



Dental Small Group Rate Sheet for Buffalo 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
4 Tier	EE Only	\$13.09	\$13.66	\$14.25	\$15.40	\$14.11	\$14.73	\$15.36	\$16.61
	EE + SP	\$26.19	\$27.33	\$28.50	\$30.80	\$28.23	\$29.46	\$30.73	\$33.23
	EE + CH	\$31.82	\$33.20	\$34.62	\$37.43	\$34.29	\$35.79	\$37.33	\$40.37
	Family	\$51.08	\$53.30	\$55.58	\$60.08	\$55.06	\$57.46	\$59.94	\$64.81
2 Tier	EE + Dep	\$42.31	\$44.15	\$46.04	\$49.77	\$45.61	\$47.60	\$49.65	\$53.69

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	\$20.82	\$21.80	\$22.80	\$24.79	\$21.95	\$22.99	\$24.05	\$26.14
	EE + SP	\$42.65	\$44.67	\$46.72	\$50.79	\$44.98	\$47.10	\$49.27	\$53.56
	EE + CH	\$44.40	\$46.50	\$48.63	\$52.86	\$46.82	\$49.03	\$51.28	\$55.75
	Family	\$73.84	\$77.33	\$80.88	\$87.92	\$77.86	\$81.54	\$85.29	\$92.71
2 Tier	EE + Dep	\$62.46	\$65.41	\$68.42	\$74.37	\$65.87	\$68.98	\$72.15	\$78.43

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	\$25.33	\$26.53	\$27.74	\$30.17	\$26.71	\$27.98	\$29.25	\$31.81
	EE + SP	\$51.90	\$54.37	\$56.83	\$61.81	\$54.73	\$57.33	\$59.93	\$65.18
	EE + CH	\$54.02	\$56.59	\$59.16	\$64.33	\$56.97	\$59.68	\$62.39	\$67.84
	Family	\$89.84	\$94.12	\$98.39	\$106.99	\$94.74	\$99.25	\$103.75	\$112.83
2 Tier	EE + Dep	\$76.00	\$79.62	\$83.23	\$90.51	\$80.15	\$83.96	\$87.77	\$95.45

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	\$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
2 Tier	EE + Dep	\$99.82	\$104.54	\$109.32	\$105.26	\$110.25	\$115.28

*These rates are valid in the following 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. 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 Buffalo 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
4 Tier	EE Only	\$14.82	\$15.40	\$15.99	\$17.14	\$15.98	\$16.61	\$17.25	\$18.50
	EE + SP	\$29.63	\$30.80	\$31.98	\$34.28	\$31.96	\$33.23	\$34.50	\$37.00
	EE + CH	\$36.00	\$37.43	\$38.85	\$41.65	\$38.83	\$40.37	\$41.92	\$44.95
	Family	\$57.80	\$60.08	\$62.37	\$66.87	\$62.34	\$64.81	\$67.29	\$72.17
2 Tier	EE + Dep	\$47.88	\$49.77	\$51.66	\$55.39	\$51.64	\$53.69	\$55.74	\$59.78

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	\$23.79	\$24.79	\$25.77	\$27.76	\$25.08	\$26.14	\$27.18	\$29.27
	EE + SP	\$48.73	\$50.79	\$52.80	\$56.87	\$51.39	\$53.56	\$55.68	\$59.97
	EE + CH	\$50.73	\$52.86	\$54.96	\$59.20	\$53.50	\$55.75	\$57.96	\$62.43
	Family	\$84.37	\$87.92	\$91.41	\$98.45	\$88.97	\$92.71	\$96.39	\$103.82
2 Tier	EE + Dep	\$71.37	\$74.37	\$77.32	\$83.28	\$75.26	\$78.43	\$81.54	\$87.82

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	\$28.94	\$30.17	\$31.37	\$33.78	\$30.52	\$31.81	\$33.08	\$35.62
	EE + SP	\$59.30	\$61.81	\$64.27	\$69.21	\$62.54	\$65.18	\$67.78	\$72.98
	EE + CH	\$61.73	\$64.33	\$66.90	\$72.04	\$65.10	\$67.84	\$70.55	\$75.97
	Family	\$102.66	\$106.99	\$111.27	\$119.81	\$108.26	\$112.83	\$117.34	\$126.35
2 Tier	EE + Dep	\$86.84	\$90.51	\$94.12	\$101.35	\$91.58	\$95.45	\$99.26	\$106.88

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	\$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	
2 Tier	EE + Dep	\$114.03	\$118.83	\$123.55		\$120.25	\$125.32	\$130.29	

*These rates are valid in the following 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. 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 Buffalo 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
4 Tier	EE Only	\$17.14	\$18.88	\$21.19	\$18.50	\$20.39	\$22.89
	EE + SP	\$34.28	\$37.76	\$42.38	\$37.00	\$40.77	\$45.77
	EE + CH	\$41.65	\$45.88	\$51.49	\$44.95	\$49.54	\$55.61
	Family	\$66.87	\$73.66	\$82.66	\$72.17	\$79.53	\$89.28
2 Tier	EE + Dep	\$55.39	\$61.01	\$68.47	\$59.78	\$65.87	\$73.96

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	\$27.76	\$30.73	\$34.69	\$29.27	\$32.40	\$36.59
	EE + SP	\$56.87	\$62.95	\$71.09	\$59.97	\$66.39	\$74.96
	EE + CH	\$59.20	\$65.53	\$74.00	\$62.43	\$69.10	\$78.03
	Family	\$98.45	\$108.98	\$123.06	\$103.82	\$114.92	\$129.77
2 Tier	EE + Dep	\$83.28	\$92.19	\$104.10	\$87.82	\$97.22	\$109.78

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	\$33.78	\$37.39	\$42.23	\$35.62	\$39.43	\$44.53
	EE + SP	\$69.21	\$76.61	\$86.52	\$72.98	\$80.79	\$91.24
	EE + CH	\$72.04	\$79.75	\$90.06	\$75.97	\$84.10	\$94.97
	Family	\$119.81	\$132.63	\$149.78	\$126.35	\$139.86	\$157.95
2 Tier	EE + Dep	\$101.35	\$112.19	\$126.70	\$106.88	\$118.31	\$133.61

*These rates are valid in the following 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.