	\$35.04	\$36.40	\$37.75	\$40.51
	Family	\$52.19	\$54.20	\$56.21	\$60.29	\$56.26	\$58.43	\$60.61	\$65.04
2 Tier	EE + Dep	\$43.23	\$44.89	\$46.56	\$49.94	\$46.60	\$48.40	\$50.21	\$53.88

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	\$21.28	\$22.16	\$23.06	\$24.82	\$22.44	\$23.37	\$24.31	\$26.17
	EE + SP	\$43.59	\$45.40	\$47.24	\$50.86	\$45.97	\$47.87	\$49.82	\$53.63
	EE + CH	\$45.37	\$47.26	\$49.17	\$52.94	\$47.85	\$49.83	\$51.86	\$55.82
	Family	\$75.46	\$78.59	\$81.78	\$88.04	\$79.58	\$82.88	\$86.24	\$92.84
2 Tier	EE + Dep	\$63.83	\$66.48	\$69.18	\$74.47	\$67.32	\$70.11	\$72.95	\$78.54

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	\$25.25	\$26.30	\$27.35	\$29.45	\$26.62	\$27.73	\$28.84	\$31.06
	EE + SP	\$51.72	\$53.88	\$56.03	\$60.35	\$54.55	\$56.82	\$59.09	\$63.64
	EE + CH	\$53.84	\$56.09	\$58.33	\$62.82	\$56.78	\$59.14	\$61.51	\$66.24
	Family	\$89.54	\$93.27	\$97.00	\$104.47	\$94.43	\$98.36	\$102.30	\$110.16
2 Tier	EE + Dep	\$75.75	\$78.90	\$82.06	\$88.37	\$79.88	\$83.21	\$86.53	\$93.19

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	\$37.56	\$39.12	\$40.70		\$39.61	\$41.26	\$42.92	
	EE + SP	\$76.96	\$80.16	\$83.39		\$81.16	\$84.53	\$87.94	
	EE + CH	\$95.94	\$99.92	\$103.95		\$101.17	\$105.37	\$109.62	
	Family	\$152.67	\$159.02	\$165.42		\$161.00	\$167.69	\$174.45	
2 Tier	EE + Dep	\$125.85	\$131.09	\$136.37		\$132.72	\$138.24	\$143.80	

\*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

## 3<sup>rd</sup> Quarter 2024 Monthly Rates\* for Groups of 2 to 4 Eligible Employees

Effective 7/1/2024 through 9/30/2024

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	\$15.46	\$17.00	\$19.08	\$16.67	\$18.35	\$20.60
	EE + SP	\$30.91	\$34.00	\$38.15	\$33.35	\$36.69	\$41.20
	EE + CH	\$37.56	\$41.31	\$46.36	\$40.51	\$44.58	\$50.05
	Family	\$60.29	\$66.32	\$74.42	\$65.04	\$71.57	\$80.35
<b>2 Tier</b>	EE + Dep	\$49.94	\$54.93	\$61.65	\$53.88	\$59.28	\$66.56

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	\$24.82	\$27.48	\$31.03	\$26.17	\$28.98	\$32.72
	EE + SP	\$50.86	\$56.31	\$63.58	\$53.63	\$59.38	\$67.05
	EE + CH	\$52.94	\$58.62	\$66.18	\$55.82	\$61.82	\$69.79
	Family	\$88.04	\$97.49	\$110.06	\$92.84	\$102.80	\$116.07
<b>2 Tier</b>	EE + Dep	\$74.47	\$82.47	\$93.11	\$78.54	\$86.96	\$98.18

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	\$29.45	\$32.61	\$36.82	\$34.66	\$36.32	\$37.97
	EE + SP	\$60.35	\$66.81	\$75.43	\$71.00	\$74.41	\$77.79
	EE + CH	\$62.82	\$69.55	\$78.52	\$88.51	\$92.76	\$96.96
	Family	\$104.47	\$115.66	\$130.58	\$140.86	\$147.61	\$154.30
<b>2 Tier</b>	EE + Dep	\$88.37	\$97.84	\$110.46	\$116.11	\$121.68	\$127.20

\*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.