



# Dental Small Group Rate Sheet for Buffalo 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
<b>4 Tier</b>	EE Only	\$13.17	\$13.75	\$14.32	\$15.49	\$14.19	\$14.83	\$15.44	\$16.71
	EE + SP	\$26.33	\$27.50	\$28.64	\$30.98	\$28.38	\$29.65	\$30.88	\$33.42
	EE + CH	\$31.99	\$33.41	\$34.79	\$37.64	\$34.48	\$36.02	\$37.52	\$40.61
	Family	\$51.36	\$53.64	\$55.86	\$60.43	\$55.36	\$57.83	\$60.24	\$65.19
<b>2 Tier</b>	EE + Dep	\$42.54	\$44.44	\$46.27	\$50.06	\$45.85	\$47.91	\$49.90	\$54.00

**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	\$20.95	\$21.95	\$22.95	\$24.94	\$22.10	\$23.15	\$24.21	\$26.30
	EE + SP	\$42.93	\$44.98	\$47.03	\$51.10	\$45.27	\$47.43	\$49.60	\$53.89
	EE + CH	\$44.69	\$46.82	\$48.96	\$53.19	\$47.12	\$49.38	\$51.63	\$56.09
	Family	\$74.32	\$77.87	\$81.42	\$88.46	\$78.37	\$82.12	\$85.86	\$93.28
<b>2 Tier</b>	EE + Dep	\$62.87	\$65.87	\$68.87	\$74.83	\$66.30	\$69.46	\$72.63	\$78.91

**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
<b>4 Tier</b>	EE Only	\$25.50	\$26.70	\$27.93	\$30.35	\$26.89	\$28.16	\$29.45	\$32.01
	EE + SP	\$52.25	\$54.71	\$57.22	\$62.19	\$55.10	\$57.70	\$60.34	\$65.58
	EE + CH	\$54.38	\$56.95	\$59.56	\$64.73	\$57.35	\$60.06	\$62.81	\$68.26
	Family	\$90.44	\$94.72	\$99.05	\$107.66	\$95.38	\$99.88	\$104.45	\$113.53
<b>2 Tier</b>	EE + Dep	\$76.51	\$80.12	\$83.79	\$91.07	\$80.68	\$84.50	\$88.36	\$96.04

**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	\$29.62	\$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
<b>2 Tier</b>	EE + Dep	\$100.50	\$105.30	\$110.06	\$105.98	\$111.03	\$116.07

\*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

## 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
<b>4 Tier</b>	EE Only	\$14.91	\$15.49	\$16.08	\$17.23	\$16.08	\$16.71	\$17.35	\$18.60
	EE + SP	\$29.81	\$30.98	\$32.15	\$34.46	\$32.15	\$33.42	\$34.69	\$37.19
	EE + CH	\$36.22	\$37.64	\$39.07	\$41.87	\$39.06	\$40.61	\$42.15	\$45.19
	Family	\$58.14	\$60.43	\$62.72	\$67.22	\$62.71	\$65.19	\$67.67	\$72.54
<b>2 Tier</b>	EE + Dep	\$48.16	\$50.06	\$51.95	\$55.68	\$51.95	\$54.00	\$56.05	\$60.09

**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.

		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	\$23.94	\$24.94	\$25.94	\$27.94	\$25.24	\$26.30	\$27.36	\$29.47
	EE + SP	\$49.05	\$51.10	\$53.15	\$57.25	\$51.72	\$53.89	\$56.05	\$60.37
	EE + CH	\$51.06	\$53.19	\$55.33	\$59.59	\$53.84	\$56.09	\$58.34	\$62.85
	Family	\$84.91	\$88.46	\$92.01	\$99.11	\$89.54	\$93.28	\$97.03	\$104.52
<b>2 Tier</b>	EE + Dep	\$71.83	\$74.83	\$77.83	\$83.84	\$75.74	\$78.91	\$82.08	\$88.41

**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	\$29.13	\$30.35	\$31.56	\$33.98	\$30.72	\$32.01	\$33.28	\$35.84
	EE + SP	\$59.68	\$62.19	\$64.66	\$69.63	\$62.94	\$65.58	\$68.18	\$73.42
	EE + CH	\$62.13	\$64.73	\$67.30	\$72.48	\$65.52	\$68.26	\$70.97	\$76.43
	Family	\$103.32	\$107.66	\$111.93	\$120.53	\$108.96	\$113.53	\$118.03	\$127.11
<b>2 Tier</b>	EE + Dep	\$87.40	\$91.07	\$94.68	\$101.96	\$92.17	\$96.04	\$99.85	\$107.52

**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	\$33.86	\$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	
<b>2 Tier</b>	EE + Dep	\$114.89	\$119.66	\$124.46		\$121.16	\$126.19	\$131.25	

\*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

## 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
<b>4 Tier</b>	EE Only	\$17.23	\$18.99	\$21.31	\$18.60	\$20.50	\$23.02
	EE + SP	\$34.46	\$37.98	\$42.63	\$37.19	\$41.00	\$46.04
	EE + CH	\$41.87	\$46.14	\$51.79	\$45.19	\$49.82	\$55.94
	Family	\$67.22	\$74.07	\$83.15	\$72.54	\$79.98	\$89.81
<b>2 Tier</b>	EE + Dep	\$55.68	\$61.36	\$68.87	\$60.09	\$66.25	\$74.39

**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	\$27.94	\$30.93	\$34.92	\$29.47	\$32.62	\$36.82
	EE + SP	\$57.25	\$63.37	\$71.54	\$60.37	\$66.83	\$75.44
	EE + CH	\$59.59	\$65.96	\$74.47	\$62.85	\$69.56	\$78.53
	Family	\$99.11	\$109.70	\$123.84	\$104.52	\$115.69	\$130.60
<b>2 Tier</b>	EE + Dep	\$83.84	\$92.80	\$104.76	\$88.41	\$97.86	\$110.48

**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	\$33.98	\$37.63	\$42.48	\$35.84	\$39.68	\$44.80
	EE + SP	\$69.63	\$77.10	\$87.04	\$73.42	\$81.31	\$91.79
	EE + CH	\$72.48	\$80.26	\$90.60	\$76.43	\$84.63	\$95.55
	Family	\$120.53	\$133.47	\$150.68	\$127.11	\$140.75	\$158.90
<b>2 Tier</b>	EE + Dep	\$101.96	\$112.91	\$127.47	\$107.52	\$119.07	\$134.42

\*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.