



# Dental Small Group Rate Sheet for Albany Counties

## 3<sup>rd</sup> Quarter 2024 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2024 through 9/30/2024

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
<b>4 Tier</b>	EE Only	\$11.23	\$11.71	\$12.21	\$13.18	\$12.09	\$12.61	\$13.15	\$14.21
	EE + SP	\$22.46	\$23.42	\$24.41	\$26.37	\$24.19	\$25.23	\$26.30	\$28.42
	EE + CH	\$27.29	\$28.45	\$29.66	\$32.03	\$29.39	\$30.65	\$31.96	\$34.53
	Family	\$43.81	\$45.68	\$47.62	\$51.43	\$47.18	\$49.20	\$51.30	\$55.43
<b>2 Tier</b>	EE + Dep	\$36.29	\$37.84	\$39.44	\$42.60	\$39.08	\$40.76	\$42.50	\$45.92

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	\$17.61	\$18.46	\$19.29	\$20.97	\$18.57	\$19.47	\$20.34	\$22.11
	EE + SP	\$36.08	\$37.82	\$39.52	\$42.96	\$38.05	\$39.88	\$41.68	\$45.31
	EE + CH	\$37.56	\$39.37	\$41.14	\$44.72	\$39.61	\$41.52	\$43.39	\$47.16
	Family	\$62.46	\$65.47	\$68.42	\$74.38	\$65.87	\$69.04	\$72.15	\$78.43
<b>2 Tier</b>	EE + Dep	\$52.84	\$55.38	\$57.88	\$62.92	\$55.72	\$58.41	\$61.04	\$66.35

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	\$20.94	\$21.94	\$22.92	\$24.92	\$22.08	\$23.13	\$24.17	\$26.28
	EE + SP	\$42.90	\$44.95	\$46.96	\$51.06	\$45.23	\$47.40	\$49.52	\$53.85
	EE + CH	\$44.65	\$46.79	\$48.88	\$53.15	\$47.09	\$49.34	\$51.55	\$56.05
	Family	\$74.26	\$77.81	\$81.30	\$88.40	\$78.31	\$82.05	\$85.73	\$93.22
<b>2 Tier</b>	EE + Dep	\$62.82	\$65.82	\$68.77	\$74.78	\$66.24	\$69.41	\$72.52	\$78.86

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. 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	\$27.62	\$28.93	\$30.25	\$29.13	\$30.50	\$31.90
	EE + SP	\$56.59	\$59.27	\$61.98	\$59.68	\$62.50	\$65.36
	EE + CH	\$72.76	\$76.20	\$79.69	\$76.72	\$80.36	\$84.03
	Family	\$114.98	\$120.42	\$125.92	\$121.25	\$126.99	\$132.79
<b>2 Tier</b>	EE + Dep	\$94.38	\$98.85	\$103.36	\$99.52	\$104.24	\$109.00

\*These rates are valid in the following 14 counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington. 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 Albany Counties

## 3<sup>rd</sup> Quarter 2024 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2024 through 9/30/2024

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
<b>4 Tier</b>	EE Only	\$12.69	\$13.18	\$13.68	\$14.66	\$13.67	\$14.21	\$14.75	\$15.81
	EE + SP	\$25.37	\$26.37	\$27.36	\$29.31	\$27.34	\$28.42	\$29.50	\$31.61
	EE + CH	\$30.83	\$32.03	\$33.24	\$35.61	\$33.22	\$34.53	\$35.84	\$38.41
	Family	\$49.49	\$51.43	\$53.37	\$57.18	\$53.33	\$55.43	\$57.53	\$61.66
<b>2 Tier</b>	EE + Dep	\$40.99	\$42.60	\$44.21	\$47.36	\$44.18	\$45.92	\$47.66	\$51.08

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	\$20.14	\$20.97	\$21.82	\$23.50	\$21.24	\$22.11	\$23.01	\$24.78
	EE + SP	\$41.26	\$42.96	\$44.70	\$48.14	\$43.51	\$45.31	\$47.14	\$50.77
	EE + CH	\$42.95	\$44.72	\$46.53	\$50.11	\$45.29	\$47.16	\$49.07	\$52.85
	Family	\$71.43	\$74.38	\$77.39	\$83.34	\$75.33	\$78.43	\$81.61	\$87.89
<b>2 Tier</b>	EE + Dep	\$60.42	\$62.92	\$65.46	\$70.50	\$63.72	\$66.35	\$69.03	\$74.35

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	\$23.92	\$24.92	\$25.92	\$27.91	\$25.23	\$26.28	\$27.34	\$29.43
	EE + SP	\$49.01	\$51.06	\$53.11	\$57.18	\$51.69	\$53.85	\$56.01	\$60.30
	EE + CH	\$51.02	\$53.15	\$55.29	\$59.52	\$53.80	\$56.05	\$58.30	\$62.77
	Family	\$84.85	\$88.40	\$91.95	\$98.99	\$89.48	\$93.22	\$96.96	\$104.39
<b>2 Tier</b>	EE + Dep	\$71.78	\$74.78	\$77.78	\$83.74	\$75.69	\$78.86	\$82.03	\$88.31

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 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
<b>4 Tier</b>	EE Only	\$31.56	\$32.88	\$34.19		\$33.28	\$34.67	\$36.05	
	EE + SP	\$64.66	\$67.37	\$70.04		\$68.18	\$71.04	\$73.86	
	EE + CH	\$83.13	\$86.60	\$90.05		\$87.66	\$91.33	\$94.97	
	Family	\$131.37	\$136.87	\$142.31		\$138.53	\$144.33	\$150.08	
<b>2 Tier</b>	EE + Dep	\$107.83	\$112.35	\$116.82		\$113.72	\$118.49	\$123.19	

\*These rates are valid in the following 14 counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington. Refer to EmblemHealth Plan, Inc. policy form numbers EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. EmblemHealth dental insurance plans are underwritten by EmblemHealth Plan, Inc.



# Dental Small Group Rate Sheet for Albany Counties

## 3<sup>rd</sup> Quarter 2024 Monthly Rates\* for Groups of 2 to 4 Eligible Employees

Effective 7/1/2024 through 9/30/2024

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
<b>4 Tier</b>	EE Only	\$14.66	\$16.13	\$18.08	\$15.81	\$17.40	\$19.52
	EE + SP	\$29.31	\$32.26	\$36.17	\$31.61	\$34.81	\$39.04
	EE + CH	\$35.61	\$39.19	\$43.94	\$38.41	\$42.29	\$47.43
	Family	\$57.18	\$62.92	\$70.54	\$61.66	\$67.89	\$76.15
<b>2 Tier</b>	EE + Dep	\$47.36	\$52.12	\$58.43	\$51.08	\$56.24	\$63.08

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	\$23.50	\$26.01	\$29.37	\$24.78	\$27.43	\$30.97
	EE + SP	\$48.14	\$53.29	\$60.17	\$50.77	\$56.20	\$63.45
	EE + CH	\$50.11	\$55.47	\$62.63	\$52.85	\$58.50	\$66.05
	Family	\$83.34	\$92.25	\$104.16	\$87.89	\$97.28	\$109.85
<b>2 Tier</b>	EE + Dep	\$70.50	\$78.04	\$88.12	\$74.35	\$82.29	\$92.92

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	\$27.91	\$30.89	\$34.88	\$29.13	\$30.50	\$31.90
	EE + SP	\$57.18	\$63.30	\$71.47	\$59.68	\$62.50	\$65.36
	EE + CH	\$59.52	\$65.89	\$74.39	\$76.72	\$80.36	\$84.03
	Family	\$98.99	\$109.58	\$123.72	\$121.25	\$126.99	\$132.79
<b>2 Tier</b>	EE + Dep	\$83.74	\$92.70	\$104.66	\$99.52	\$104.24	\$109.00

\*These rates are valid in the following 14 counties: Albany, Clinton, Columbia, Delaware, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington. Refer to EmblemHealth Plan, Inc. policy form numbers EHPI-1104-D, EHPI-1103-G et al. for the insured dental benefits.

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