



Dental Small Group Rate Sheet for Buffalo Counties

1st Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2024 through 3/31/2024

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	\$17.18	\$17.94	\$18.72	\$20.27	\$18.54	\$19.37	\$20.21	\$21.89
	EE + SP	\$34.36	\$35.88	\$37.44	\$40.53	\$37.08	\$38.73	\$40.43	\$43.77
	EE + CH	\$41.74	\$43.59	\$45.49	\$49.25	\$45.05	\$47.06	\$49.12	\$53.18
	Family	\$67.01	\$69.99	\$73.03	\$79.06	\$72.32	\$75.55	\$78.85	\$85.38
2 Tier	EE + Dep	\$55.51	\$57.97	\$60.50	\$65.49	\$59.91	\$62.58	\$65.32	\$70.72

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	\$27.81	\$29.13	\$30.45	\$33.10	\$29.32	\$30.72	\$32.11	\$34.91
	EE + SP	\$56.97	\$59.68	\$62.40	\$67.82	\$60.08	\$62.94	\$65.80	\$71.52
	EE + CH	\$59.31	\$62.13	\$64.95	\$70.59	\$62.54	\$65.52	\$68.49	\$74.45
	Family	\$98.63	\$103.32	\$108.02	\$117.40	\$104.01	\$108.96	\$113.91	\$123.81
2 Tier	EE + Dep	\$83.43	\$87.40	\$91.37	\$99.32	\$87.98	\$92.17	\$96.36	\$104.73

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	\$29.93	\$31.35	\$32.78	\$35.63	\$31.56	\$33.06	\$34.57	\$37.57
	EE + SP	\$61.32	\$64.24	\$67.16	\$73.00	\$64.66	\$67.74	\$70.82	\$76.98
	EE + CH	\$63.83	\$66.87	\$69.91	\$75.99	\$67.31	\$70.52	\$73.72	\$80.13
	Family	\$106.15	\$111.21	\$116.26	\$126.37	\$111.94	\$117.27	\$122.60	\$133.26
2 Tier	EE + Dep	\$89.80	\$94.07	\$98.35	\$106.90	\$94.69	\$99.20	\$103.71	\$112.73

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	\$30.69	\$32.15	\$33.61		\$32.37	\$33.90	\$35.44	
	EE + SP	\$62.88	\$65.87	\$68.86		\$66.31	\$69.47	\$72.62	
	EE + CH	\$79.89	\$83.68	\$87.48		\$84.24	\$88.25	\$92.25	
	Family	\$126.58	\$132.59	\$138.62		\$133.49	\$139.83	\$146.17	
2 Tier	EE + Dep	\$104.08	\$109.02	\$113.97		\$109.75	\$114.97	\$120.19	

*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 EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Buffalo Counties

1st Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2024 through 3/31/2024

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	\$19.49	\$20.27	\$21.03	\$22.57	\$21.04	\$21.89	\$22.71	\$24.39
	EE + SP	\$38.97	\$40.53	\$42.06	\$45.15	\$42.08	\$43.77	\$45.43	\$48.78
	EE + CH	\$47.35	\$49.25	\$51.10	\$54.85	\$51.13	\$53.18	\$55.19	\$59.26
	Family	\$76.01	\$79.06	\$82.04	\$88.06	\$82.08	\$85.38	\$88.61	\$95.14
2 Tier	EE + Dep	\$62.96	\$65.49	\$67.96	\$72.95	\$67.99	\$70.72	\$73.40	\$78.81

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	\$31.78	\$33.10	\$34.42	\$37.07	\$33.51	\$34.91	\$36.30	\$39.09
	EE + SP	\$65.11	\$67.82	\$70.53	\$75.95	\$68.66	\$71.52	\$74.38	\$80.10
	EE + CH	\$67.77	\$70.59	\$73.42	\$79.06	\$71.47	\$74.45	\$77.42	\$83.37
	Family	\$112.71	\$117.40	\$122.10	\$131.48	\$118.86	\$123.81	\$128.76	\$138.66
2 Tier	EE + Dep	\$95.34	\$99.32	\$103.29	\$111.23	\$100.55	\$104.73	\$108.92	\$117.29

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.

		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	\$34.20	\$35.63	\$37.05	\$39.90	\$36.07	\$37.57	\$39.07	\$42.08
	EE + SP	\$70.08	\$73.00	\$75.92	\$81.76	\$73.90	\$76.98	\$80.06	\$86.22
	EE + CH	\$72.95	\$75.99	\$79.03	\$85.10	\$76.93	\$80.13	\$83.34	\$89.75
	Family	\$121.32	\$126.37	\$131.42	\$141.53	\$127.93	\$133.26	\$138.59	\$149.25
2 Tier	EE + Dep	\$102.62	\$106.90	\$111.18	\$119.73	\$108.22	\$112.73	\$117.24	\$126.26

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	\$35.09	\$36.54	\$38.00		\$37.00	\$38.54	\$40.08	
	EE + SP	\$71.89	\$74.88	\$77.86		\$75.81	\$78.96	\$82.11	
	EE + CH	\$91.31	\$95.11	\$98.91		\$96.29	\$100.30	\$104.30	
	Family	\$144.69	\$150.71	\$156.72		\$152.58	\$158.93	\$165.28	
2 Tier	EE + Dep	\$118.97	\$123.92	\$128.87		\$125.46	\$130.68	\$135.90	

*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 EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.



Dental Small Group Rate Sheet for Buffalo Counties

1st Quarter 2024 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 1/1/2024 through 3/31/2024

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	\$22.57	\$24.90	\$27.99	\$24.39	\$26.91	\$30.26
	EE + SP	\$45.15	\$49.80	\$55.98	\$48.78	\$53.82	\$60.51
	EE + CH	\$54.85	\$60.50	\$68.01	\$59.26	\$65.39	\$73.52
	Family	\$88.06	\$97.13	\$109.18	\$95.14	\$104.97	\$118.03
2 Tier	EE + Dep	\$72.95	\$80.46	\$90.44	\$78.81	\$86.95	\$97.77

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	\$37.07	\$41.04	\$46.33	\$39.09	\$43.28	\$48.86
	EE + SP	\$75.95	\$84.09	\$94.93	\$80.10	\$88.67	\$100.11
	EE + CH	\$79.06	\$87.53	\$98.82	\$83.37	\$92.30	\$104.21
	Family	\$131.48	\$145.57	\$164.34	\$138.66	\$153.51	\$173.31
2 Tier	EE + Dep	\$111.23	\$123.14	\$139.02	\$117.29	\$129.86	\$146.60

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	\$39.90	\$44.18	\$49.88	\$42.08	\$46.59	\$52.60
	EE + SP	\$81.76	\$90.52	\$102.20	\$86.22	\$95.46	\$107.77
	EE + CH	\$85.10	\$94.22	\$106.38	\$89.75	\$99.36	\$112.18
	Family	\$141.53	\$156.70	\$176.92	\$149.25	\$165.25	\$186.57
2 Tier	EE + Dep	\$119.73	\$132.56	\$149.66	\$126.26	\$139.79	\$157.82

*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 EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.