



# Dental Small Group Rate Sheet for Downstate 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	\$12.06	\$12.60	\$13.13	\$14.18	\$13.00	\$13.57	\$14.15	\$15.29
	EE + SP	\$24.13	\$25.19	\$26.26	\$28.35	\$26.00	\$27.15	\$28.30	\$30.57
	EE + CH	\$29.32	\$30.61	\$31.90	\$34.45	\$31.58	\$32.99	\$34.39	\$37.15
	Family	\$47.06	\$49.14	\$51.22	\$55.31	\$50.70	\$52.95	\$55.21	\$59.64
<b>2 Tier</b>	EE + Dep	\$38.99	\$40.71	\$42.43	\$45.81	\$42.00	\$43.87	\$45.73	\$49.40

**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	\$19.05	\$19.97	\$20.87	\$22.68	\$20.09	\$21.06	\$22.01	\$23.92
	EE + SP	\$39.04	\$40.91	\$42.76	\$46.48	\$41.17	\$43.15	\$45.09	\$49.01
	EE + CH	\$40.63	\$42.59	\$44.51	\$48.38	\$42.85	\$44.91	\$46.93	\$51.02
	Family	\$67.58	\$70.83	\$74.02	\$80.46	\$71.26	\$74.69	\$78.05	\$84.84
<b>2 Tier</b>	EE + Dep	\$57.17	\$59.92	\$62.61	\$68.06	\$60.28	\$63.18	\$66.03	\$71.77

**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	\$23.19	\$24.29	\$25.40	\$27.62	\$24.46	\$25.62	\$26.78	\$29.13
	EE + SP	\$47.52	\$49.78	\$52.04	\$56.59	\$50.11	\$52.49	\$54.88	\$59.68
	EE + CH	\$49.46	\$51.82	\$54.17	\$58.91	\$52.16	\$54.64	\$57.12	\$62.12
	Family	\$82.26	\$86.17	\$90.08	\$97.97	\$86.75	\$90.87	\$95.00	\$103.31
<b>2 Tier</b>	EE + Dep	\$69.59	\$72.90	\$76.20	\$82.87	\$73.38	\$76.87	\$80.36	\$87.39

**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	
<b>4 Tier</b>	EE Only	\$35.27	\$36.95	\$38.63		\$37.20	\$38.97	\$40.74	
	EE + SP	\$72.27	\$75.71	\$79.15		\$76.21	\$79.84	\$83.47	
	EE + CH	\$89.21	\$93.47	\$97.71		\$94.07	\$98.57	\$103.05	
	Family	\$142.28	\$149.07	\$155.84		\$150.04	\$157.20	\$164.35	
<b>2 Tier</b>	EE + Dep	\$117.45	\$123.06	\$128.64		\$123.85	\$129.77	\$135.66	

\*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

## 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	\$13.64	\$14.18	\$14.71	\$15.78	\$14.71	\$15.29	\$15.86	\$17.02
	EE + SP	\$27.29	\$28.35	\$29.42	\$31.55	\$29.42	\$30.57	\$31.73	\$34.04
	EE + CH	\$33.16	\$34.45	\$35.74	\$38.33	\$35.74	\$37.15	\$38.55	\$41.35
	Family	\$53.23	\$55.31	\$57.38	\$61.54	\$57.38	\$59.64	\$61.89	\$66.39
<b>2 Tier</b>	EE + Dep	\$44.09	\$45.81	\$47.53	\$50.98	\$47.53	\$49.40	\$51.26	\$54.99

**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	\$21.78	\$22.68	\$23.60	\$25.41	\$22.97	\$23.92	\$24.89	\$26.80
	EE + SP	\$44.63	\$46.48	\$48.35	\$52.07	\$47.07	\$49.01	\$50.99	\$54.91
	EE + CH	\$46.46	\$48.38	\$50.33	\$54.20	\$48.99	\$51.02	\$53.08	\$57.16
	Family	\$77.27	\$80.46	\$83.71	\$90.14	\$81.48	\$84.84	\$88.27	\$95.06
<b>2 Tier</b>	EE + Dep	\$65.36	\$68.06	\$70.81	\$76.26	\$68.93	\$71.77	\$74.67	\$80.42

**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.

		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	\$26.50	\$27.62	\$28.72	\$30.93	\$27.95	\$29.13	\$30.29	\$32.62
	EE + SP	\$54.30	\$56.59	\$58.85	\$63.37	\$57.26	\$59.68	\$62.06	\$66.83
	EE + CH	\$56.52	\$58.91	\$61.26	\$65.96	\$59.60	\$62.12	\$64.60	\$69.56
	Family	\$94.00	\$97.97	\$101.88	\$109.70	\$99.12	\$103.31	\$107.44	\$115.69
<b>2 Tier</b>	EE + Dep	\$79.51	\$82.87	\$86.18	\$92.80	\$83.85	\$87.39	\$90.88	\$97.86

**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

		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	\$40.31	\$41.99	\$43.67		\$42.51	\$44.28	\$46.05	
	EE + SP	\$82.59	\$86.03	\$89.47		\$87.10	\$90.73	\$94.36	
	EE + CH	\$101.95	\$106.20	\$110.47		\$107.52	\$111.99	\$116.49	
	Family	\$162.61	\$169.38	\$176.17		\$171.48	\$178.62	\$185.79	
<b>2 Tier</b>	EE + Dep	\$134.23	\$139.82	\$145.43		\$141.56	\$147.45	\$153.37	

\*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

## 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	\$15.78	\$17.36	\$19.49	\$17.02	\$18.73	\$21.04
	EE + SP	\$31.55	\$34.71	\$38.97	\$34.04	\$37.46	\$42.08
	EE + CH	\$38.33	\$42.17	\$47.35	\$41.35	\$45.52	\$51.13
	Family	\$61.54	\$67.70	\$76.01	\$66.39	\$73.07	\$82.08
<b>2 Tier</b>	EE + Dep	\$50.98	\$56.08	\$62.96	\$54.99	\$60.53	\$67.99

**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	\$25.41	\$28.13	\$31.76	\$26.80	\$29.66	\$33.49
	EE + SP	\$52.07	\$57.63	\$65.07	\$54.91	\$60.78	\$68.62
	EE + CH	\$54.20	\$59.99	\$67.74	\$57.16	\$63.27	\$71.43
	Family	\$90.14	\$99.77	\$112.65	\$95.06	\$105.21	\$118.79
<b>2 Tier</b>	EE + Dep	\$76.26	\$84.40	\$95.29	\$80.42	\$89.00	\$100.49

**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	\$30.93	\$34.24	\$38.66	\$32.62	\$36.10	\$40.77
	EE + SP	\$63.37	\$70.15	\$79.22	\$66.83	\$73.97	\$83.54
	EE + CH	\$65.96	\$73.02	\$82.46	\$69.56	\$77.00	\$86.96
	Family	\$109.70	\$121.44	\$137.14	\$115.69	\$128.06	\$144.62
<b>2 Tier</b>	EE + Dep	\$92.80	\$102.73	\$116.01	\$97.86	\$108.33	\$122.34

\*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.