



Dental Small Group Rate Sheet for Buffalo Counties

3rd 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
4 Tier	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
2 Tier	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
4 Tier	EE Only	\$17.59	\$18.44	\$19.27	\$20.95	\$18.55	\$19.45	\$20.32	\$22.10
	EE + SP	\$36.05	\$37.79	\$39.49	\$42.93	\$38.01	\$39.85	\$41.64	\$45.27
	EE + CH	\$37.52	\$39.33	\$41.10	\$44.69	\$39.57	\$41.48	\$43.35	\$47.12
	Family	\$62.40	\$65.41	\$68.36	\$74.32	\$65.81	\$68.98	\$72.09	\$78.37
2 Tier	EE + Dep	\$52.79	\$55.33	\$57.83	\$62.87	\$55.67	\$58.35	\$60.98	\$66.30

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	\$20.92	\$21.90	\$22.90	\$24.91	\$22.06	\$23.10	\$24.15	\$26.26
	EE + SP	\$42.86	\$44.88	\$46.93	\$51.03	\$45.20	\$47.32	\$49.49	\$53.81
	EE + CH	\$44.61	\$46.71	\$48.85	\$53.12	\$47.05	\$49.26	\$51.51	\$56.02
	Family	\$74.20	\$77.69	\$81.24	\$88.34	\$78.24	\$81.93	\$85.67	\$93.16
2 Tier	EE + Dep	\$62.77	\$65.72	\$68.72	\$74.73	\$66.19	\$69.30	\$72.47	\$78.80

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	\$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	
2 Tier	EE + Dep	\$94.38	\$98.85	\$103.36		\$99.52	\$104.24	\$109.00	

*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

3rd 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
4 Tier	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
2 Tier	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
4 Tier	EE Only	\$20.12	\$20.95	\$21.78	\$23.46	\$21.22	\$22.10	\$22.97	\$24.74
	EE + SP	\$41.23	\$42.93	\$44.63	\$48.07	\$43.48	\$45.27	\$47.07	\$50.70
	EE + CH	\$42.91	\$44.69	\$46.46	\$50.04	\$45.26	\$47.12	\$48.99	\$52.77
	Family	\$71.37	\$74.32	\$77.27	\$83.22	\$75.26	\$78.37	\$81.48	\$87.76
2 Tier	EE + Dep	\$60.37	\$62.87	\$65.36	\$70.40	\$63.67	\$66.30	\$68.93	\$74.24

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	\$23.90	\$24.91	\$25.89	\$27.89	\$25.21	\$26.26	\$27.30	\$29.41
	EE + SP	\$48.98	\$51.03	\$53.05	\$57.15	\$51.65	\$53.81	\$55.94	\$60.26
	EE + CH	\$50.98	\$53.12	\$55.22	\$59.49	\$53.76	\$56.02	\$58.23	\$62.73
	Family	\$84.79	\$88.34	\$91.83	\$98.93	\$89.41	\$93.16	\$96.84	\$104.33
2 Tier	EE + Dep	\$71.73	\$74.73	\$77.68	\$83.69	\$75.64	\$78.80	\$81.92	\$88.25

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
4 Tier	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	
2 Tier	EE + Dep	\$107.83	\$112.35	\$116.82		\$113.72	\$118.49	\$123.19	

*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

3rd 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
4 Tier	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
2 Tier	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
4 Tier	EE Only	\$23.46	\$25.97	\$29.33	\$24.74	\$27.39	\$30.93
	EE + SP	\$48.07	\$53.22	\$60.10	\$50.70	\$56.12	\$63.38
	EE + CH	\$50.04	\$55.40	\$62.56	\$52.77	\$58.42	\$65.97
	Family	\$83.22	\$92.13	\$104.04	\$87.76	\$97.16	\$109.72
2 Tier	EE + Dep	\$70.40	\$77.94	\$88.01	\$74.24	\$82.19	\$92.82

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	\$27.89	\$30.88	\$34.86	\$29.13	\$30.50	\$31.90
	EE + SP	\$57.15	\$63.26	\$71.43	\$59.68	\$62.50	\$65.36
	EE + CH	\$59.49	\$65.85	\$74.36	\$76.72	\$80.36	\$84.03
	Family	\$98.93	\$109.52	\$123.66	\$121.25	\$126.99	\$132.79
2 Tier	EE + Dep	\$83.69	\$92.65	\$104.61	\$99.52	\$104.24	\$109.00

*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.