



# Dental Small Group Rate Sheet for Other Upstate 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	\$11.50	\$12.01	\$12.51	\$13.52	\$12.38	\$12.94	\$13.48	\$14.58
	EE + SP	\$22.99	\$24.02	\$25.02	\$27.04	\$24.76	\$25.88	\$26.96	\$29.15
	EE + CH	\$27.94	\$29.19	\$30.39	\$32.85	\$30.09	\$31.44	\$32.75	\$35.42
	Family	\$44.85	\$46.86	\$48.80	\$52.74	\$48.30	\$50.48	\$52.58	\$56.86
<b>2 Tier</b>	EE + Dep	\$37.15	\$38.81	\$40.42	\$43.69	\$40.01	\$41.81	\$43.55	\$47.10

**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	\$18.12	\$18.98	\$19.85	\$21.58	\$19.11	\$20.02	\$20.93	\$22.76
	EE + SP	\$37.12	\$38.90	\$40.67	\$44.22	\$39.15	\$41.02	\$42.89	\$46.63
	EE + CH	\$38.64	\$40.49	\$42.34	\$46.03	\$40.75	\$42.70	\$44.64	\$48.54
	Family	\$64.27	\$67.34	\$70.41	\$76.54	\$67.77	\$71.01	\$74.25	\$80.72
<b>2 Tier</b>	EE + Dep	\$54.37	\$56.96	\$59.56	\$64.75	\$57.33	\$60.07	\$62.81	\$68.28

**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	\$22.06	\$23.11	\$24.16	\$26.26	\$23.26	\$24.37	\$25.48	\$27.70
	EE + SP	\$45.19	\$47.34	\$49.50	\$53.81	\$47.65	\$49.93	\$52.20	\$56.75
	EE + CH	\$47.04	\$49.28	\$51.53	\$56.01	\$49.60	\$51.97	\$54.34	\$59.07
	Family	\$78.23	\$81.96	\$85.69	\$93.15	\$82.50	\$86.43	\$90.37	\$98.23
<b>2 Tier</b>	EE + Dep	\$66.18	\$69.33	\$72.49	\$78.80	\$69.79	\$73.11	\$76.44	\$83.10

**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 all other NY counties, not included within Albany, Buffalo, and Downstate. 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 Other Upstate 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	\$13.01	\$13.52	\$14.02	\$15.03	\$14.02	\$14.58	\$15.11	\$16.21
	EE + SP	\$26.01	\$27.04	\$28.04	\$30.06	\$28.03	\$29.15	\$30.23	\$32.42
	EE + CH	\$31.60	\$32.85	\$34.06	\$36.52	\$34.06	\$35.42	\$36.73	\$39.39
	Family	\$50.73	\$52.74	\$54.68	\$58.63	\$54.68	\$56.86	\$58.96	\$63.24
<b>2 Tier</b>	EE + Dep	\$42.03	\$43.69	\$45.30	\$48.57	\$45.30	\$47.10	\$48.84	\$52.38

**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	\$20.72	\$21.58	\$22.45	\$24.16	\$21.85	\$22.76	\$23.67	\$25.48
	EE + SP	\$42.44	\$44.22	\$45.99	\$49.50	\$44.76	\$46.63	\$48.50	\$52.20
	EE + CH	\$44.18	\$46.03	\$47.87	\$51.53	\$46.59	\$48.54	\$50.48	\$54.34
	Family	\$73.48	\$76.54	\$79.61	\$85.69	\$77.48	\$80.72	\$83.96	\$90.37
<b>2 Tier</b>	EE + Dep	\$62.15	\$64.75	\$67.35	\$72.49	\$65.55	\$68.28	\$71.02	\$76.44

**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	\$25.21	\$26.26	\$27.30	\$29.40	\$26.59	\$27.70	\$28.79	\$31.01
	EE + SP	\$51.65	\$53.81	\$55.93	\$60.24	\$54.47	\$56.75	\$58.98	\$63.53
	EE + CH	\$53.77	\$56.01	\$58.22	\$62.71	\$56.70	\$59.07	\$61.40	\$66.13
	Family	\$89.42	\$93.15	\$96.82	\$104.29	\$94.30	\$98.23	\$102.11	\$109.97
<b>2 Tier</b>	EE + Dep	\$75.64	\$78.80	\$81.91	\$88.22	\$79.77	\$83.10	\$86.37	\$93.03

**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 all other NY counties, not included within Albany, Buffalo, and Downstate. 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 Other Upstate 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	\$15.03	\$16.54	\$18.54	\$16.21	\$17.85	\$20.02
	EE + SP	\$30.06	\$33.08	\$37.09	\$32.42	\$35.69	\$40.04
	EE + CH	\$36.52	\$40.19	\$45.06	\$39.39	\$43.36	\$48.65
	Family	\$58.63	\$64.52	\$72.34	\$63.24	\$69.62	\$78.10
<b>2 Tier</b>	EE + Dep	\$48.57	\$53.44	\$59.92	\$52.38	\$57.67	\$64.69

**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 4	Group 3	Group 2	Group 4	Group 3	Group 2
<b>4 Tier</b>	EE Only	\$24.16	\$26.76	\$30.22	\$25.48	\$28.21	\$31.86
	EE + SP	\$49.50	\$54.82	\$61.91	\$52.20	\$57.81	\$65.29
	EE + CH	\$51.53	\$57.06	\$64.44	\$54.34	\$60.17	\$67.96
	Family	\$85.69	\$94.90	\$107.17	\$90.37	\$100.07	\$113.02
<b>2 Tier</b>	EE + Dep	\$72.49	\$80.28	\$90.66	\$76.44	\$84.66	\$95.61

**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	\$29.40	\$32.56	\$36.76	\$31.01	\$34.33	\$38.77
	EE + SP	\$60.24	\$66.71	\$75.33	\$63.53	\$70.35	\$79.44
	EE + CH	\$62.71	\$69.44	\$78.41	\$66.13	\$73.22	\$82.69
	Family	\$104.29	\$115.48	\$130.40	\$109.97	\$121.78	\$137.51
<b>2 Tier</b>	EE + Dep	\$88.22	\$97.69	\$110.31	\$93.03	\$103.02	\$116.33

\*These rates are valid in all other NY counties, not included within Albany, Buffalo, and Downstate.  
Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.