



Dental Small Group Rate Sheet for Downstate Counties

2nd Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2024 through 6/30/2024

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	\$11.76	\$12.28	\$12.79	\$13.82	\$12.67	\$13.23	\$13.79	\$14.90
	EE + SP	\$23.53	\$24.56	\$25.59	\$27.64	\$25.34	\$26.46	\$27.57	\$29.80
	EE + CH	\$28.58	\$29.83	\$31.08	\$33.59	\$30.79	\$32.14	\$33.50	\$36.21
	Family	\$45.89	\$47.90	\$49.90	\$53.92	\$49.43	\$51.60	\$53.78	\$58.13
2 Tier	EE + Dep	\$38.01	\$39.67	\$41.34	\$44.67	\$40.94	\$42.75	\$44.55	\$48.16

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	\$18.53	\$19.41	\$20.29	\$22.06	\$19.54	\$20.47	\$21.40	\$23.26
	EE + SP	\$37.96	\$39.77	\$41.57	\$45.19	\$40.03	\$41.94	\$43.84	\$47.65
	EE + CH	\$39.51	\$41.39	\$43.28	\$47.04	\$41.67	\$43.65	\$45.64	\$49.60
	Family	\$65.71	\$68.84	\$71.97	\$78.23	\$69.30	\$72.60	\$75.90	\$82.50
2 Tier	EE + Dep	\$55.59	\$58.24	\$60.88	\$66.18	\$58.62	\$61.41	\$64.20	\$69.79

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	\$21.97	\$23.01	\$24.06	\$26.14	\$23.17	\$24.26	\$25.37	\$27.57
	EE + SP	\$45.02	\$47.14	\$49.29	\$53.57	\$47.47	\$49.71	\$51.98	\$56.49
	EE + CH	\$46.86	\$49.07	\$51.31	\$55.76	\$49.41	\$51.74	\$54.11	\$58.80
	Family	\$77.93	\$81.60	\$85.33	\$92.73	\$82.18	\$86.05	\$89.98	\$97.79
2 Tier	EE + Dep	\$65.92	\$69.03	\$72.18	\$78.44	\$69.52	\$72.79	\$76.12	\$82.72

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 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$32.68	\$34.22	\$35.78		\$34.46	\$36.09	\$37.73	
	EE + SP	\$66.95	\$70.11	\$73.31		\$70.60	\$73.94	\$77.31	
	EE + CH	\$83.48	\$87.43	\$91.42		\$88.04	\$92.20	\$96.41	
	Family	\$132.84	\$139.13	\$145.47		\$140.09	\$146.72	\$153.41	
2 Tier	EE + Dep	\$109.50	\$114.69	\$119.92		\$115.48	\$120.95	\$126.45	

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



Dental Small Group Rate Sheet for Downstate Counties

2nd Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2024 through 6/30/2024

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	\$13.31	\$13.82	\$14.34	\$15.37	\$14.34	\$14.90	\$15.46	\$16.58
	EE + SP	\$26.62	\$27.64	\$28.67	\$30.73	\$28.69	\$29.80	\$30.92	\$33.15
	EE + CH	\$32.34	\$33.59	\$34.84	\$37.34	\$34.86	\$36.21	\$37.57	\$40.28
	Family	\$51.91	\$53.92	\$55.93	\$59.95	\$55.96	\$58.13	\$60.31	\$64.66
2 Tier	EE + Dep	\$43.00	\$44.67	\$46.33	\$49.66	\$46.35	\$48.16	\$49.96	\$53.56

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	\$21.17	\$22.06	\$22.94	\$24.70	\$22.33	\$23.26	\$24.19	\$26.05
	EE + SP	\$43.38	\$45.19	\$47.00	\$50.61	\$45.75	\$47.65	\$49.56	\$53.37
	EE + CH	\$45.16	\$47.04	\$48.92	\$52.68	\$47.62	\$49.60	\$51.59	\$55.56
	Family	\$75.10	\$78.23	\$81.36	\$87.62	\$79.20	\$82.50	\$85.80	\$92.40
2 Tier	EE + Dep	\$63.53	\$66.18	\$68.82	\$74.12	\$66.99	\$69.79	\$72.58	\$78.16

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	\$25.11	\$26.14	\$27.20	\$29.28	\$26.48	\$27.57	\$28.68	\$30.88
	EE + SP	\$51.45	\$53.57	\$55.72	\$60.00	\$54.25	\$56.49	\$58.76	\$63.27
	EE + CH	\$53.55	\$55.76	\$58.00	\$62.45	\$56.47	\$58.80	\$61.17	\$65.86
	Family	\$89.06	\$92.73	\$96.46	\$103.86	\$93.92	\$97.79	\$101.72	\$109.53
2 Tier	EE + Dep	\$75.34	\$78.44	\$81.60	\$87.86	\$79.45	\$82.72	\$86.05	\$92.65

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	\$37.34	\$38.90	\$40.45	\$39.38	\$41.02	\$42.65
	EE + SP	\$76.51	\$79.71	\$82.87	\$80.68	\$84.05	\$87.39
	EE + CH	\$95.41	\$99.40	\$103.32	\$100.62	\$104.83	\$108.97
	Family	\$151.82	\$158.16	\$164.42	\$160.10	\$166.79	\$173.39
2 Tier	EE + Dep	\$125.15	\$130.39	\$135.54	\$131.97	\$137.49	\$142.93

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



Dental Small Group Rate Sheet for Downstate Counties

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

Effective 4/1/2024 through 6/30/2024

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	\$15.37	\$16.93	\$18.99	\$16.58	\$18.27	\$20.50
	EE + SP	\$30.73	\$33.86	\$37.98	\$33.15	\$36.54	\$41.00
	EE + CH	\$37.34	\$41.14	\$46.14	\$40.28	\$44.39	\$49.82
	Family	\$59.95	\$66.04	\$74.07	\$64.66	\$71.27	\$79.98
2 Tier	EE + Dep	\$49.66	\$54.70	\$61.36	\$53.56	\$59.04	\$66.25

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	\$24.70	\$27.35	\$30.88	\$26.05	\$28.84	\$32.56
	EE + SP	\$50.61	\$56.03	\$63.26	\$53.37	\$59.09	\$66.72
	EE + CH	\$52.68	\$58.33	\$65.85	\$55.56	\$61.51	\$69.45
	Family	\$87.62	\$97.00	\$109.52	\$92.40	\$102.30	\$115.49
2 Tier	EE + Dep	\$74.12	\$82.06	\$92.65	\$78.16	\$86.53	\$97.70

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	\$29.28	\$32.42	\$36.61	\$34.46	\$36.09	\$37.73
	EE + SP	\$60.00	\$66.43	\$75.01	\$70.60	\$73.94	\$77.31
	EE + CH	\$62.45	\$69.15	\$78.08	\$88.04	\$92.20	\$96.41
	Family	\$103.86	\$115.00	\$129.86	\$140.09	\$146.72	\$153.41
2 Tier	EE + Dep	\$87.86	\$97.28	\$109.85	\$115.48	\$120.95	\$126.45

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