



# Dental Small Group Rate Sheet for Upstate 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	\$11.37	\$11.87	\$12.37	\$13.36	\$12.25	\$12.79	\$13.32	\$14.40
	EE + SP	\$22.74	\$23.74	\$24.73	\$26.72	\$24.49	\$25.57	\$26.65	\$28.80
	EE + CH	\$27.63	\$28.84	\$30.05	\$32.47	\$29.76	\$31.07	\$32.38	\$35.00
	Family	\$44.36	\$46.30	\$48.24	\$52.12	\$47.78	\$49.88	\$51.98	\$56.18
<b>2 Tier</b>	EE + Dep	\$36.75	\$38.35	\$39.96	\$43.17	\$39.58	\$41.32	\$43.06	\$46.54

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	\$17.85	\$18.70	\$19.56	\$21.26	\$18.82	\$19.72	\$20.63	\$22.42
	EE + SP	\$36.57	\$38.31	\$40.08	\$43.56	\$38.56	\$40.40	\$42.27	\$45.93
	EE + CH	\$38.07	\$39.87	\$41.72	\$45.34	\$40.14	\$42.05	\$44.00	\$47.81
	Family	\$63.31	\$66.31	\$69.38	\$75.40	\$66.76	\$69.93	\$73.17	\$79.51
<b>2 Tier</b>	EE + Dep	\$53.55	\$56.10	\$58.69	\$63.78	\$56.47	\$59.16	\$61.90	\$67.26

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	\$21.11	\$22.12	\$23.12	\$25.13	\$22.26	\$23.33	\$24.39	\$26.50
	EE + SP	\$43.24	\$45.33	\$47.38	\$51.48	\$45.60	\$47.80	\$49.96	\$54.29
	EE + CH	\$45.01	\$47.18	\$49.32	\$53.59	\$47.47	\$49.76	\$52.01	\$56.51
	Family	\$74.86	\$78.47	\$82.02	\$89.12	\$78.94	\$82.75	\$86.49	\$93.98
<b>2 Tier</b>	EE + Dep	\$63.33	\$66.38	\$69.38	\$75.39	\$66.78	\$70.00	\$73.17	\$79.50

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	

\*Rates are valid in all NY counties except counties included in the Albany, Buffalo, and Downstate regions. 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 Other Upstate 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
4 Tier	EE Only	\$12.86	\$13.36	\$13.86	\$14.85	\$13.86	\$14.40	\$14.94	\$16.02
	EE + SP	\$25.73	\$26.72	\$27.72	\$29.70	\$27.73	\$28.80	\$29.88	\$32.04
	EE + CH	\$31.26	\$32.47	\$33.67	\$36.09	\$33.69	\$35.00	\$36.30	\$38.92
	Family	\$50.18	\$52.12	\$54.06	\$57.94	\$54.08	\$56.18	\$58.28	\$62.49
2 Tier	EE + Dep	\$41.57	\$43.17	\$44.78	\$47.99	\$44.80	\$46.54	\$48.28	\$51.76

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	\$20.41	\$21.26	\$22.11	\$23.80	\$21.52	\$22.42	\$23.31	\$25.10
	EE + SP	\$41.82	\$43.56	\$45.29	\$48.77	\$44.10	\$45.93	\$47.76	\$51.43
	EE + CH	\$43.53	\$45.34	\$47.15	\$50.77	\$45.90	\$47.81	\$49.72	\$53.54
	Family	\$72.39	\$75.40	\$78.41	\$84.43	\$76.34	\$79.51	\$82.69	\$89.03
2 Tier	EE + Dep	\$61.24	\$63.78	\$66.33	\$71.42	\$64.58	\$67.26	\$69.95	\$75.32

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	\$24.13	\$25.13	\$26.14	\$28.15	\$25.44	\$26.50	\$27.57	\$29.68
	EE + SP	\$49.43	\$51.48	\$53.57	\$57.67	\$52.13	\$54.29	\$56.49	\$60.81
	EE + CH	\$51.45	\$53.59	\$55.76	\$60.03	\$54.26	\$56.51	\$58.80	\$63.30
	Family	\$85.57	\$89.12	\$92.73	\$99.83	\$90.24	\$93.98	\$97.79	\$105.28
2 Tier	EE + Dep	\$72.39	\$75.39	\$78.44	\$84.45	\$76.34	\$79.50	\$82.72	\$89.06

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	\$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	

\*Rates are valid in all NY counties except counties included in the Albany, Buffalo, and Downstate regions. 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 Other Upstate 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	\$14.85	\$16.34	\$18.33	\$16.02	\$17.63	\$19.79
	EE + SP	\$29.70	\$32.69	\$36.66	\$32.04	\$35.27	\$39.58
	EE + CH	\$36.09	\$39.71	\$44.54	\$38.92	\$42.85	\$48.09
	Family	\$57.94	\$63.75	\$71.51	\$62.49	\$68.79	\$77.20
<b>2 Tier</b>	EE + Dep	\$47.99	\$52.81	\$59.24	\$51.76	\$56.98	\$63.95

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	\$23.80	\$26.35	\$29.76	\$25.10	\$27.79	\$31.38
	EE + SP	\$48.77	\$53.98	\$60.97	\$51.43	\$56.93	\$64.30
	EE + CH	\$50.77	\$56.19	\$63.47	\$53.54	\$59.26	\$66.93
	Family	\$84.43	\$93.45	\$105.55	\$89.03	\$98.55	\$111.31
<b>2 Tier</b>	EE + Dep	\$71.42	\$79.06	\$89.29	\$75.32	\$83.37	\$94.16

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.

		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	\$28.15	\$31.17	\$35.19	\$29.13	\$30.50	\$31.90
	EE + SP	\$57.67	\$63.86	\$72.09	\$59.68	\$62.50	\$65.36
	EE + CH	\$60.03	\$66.47	\$75.05	\$76.72	\$80.36	\$84.03
	Family	\$99.83	\$110.54	\$124.81	\$121.25	\$126.99	\$132.79
<b>2 Tier</b>	EE + Dep	\$84.45	\$93.51	\$105.58	\$99.52	\$104.24	\$109.00

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