



# Dental Small Group Rate Sheet for Downstate 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	\$11.99	\$12.51	\$13.04	\$14.09	\$12.92	\$13.48	\$14.06	\$15.19
	EE + SP	\$23.99	\$25.02	\$26.08	\$28.18	\$25.84	\$26.96	\$28.11	\$30.38
	EE + CH	\$29.14	\$30.39	\$31.69	\$34.23	\$31.40	\$32.75	\$34.15	\$36.91
	Family	\$46.79	\$48.80	\$50.87	\$54.96	\$50.40	\$52.58	\$54.83	\$59.26
<b>2 Tier</b>	EE + Dep	\$38.76	\$40.42	\$42.14	\$45.53	\$41.75	\$43.55	\$45.42	\$49.09

**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	\$18.93	\$19.83	\$20.75	\$22.55	\$19.97	\$20.91	\$21.88	\$23.78
	EE + SP	\$38.79	\$40.64	\$42.51	\$46.20	\$40.91	\$42.85	\$44.83	\$48.72
	EE + CH	\$40.38	\$42.30	\$44.25	\$48.09	\$42.58	\$44.61	\$46.67	\$50.71
	Family	\$67.16	\$70.35	\$73.60	\$79.97	\$70.82	\$74.18	\$77.61	\$84.34
<b>2 Tier</b>	EE + Dep	\$56.81	\$59.51	\$62.26	\$67.65	\$59.91	\$62.75	\$65.65	\$71.34

**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	\$23.06	\$24.14	\$25.25	\$27.45	\$24.31	\$25.46	\$26.62	\$28.95
	EE + SP	\$47.24	\$49.46	\$51.72	\$56.24	\$49.82	\$52.16	\$54.55	\$59.31
	EE + CH	\$49.17	\$51.49	\$53.84	\$58.55	\$51.86	\$54.30	\$56.78	\$61.74
	Family	\$81.78	\$85.63	\$89.54	\$97.37	\$86.24	\$90.30	\$94.43	\$102.68
<b>2 Tier</b>	EE + Dep	\$69.18	\$72.44	\$75.75	\$82.36	\$72.95	\$76.39	\$79.88	\$86.86

**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	\$35.00	\$36.68	\$38.34		\$36.91	\$38.68	\$40.43	
	EE + SP	\$71.71	\$75.15	\$78.56		\$75.62	\$79.25	\$82.85	
	EE + CH	\$88.55	\$92.79	\$97.00		\$93.38	\$97.85	\$102.29	
	Family	\$141.21	\$147.98	\$154.69		\$148.92	\$156.06	\$163.13	
<b>2 Tier</b>	EE + Dep	\$116.57	\$122.16	\$127.70		\$122.93	\$128.82	\$134.66	

\*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

## 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	\$13.57	\$14.09	\$14.62	\$15.67	\$14.63	\$15.19	\$15.77	\$16.90
	EE + SP	\$27.15	\$28.18	\$29.24	\$31.34	\$29.27	\$30.38	\$31.54	\$33.81
	EE + CH	\$32.98	\$34.23	\$35.53	\$38.07	\$35.56	\$36.91	\$38.32	\$41.07
	Family	\$52.95	\$54.96	\$57.04	\$61.12	\$57.08	\$59.26	\$61.51	\$65.94
<b>2 Tier</b>	EE + Dep	\$43.86	\$45.53	\$47.25	\$50.63	\$47.28	\$49.09	\$50.95	\$54.62

**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	\$21.65	\$22.55	\$23.45	\$25.25	\$22.83	\$23.78	\$24.73	\$26.62
	EE + SP	\$44.35	\$46.20	\$48.04	\$51.72	\$46.77	\$48.72	\$50.66	\$54.55
	EE + CH	\$46.17	\$48.09	\$50.01	\$53.84	\$48.69	\$50.71	\$52.73	\$56.78
	Family	\$76.78	\$79.97	\$83.16	\$89.54	\$80.97	\$84.34	\$87.70	\$94.43
<b>2 Tier</b>	EE + Dep	\$64.95	\$67.65	\$70.35	\$75.75	\$68.50	\$71.34	\$74.19	\$79.88

**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	\$26.35	\$27.45	\$28.54	\$30.74	\$27.79	\$28.95	\$30.09	\$32.42
	EE + SP	\$53.98	\$56.24	\$58.47	\$62.99	\$56.93	\$59.31	\$61.66	\$66.42
	EE + CH	\$56.19	\$58.55	\$60.86	\$65.57	\$59.26	\$61.74	\$64.18	\$69.14
	Family	\$93.45	\$97.37	\$101.22	\$109.04	\$98.55	\$102.68	\$106.74	\$114.99
<b>2 Tier</b>	EE + Dep	\$79.06	\$82.36	\$85.62	\$92.24	\$83.37	\$86.86	\$90.29	\$97.27

**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	\$40.01	\$41.67	\$43.35		\$42.19	\$43.94	\$45.71	
	EE + SP	\$81.97	\$85.37	\$88.81		\$86.44	\$90.03	\$93.66	
	EE + CH	\$101.20	\$105.43	\$109.67		\$106.72	\$111.19	\$115.65	
	Family	\$161.40	\$168.13	\$174.90		\$170.21	\$177.30	\$184.45	
<b>2 Tier</b>	EE + Dep	\$133.22	\$138.78	\$144.37		\$140.49	\$146.36	\$152.25	

\*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

## 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	\$15.67	\$17.25	\$19.36	\$16.90	\$18.62	\$20.91
	EE + SP	\$31.34	\$34.50	\$38.72	\$33.81	\$37.23	\$41.81
	EE + CH	\$38.07	\$41.91	\$47.05	\$41.07	\$45.23	\$50.80
	Family	\$61.12	\$67.29	\$75.53	\$65.94	\$72.62	\$81.55
<b>2 Tier</b>	EE + Dep	\$50.63	\$55.74	\$62.56	\$54.62	\$60.15	\$67.55

**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	\$25.25	\$27.96	\$31.56	\$26.62	\$29.48	\$33.28
	EE + SP	\$51.72	\$57.29	\$64.66	\$54.55	\$60.41	\$68.18
	EE + CH	\$53.84	\$59.63	\$67.30	\$56.78	\$62.88	\$70.97
	Family	\$89.54	\$99.17	\$111.93	\$94.43	\$104.58	\$118.03
<b>2 Tier</b>	EE + Dep	\$75.75	\$83.89	\$94.68	\$79.88	\$88.47	\$99.85

**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	\$30.74	\$34.03	\$38.43	\$32.42	\$35.89	\$40.52
	EE + SP	\$62.99	\$69.73	\$78.73	\$66.42	\$73.53	\$83.03
	EE + CH	\$65.57	\$72.58	\$81.96	\$69.14	\$76.54	\$86.43
	Family	\$109.04	\$120.71	\$136.30	\$114.99	\$127.30	\$143.73
<b>2 Tier</b>	EE + Dep	\$92.24	\$102.12	\$115.30	\$97.27	\$107.69	\$121.59

\*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.