



# Dental Small Group Rate Sheet for Albany Counties

## 3rd Quarter 2022 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/01/2022 through 9/30/2022

**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	\$12.62	\$13.18	\$13.73	\$14.85	\$13.59	\$14.21	\$14.81	\$16.02
	EE + SP	\$25.23	\$26.37	\$27.47	\$29.70	\$27.19	\$28.42	\$29.61	\$32.04
	EE + CH	\$30.65	\$32.03	\$33.37	\$36.09	\$33.03	\$34.53	\$35.98	\$38.92
	Family	\$49.21	\$51.43	\$53.57	\$57.94	\$53.03	\$55.43	\$57.76	\$62.49
<b>2 Tier</b>	EE + Dep	\$40.76	\$42.60	\$44.38	\$47.99	\$43.93	\$45.92	\$47.84	\$51.76

**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	\$20.02	\$20.97	\$21.92	\$23.84	\$21.11	\$22.11	\$23.12	\$25.14
	EE + SP	\$41.02	\$42.96	\$44.91	\$48.84	\$43.26	\$45.31	\$47.36	\$51.50
	EE + CH	\$42.70	\$44.72	\$46.75	\$50.84	\$45.03	\$47.16	\$49.30	\$53.61
	Family	\$71.01	\$74.38	\$77.75	\$84.55	\$74.88	\$78.43	\$81.99	\$89.16
<b>2 Tier</b>	EE + Dep	\$60.07	\$62.92	\$65.77	\$71.52	\$63.34	\$66.35	\$69.36	\$75.42

**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.

		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	\$24.36	\$25.53	\$26.69	\$29.01	\$25.69	\$26.93	\$28.14	\$30.59
	EE + SP	\$49.92	\$52.32	\$54.68	\$59.44	\$52.64	\$55.17	\$57.66	\$62.68
	EE + CH	\$51.96	\$54.46	\$56.92	\$61.87	\$54.79	\$57.43	\$60.02	\$65.25
	Family	\$86.41	\$90.57	\$94.66	\$102.90	\$91.13	\$95.51	\$99.82	\$108.51
<b>2 Tier</b>	EE + Dep	\$73.10	\$76.61	\$80.07	\$87.05	\$77.09	\$80.79	\$84.44	\$91.80

**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	\$29.42	\$30.81	\$32.22		\$31.02	\$32.49	\$33.98	
	EE + SP	\$60.28	\$63.13	\$66.01		\$63.56	\$66.57	\$69.61	
	EE + CH	\$76.64	\$80.27	\$83.93		\$80.83	\$84.64	\$88.51	
	Family	\$121.42	\$127.16	\$132.96		\$128.04	\$134.10	\$140.22	
<b>2 Tier</b>	EE + Dep	\$99.82	\$104.54	\$109.32		\$105.26	\$110.25	\$115.28	

\*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

## 3rd Quarter 2022 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/01/2022 through 9/30/2022

**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	\$14.28	\$14.85	\$15.40	\$16.52	\$15.40	\$16.02	\$16.61	\$17.83
	EE + SP	\$28.57	\$29.70	\$30.80	\$33.04	\$30.81	\$32.04	\$33.23	\$35.65
	EE + CH	\$34.71	\$36.09	\$37.43	\$40.14	\$37.43	\$38.92	\$40.37	\$43.32
	Family	\$55.72	\$57.94	\$60.08	\$64.45	\$60.09	\$62.49	\$64.81	\$69.54
<b>2 Tier</b>	EE + Dep	\$46.16	\$47.99	\$49.77	\$53.38	\$49.77	\$51.76	\$53.69	\$57.61

**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	\$22.89	\$23.84	\$24.79	\$26.69	\$24.14	\$25.14	\$26.14	\$28.14
	EE + SP	\$46.89	\$48.84	\$50.79	\$54.68	\$49.45	\$51.50	\$53.56	\$57.66
	EE + CH	\$48.81	\$50.84	\$52.86	\$56.92	\$51.47	\$53.61	\$55.75	\$60.02
	Family	\$81.18	\$84.55	\$87.92	\$94.66	\$85.61	\$89.16	\$92.71	\$99.82
<b>2 Tier</b>	EE + Dep	\$68.67	\$71.52	\$74.37	\$80.07	\$72.42	\$75.42	\$78.43	\$84.44

**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	\$27.86	\$29.01	\$30.17	\$32.49	\$29.38	\$30.59	\$31.81	\$34.26
	EE + SP	\$57.08	\$59.44	\$61.81	\$66.57	\$60.19	\$62.68	\$65.18	\$70.20
	EE + CH	\$59.41	\$61.87	\$64.33	\$69.29	\$62.65	\$65.25	\$67.84	\$73.07
	Family	\$98.81	\$102.90	\$106.99	\$115.24	\$104.20	\$108.51	\$112.83	\$121.52
<b>2 Tier</b>	EE + Dep	\$83.59	\$87.05	\$90.51	\$97.48	\$88.15	\$91.80	\$95.45	\$102.80

**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	\$33.61	\$35.02	\$36.41		\$35.44	\$36.93	\$38.39	
	EE + SP	\$68.86	\$71.75	\$74.60		\$72.62	\$75.66	\$78.67	
	EE + CH	\$87.56	\$91.24	\$94.87		\$92.33	\$96.23	\$100.05	
	Family	\$138.71	\$144.54	\$150.29		\$146.28	\$152.43	\$158.49	
<b>2 Tier</b>	EE + Dep	\$114.03	\$118.83	\$123.55		\$120.25	\$125.32	\$130.29	

\*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

## 3rd Quarter 2022 Monthly Rates\* for Groups of 2 to 4 Eligible Employees

Effective 7/01/2022 through 9/30/2022

**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	\$16.52	\$18.19	\$20.41	\$17.83	\$19.64	\$22.04
	EE + SP	\$33.04	\$36.38	\$40.82	\$35.65	\$39.27	\$44.08
	EE + CH	\$40.14	\$44.20	\$49.59	\$43.32	\$47.71	\$53.56
	Family	\$64.45	\$70.96	\$79.61	\$69.54	\$76.60	\$85.98
<b>2 Tier</b>	EE + Dep	\$53.38	\$58.78	\$65.95	\$57.61	\$63.45	\$71.22

**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	\$26.69	\$29.55	\$33.37	\$28.14	\$31.17	\$35.19
	EE + SP	\$54.68	\$60.55	\$68.37	\$57.66	\$63.86	\$72.10
	EE + CH	\$56.92	\$63.03	\$71.17	\$60.02	\$66.47	\$75.06
	Family	\$94.66	\$104.83	\$118.37	\$99.82	\$110.55	\$124.82
<b>2 Tier</b>	EE + Dep	\$80.07	\$88.68	\$100.13	\$84.44	\$93.51	\$105.59

**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	\$32.49	\$35.97	\$40.62	\$34.26	\$37.93	\$42.83
	EE + SP	\$66.57	\$73.69	\$83.22	\$70.20	\$77.71	\$87.76
	EE + CH	\$69.29	\$76.71	\$86.62	\$73.07	\$80.89	\$91.35
	Family	\$115.24	\$127.57	\$144.06	\$121.52	\$134.53	\$151.92
<b>2 Tier</b>	EE + Dep	\$97.48	\$107.92	\$121.87	\$102.80	\$113.81	\$128.51

\*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.