



Dental Small Group Rate Sheet for Albany Counties

4th Quarter 2022 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 10/01/2022 through 12/31/2022

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	\$12.70	\$13.25	\$13.82	\$14.94	\$13.69	\$14.29	\$14.90	\$16.11
	EE + SP	\$25.41	\$26.51	\$27.64	\$29.88	\$27.38	\$28.57	\$29.80	\$32.23
	EE + CH	\$30.87	\$32.21	\$33.59	\$36.30	\$33.27	\$34.72	\$36.21	\$39.16
	Family	\$49.56	\$51.70	\$53.92	\$58.28	\$53.41	\$55.73	\$58.13	\$62.86
2 Tier	EE + Dep	\$41.05	\$42.83	\$44.67	\$48.28	\$44.24	\$46.17	\$48.16	\$52.07

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	\$20.16	\$21.12	\$22.07	\$23.99	\$21.25	\$22.27	\$23.28	\$25.30
	EE + SP	\$41.30	\$43.28	\$45.22	\$49.15	\$43.55	\$45.64	\$47.69	\$51.83
	EE + CH	\$42.99	\$45.05	\$47.08	\$51.16	\$45.33	\$47.51	\$49.64	\$53.95
	Family	\$71.49	\$74.92	\$78.29	\$85.09	\$75.39	\$79.01	\$82.56	\$89.73
2 Tier	EE + Dep	\$60.48	\$63.38	\$66.23	\$71.98	\$63.77	\$66.83	\$69.84	\$75.91

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	\$24.53	\$25.70	\$26.87	\$29.20	\$25.87	\$27.11	\$28.34	\$30.79
	EE + SP	\$50.26	\$52.66	\$55.06	\$59.82	\$53.01	\$55.54	\$58.06	\$63.09
	EE + CH	\$52.32	\$54.82	\$57.32	\$62.27	\$55.18	\$57.81	\$60.44	\$65.67
	Family	\$87.01	\$91.17	\$95.32	\$103.56	\$91.76	\$96.14	\$100.52	\$109.21
2 Tier	EE + Dep	\$73.61	\$77.12	\$80.63	\$87.61	\$77.62	\$81.33	\$85.03	\$92.39

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	\$29.62	\$31.03	\$32.44		\$31.24	\$32.72	\$34.21	
	EE + SP	\$60.69	\$63.58	\$66.46		\$64.00	\$67.05	\$70.09	
	EE + CH	\$77.16	\$80.84	\$84.50		\$81.36	\$85.25	\$89.12	
	Family	\$122.24	\$128.07	\$133.88		\$128.91	\$135.06	\$141.18	
2 Tier	EE + Dep	\$100.50	\$105.30	\$110.06		\$105.98	\$111.03	\$116.07	

*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

4th Quarter 2022 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 10/01/2022 through 12/31/2022

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	\$14.37	\$14.94	\$15.49	\$16.61	\$15.50	\$16.11	\$16.71	\$17.92
	EE + SP	\$28.75	\$29.88	\$30.98	\$33.22	\$31.00	\$32.23	\$33.42	\$35.85
	EE + CH	\$34.92	\$36.30	\$37.64	\$40.36	\$37.66	\$39.16	\$40.61	\$43.55
	Family	\$56.07	\$58.28	\$60.43	\$64.79	\$60.46	\$62.86	\$65.19	\$69.92
2 Tier	EE + Dep	\$46.44	\$48.28	\$50.06	\$53.67	\$50.08	\$52.07	\$54.00	\$57.92

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	\$23.04	\$23.99	\$24.96	\$26.87	\$24.30	\$25.30	\$26.32	\$28.34
	EE + SP	\$47.21	\$49.15	\$51.13	\$55.06	\$49.78	\$51.83	\$53.92	\$58.06
	EE + CH	\$49.14	\$51.16	\$53.23	\$57.32	\$51.82	\$53.95	\$56.13	\$60.44
	Family	\$81.72	\$85.09	\$88.52	\$95.32	\$86.18	\$89.73	\$93.35	\$100.52
2 Tier	EE + Dep	\$69.13	\$71.98	\$74.88	\$80.63	\$72.90	\$75.91	\$78.97	\$85.03

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	\$28.03	\$29.20	\$30.37	\$32.71	\$29.56	\$30.79	\$32.03	\$34.49
	EE + SP	\$57.43	\$59.82	\$62.22	\$67.02	\$60.56	\$63.09	\$65.62	\$70.67
	EE + CH	\$59.78	\$62.27	\$64.77	\$69.76	\$63.04	\$65.67	\$68.30	\$73.57
	Family	\$99.41	\$103.56	\$107.72	\$116.02	\$104.83	\$109.21	\$113.59	\$122.35
2 Tier	EE + Dep	\$84.09	\$87.61	\$91.12	\$98.14	\$88.68	\$92.39	\$96.09	\$103.50

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	\$33.86	\$35.27	\$36.68		\$35.71	\$37.20	\$38.68	
	EE + SP	\$69.38	\$72.27	\$75.15		\$73.17	\$76.21	\$79.25	
	EE + CH	\$88.20	\$91.87	\$95.56		\$93.02	\$96.88	\$100.77	
	Family	\$139.74	\$145.55	\$151.38		\$147.36	\$153.49	\$159.65	
2 Tier	EE + Dep	\$114.89	\$119.66	\$124.46		\$121.16	\$126.19	\$131.25	

*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

4th Quarter 2022 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 10/01/2022 through 12/31/2022

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	\$16.61	\$18.30	\$20.53	\$17.92	\$19.75	\$22.18
	EE + SP	\$33.22	\$36.59	\$41.07	\$35.85	\$39.50	\$44.35
	EE + CH	\$40.36	\$44.46	\$49.89	\$43.55	\$47.99	\$53.88
	Family	\$64.79	\$71.37	\$80.10	\$69.92	\$77.05	\$86.51
2 Tier	EE + Dep	\$53.67	\$59.12	\$66.35	\$57.92	\$63.82	\$71.66

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	\$26.87	\$29.76	\$33.59	\$28.34	\$31.38	\$35.42
	EE + SP	\$55.06	\$60.97	\$68.83	\$58.06	\$64.30	\$72.58
	EE + CH	\$57.32	\$63.47	\$71.64	\$60.44	\$66.93	\$75.55
	Family	\$95.32	\$105.55	\$119.15	\$100.52	\$111.31	\$125.65
2 Tier	EE + Dep	\$80.63	\$89.29	\$100.79	\$85.03	\$94.16	\$106.29

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	\$32.71	\$36.20	\$40.89	\$34.49	\$38.18	\$43.12
	EE + SP	\$67.02	\$74.18	\$83.77	\$70.67	\$78.23	\$88.34
	EE + CH	\$69.76	\$77.22	\$87.20	\$73.57	\$81.43	\$91.96
	Family	\$116.02	\$128.42	\$145.02	\$122.35	\$135.42	\$152.94
2 Tier	EE + Dep	\$98.14	\$108.63	\$122.68	\$103.50	\$114.56	\$129.37

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