



Dental Small Group Rate Sheet for Downstate 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
4 Tier	EE Only	\$11.46	\$11.98	\$12.47	\$13.47	\$12.34	\$12.90	\$13.44	\$14.52
	EE + SP	\$22.92	\$23.95	\$24.95	\$26.93	\$24.69	\$25.80	\$26.88	\$29.04
	EE + CH	\$27.85	\$29.10	\$30.31	\$32.72	\$29.99	\$31.35	\$32.66	\$35.28
	Family	\$44.71	\$46.72	\$48.66	\$52.54	\$48.15	\$50.33	\$52.43	\$56.63
2 Tier	EE + Dep	\$37.04	\$38.70	\$40.31	\$43.52	\$39.89	\$41.69	\$43.43	\$46.91

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	\$18.02	\$18.88	\$19.75	\$21.46	\$19.00	\$19.91	\$20.83	\$22.63
	EE + SP	\$36.92	\$38.69	\$40.46	\$43.97	\$38.93	\$40.80	\$42.67	\$46.37
	EE + CH	\$38.43	\$40.27	\$42.12	\$45.77	\$40.52	\$42.47	\$44.42	\$48.27
	Family	\$63.91	\$66.98	\$70.05	\$76.12	\$67.39	\$70.63	\$73.87	\$80.28
2 Tier	EE + Dep	\$54.06	\$56.66	\$59.25	\$64.39	\$57.01	\$59.75	\$62.49	\$67.91

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 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	\$20.66	\$21.65	\$22.63	\$24.60	\$21.79	\$22.83	\$23.87	\$25.94
	EE + SP	\$42.34	\$44.35	\$46.37	\$50.40	\$44.65	\$46.77	\$48.90	\$53.15
	EE + CH	\$44.07	\$46.17	\$48.27	\$52.47	\$46.48	\$48.69	\$50.90	\$55.33
	Family	\$73.29	\$76.78	\$80.28	\$87.26	\$77.29	\$80.97	\$84.65	\$92.02
2 Tier	EE + Dep	\$62.00	\$64.95	\$67.91	\$73.81	\$65.38	\$68.50	\$71.61	\$77.84

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	\$33.13	\$34.71	\$36.29		\$34.94	\$36.61	\$38.27	
	EE + SP	\$67.89	\$71.12	\$74.35		\$71.59	\$75.00	\$78.41	
	EE + CH	\$83.91	\$87.90	\$91.91		\$88.48	\$92.70	\$96.92	
	Family	\$133.78	\$140.16	\$146.54		\$141.08	\$147.81	\$154.53	
2 Tier	EE + Dep	\$110.42	\$115.68	\$120.95		\$116.44	\$121.99	\$127.54	

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



Dental Small Group Rate Sheet for Downstate 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
4 Tier	EE Only	\$12.97	\$13.47	\$13.98	\$14.98	\$13.98	\$14.52	\$15.08	\$16.15
	EE + SP	\$25.94	\$26.93	\$27.96	\$29.95	\$27.96	\$29.04	\$30.15	\$32.31
	EE + CH	\$31.52	\$32.72	\$33.98	\$36.39	\$33.97	\$35.28	\$36.63	\$39.25
	Family	\$50.60	\$52.54	\$54.54	\$58.42	\$54.53	\$56.63	\$58.81	\$63.01
2 Tier	EE + Dep	\$41.91	\$43.52	\$45.18	\$48.39	\$45.17	\$46.91	\$48.71	\$52.20

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	\$20.60	\$21.46	\$22.31	\$24.02	\$21.72	\$22.63	\$23.53	\$25.33
	EE + SP	\$42.20	\$43.97	\$45.71	\$49.22	\$44.50	\$46.37	\$48.20	\$51.91
	EE + CH	\$43.93	\$45.77	\$47.58	\$51.24	\$46.32	\$48.27	\$50.18	\$54.03
	Family	\$73.05	\$76.12	\$79.13	\$85.21	\$77.04	\$80.28	\$83.45	\$89.86
2 Tier	EE + Dep	\$61.80	\$64.39	\$66.94	\$72.08	\$65.17	\$67.91	\$70.59	\$76.01

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	\$23.62	\$24.60	\$25.58	\$27.55	\$24.90	\$25.94	\$26.98	\$29.06
	EE + SP	\$48.39	\$50.40	\$52.42	\$56.45	\$51.03	\$53.15	\$55.28	\$59.53
	EE + CH	\$50.37	\$52.47	\$54.57	\$58.76	\$53.12	\$55.33	\$57.54	\$61.97
	Family	\$83.77	\$87.26	\$90.75	\$97.73	\$88.33	\$92.02	\$95.70	\$103.06
2 Tier	EE + Dep	\$70.86	\$73.81	\$76.76	\$82.67	\$74.72	\$77.84	\$80.95	\$87.18

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	
4 Tier	EE Only	\$37.87	\$39.45	\$41.02		\$39.93	\$41.60	\$43.26	
	EE + SP	\$77.59	\$80.82	\$84.05		\$81.82	\$85.23	\$88.64	
	EE + CH	\$95.90	\$99.90	\$103.87		\$101.14	\$105.35	\$109.54	
	Family	\$152.91	\$159.28	\$165.63		\$161.25	\$167.97	\$174.66	
2 Tier	EE + Dep	\$126.20	\$131.46	\$136.70		\$133.09	\$138.63	\$144.15	

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



Dental Small Group Rate Sheet for Downstate 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
4 Tier	EE Only	\$14.98	\$16.49	\$18.49	\$16.15	\$17.79	\$19.96
	EE + SP	\$29.95	\$32.97	\$36.98	\$32.31	\$35.58	\$39.93
	EE + CH	\$36.39	\$40.06	\$44.93	\$39.25	\$43.22	\$48.51
	Family	\$58.42	\$64.31	\$72.13	\$63.01	\$69.39	\$77.87
2 Tier	EE + Dep	\$48.39	\$53.27	\$59.75	\$52.20	\$57.48	\$64.51

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	\$24.02	\$26.60	\$30.05	\$25.33	\$28.05	\$31.69
	EE + SP	\$49.22	\$54.51	\$61.56	\$51.91	\$57.48	\$64.92
	EE + CH	\$51.24	\$56.74	\$64.08	\$54.03	\$59.83	\$67.58
	Family	\$85.21	\$94.36	\$106.57	\$89.86	\$99.50	\$112.39
2 Tier	EE + Dep	\$72.08	\$79.82	\$90.15	\$76.01	\$84.17	\$95.07

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	\$27.55	\$30.50	\$34.44	\$29.06	\$32.17	\$36.32
	EE + SP	\$56.45	\$62.50	\$70.56	\$59.53	\$65.91	\$74.41
	EE + CH	\$58.76	\$65.06	\$73.45	\$61.97	\$68.61	\$77.46
	Family	\$97.73	\$108.20	\$122.16	\$103.06	\$114.10	\$128.82
2 Tier	EE + Dep	\$82.67	\$91.53	\$103.34	\$87.18	\$96.52	\$108.97

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