



# Dental Small Group Rate Sheet for Albany Counties

## 1st Quarter 2021 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 1/01/2021 through 3/31/2021

**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	\$12.06	\$12.60	\$13.13	\$14.18	\$13.00	\$13.57	\$14.15	\$15.29
	EE + SP	\$24.13	\$25.19	\$26.26	\$28.35	\$26.00	\$27.15	\$28.30	\$30.57
	EE + CH	\$29.32	\$30.61	\$31.90	\$34.45	\$31.58	\$32.99	\$34.39	\$37.15
	Family	\$47.06	\$49.14	\$51.22	\$55.31	\$50.70	\$52.95	\$55.21	\$59.64
<b>2 Tier</b>	EE + Dep	\$38.99	\$40.71	\$42.43	\$45.81	\$42.00	\$43.87	\$45.73	\$49.40

**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	\$19.05	\$19.97	\$20.87	\$22.68	\$20.09	\$21.06	\$22.01	\$23.92
	EE + SP	\$39.04	\$40.91	\$42.76	\$46.48	\$41.17	\$43.15	\$45.09	\$49.01
	EE + CH	\$40.63	\$42.59	\$44.51	\$48.38	\$42.85	\$44.91	\$46.93	\$51.02
	Family	\$67.58	\$70.83	\$74.02	\$80.46	\$71.26	\$74.69	\$78.05	\$84.84
<b>2 Tier</b>	EE + Dep	\$57.17	\$59.92	\$62.61	\$68.06	\$60.28	\$63.18	\$66.03	\$71.77

**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	\$21.83	\$22.89	\$23.92	\$26.01	\$23.03	\$24.14	\$25.23	\$27.43
	EE + SP	\$44.74	\$46.89	\$49.01	\$53.29	\$47.18	\$49.45	\$51.69	\$56.20
	EE + CH	\$46.57	\$48.81	\$51.02	\$55.47	\$49.11	\$51.47	\$53.80	\$58.50
	Family	\$77.45	\$81.18	\$84.85	\$92.25	\$81.67	\$85.61	\$89.48	\$97.28
<b>2 Tier</b>	EE + Dep	\$65.51	\$68.67	\$71.78	\$78.04	\$69.09	\$72.42	\$75.69	\$82.29

**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
<b>4 Tier</b>	EE Only	\$27.82	\$29.15	\$30.47		\$29.34	\$30.74	\$32.13	
	EE + SP	\$57.01	\$59.72	\$62.43		\$60.12	\$62.98	\$65.84	
	EE + CH	\$72.58	\$76.03	\$79.50		\$76.54	\$80.18	\$83.83	
	Family	\$114.95	\$120.42	\$125.90		\$121.22	\$126.99	\$132.76	
<b>2 Tier</b>	EE + Dep	\$94.48	\$98.98	\$103.49		\$99.64	\$104.39	\$109.12	

\*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 PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



# Dental Small Group Rate Sheet for Albany Counties

## 1st Quarter 2021 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 1/01/2021 through 3/31/2021

**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	\$13.64	\$14.18	\$14.71	\$15.78	\$14.71	\$15.29	\$15.86	\$17.02
	EE + SP	\$27.29	\$28.35	\$29.42	\$31.55	\$29.42	\$30.57	\$31.73	\$34.04
	EE + CH	\$33.16	\$34.45	\$35.74	\$38.33	\$35.74	\$37.15	\$38.55	\$41.35
	Family	\$53.23	\$55.31	\$57.38	\$61.54	\$57.38	\$59.64	\$61.89	\$66.39
<b>2 Tier</b>	EE + Dep	\$44.09	\$45.81	\$47.53	\$50.98	\$47.53	\$49.40	\$51.26	\$54.99

**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	\$21.78	\$22.68	\$23.60	\$25.41	\$22.97	\$23.92	\$24.89	\$26.80
	EE + SP	\$44.63	\$46.48	\$48.35	\$52.07	\$47.07	\$49.01	\$50.99	\$54.91
	EE + CH	\$46.46	\$48.38	\$50.33	\$54.20	\$48.99	\$51.02	\$53.08	\$57.16
	Family	\$77.27	\$80.46	\$83.71	\$90.14	\$81.48	\$84.84	\$88.27	\$95.06
<b>2 Tier</b>	EE + Dep	\$65.36	\$68.06	\$70.81	\$76.26	\$68.93	\$71.77	\$74.67	\$80.42

**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	\$24.96	\$26.01	\$27.04	\$29.11	\$26.32	\$27.43	\$28.52	\$30.70
	EE + SP	\$51.13	\$53.29	\$55.41	\$59.65	\$53.92	\$56.20	\$58.43	\$62.90
	EE + CH	\$53.23	\$55.47	\$57.68	\$62.09	\$56.13	\$58.50	\$60.82	\$65.48
	Family	\$88.52	\$92.25	\$95.92	\$103.26	\$93.35	\$97.28	\$101.15	\$108.90
<b>2 Tier</b>	EE + Dep	\$74.88	\$78.04	\$81.14	\$87.35	\$78.97	\$82.29	\$85.57	\$92.12

**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	\$31.79	\$33.13	\$34.46		\$33.53	\$34.94	\$36.34	
	EE + SP	\$65.14	\$67.89	\$70.60		\$68.70	\$71.59	\$74.45	
	EE + CH	\$82.95	\$86.44	\$89.87		\$87.48	\$91.15	\$94.77	
	Family	\$131.37	\$136.89	\$142.34		\$138.53	\$144.36	\$150.10	
<b>2 Tier</b>	EE + Dep	\$107.98	\$112.53	\$117.00		\$113.87	\$118.66	\$123.38	

\*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 PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



# Dental Small Group Rate Sheet for Albany Counties

## 1st Quarter 2021 Monthly Rates\* for Groups of 2 to 4 Eligible Employees

Effective 1/01/2021 through 3/31/2021

**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	\$15.78	\$17.36	\$19.49	\$17.02	\$18.73	\$21.04
	EE + SP	\$31.55	\$34.71	\$38.97	\$34.04	\$37.46	\$42.08
	EE + CH	\$38.33	\$42.17	\$47.35	\$41.35	\$45.52	\$51.13
	Family	\$61.54	\$67.70	\$76.01	\$66.39	\$73.07	\$82.08
<b>2 Tier</b>	EE + Dep	\$50.98	\$56.08	\$62.96	\$54.99	\$60.53	\$67.99

**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	\$25.41	\$28.13	\$31.76	\$26.80	\$29.66	\$33.49
	EE + SP	\$52.07	\$57.63	\$65.07	\$54.91	\$60.78	\$68.62
	EE + CH	\$54.20	\$59.99	\$67.74	\$57.16	\$63.27	\$71.43
	Family	\$90.14	\$99.77	\$112.65	\$95.06	\$105.21	\$118.79
<b>2 Tier</b>	EE + Dep	\$76.26	\$84.40	\$95.29	\$80.42	\$89.00	\$100.49

**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	\$29.11	\$32.23	\$36.41	\$30.70	\$33.99	\$38.39
	EE + SP	\$59.65	\$66.05	\$74.60	\$62.90	\$69.65	\$78.67
	EE + CH	\$62.09	\$68.75	\$77.65	\$65.48	\$72.50	\$81.89
	Family	\$103.26	\$114.33	\$129.14	\$108.90	\$120.57	\$136.18
<b>2 Tier</b>	EE + Dep	\$87.35	\$96.72	\$109.24	\$92.12	\$102.00	\$115.20

\*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 PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.