



Dental Small Group Rate Sheet for Buffalo Counties

3rd Quarter 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2023 through 9/30/2023

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	\$13.43	\$14.02	\$14.62	\$15.81	\$14.48	\$15.11	\$15.77	\$17.06
	EE + SP	\$26.86	\$28.04	\$29.24	\$31.62	\$28.96	\$30.23	\$31.54	\$34.11
	EE + CH	\$32.64	\$34.06	\$35.53	\$38.42	\$35.18	\$36.73	\$38.32	\$41.45
	Family	\$52.40	\$54.68	\$57.04	\$61.68	\$56.48	\$58.96	\$61.51	\$66.54
2 Tier	EE + Dep	\$43.40	\$45.30	\$47.25	\$51.09	\$46.79	\$48.84	\$50.95	\$55.12

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	\$21.39	\$22.41	\$23.43	\$25.47	\$22.56	\$23.63	\$24.71	\$26.85
	EE + SP	\$43.83	\$45.92	\$48.00	\$52.18	\$46.22	\$48.42	\$50.62	\$55.02
	EE + CH	\$45.63	\$47.80	\$49.97	\$54.31	\$48.12	\$50.41	\$52.70	\$57.27
	Family	\$75.88	\$79.49	\$83.10	\$90.32	\$80.02	\$83.83	\$87.64	\$95.25
2 Tier	EE + Dep	\$64.19	\$67.25	\$70.30	\$76.41	\$67.69	\$70.91	\$74.13	\$80.58

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	\$26.04	\$27.28	\$28.52	\$31.01	\$27.46	\$28.77	\$30.08	\$32.71
	EE + SP	\$53.36	\$55.90	\$58.43	\$63.54	\$56.27	\$58.94	\$61.62	\$67.01
	EE + CH	\$55.54	\$58.18	\$60.83	\$66.14	\$58.57	\$61.36	\$64.14	\$69.75
	Family	\$92.37	\$96.76	\$101.16	\$110.00	\$97.41	\$102.04	\$106.67	\$116.00
2 Tier	EE + Dep	\$78.14	\$81.86	\$85.57	\$93.05	\$82.40	\$86.32	\$90.24	\$98.13

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	\$30.25	\$31.69	\$33.13		\$31.90	\$33.42	\$34.94	
	EE + SP	\$61.98	\$64.93	\$67.89		\$65.36	\$68.48	\$71.59	
	EE + CH	\$78.76	\$82.49	\$86.26		\$83.06	\$87.00	\$90.96	
	Family	\$124.78	\$130.71	\$136.67		\$131.60	\$137.84	\$144.12	
2 Tier	EE + Dep	\$102.60	\$107.47	\$112.37		\$108.19	\$113.34	\$118.50	

*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 2023 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 7/1/2023 through 9/30/2023

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	\$15.21	\$15.81	\$16.40	\$17.59	\$16.40	\$17.06	\$17.69	\$18.98
	EE + SP	\$30.41	\$31.62	\$32.79	\$35.17	\$32.81	\$34.11	\$35.38	\$37.96
	EE + CH	\$36.95	\$38.42	\$39.84	\$42.73	\$39.86	\$41.45	\$42.99	\$46.12
	Family	\$59.32	\$61.68	\$63.96	\$68.60	\$63.99	\$66.54	\$69.02	\$74.05
2 Tier	EE + Dep	\$49.14	\$51.09	\$52.98	\$56.83	\$53.00	\$55.12	\$57.17	\$61.34

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	\$24.45	\$25.47	\$26.48	\$28.52	\$25.78	\$26.85	\$27.93	\$30.08
	EE + SP	\$50.09	\$52.18	\$54.26	\$58.43	\$52.82	\$55.02	\$57.22	\$61.62
	EE + CH	\$52.14	\$54.31	\$56.48	\$60.83	\$54.99	\$57.27	\$59.56	\$64.14
	Family	\$86.71	\$90.32	\$93.93	\$101.16	\$91.44	\$95.25	\$99.06	\$106.67
2 Tier	EE + Dep	\$73.35	\$76.41	\$79.46	\$85.57	\$77.36	\$80.58	\$83.80	\$90.24

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	\$29.76	\$31.01	\$32.25	\$34.73	\$31.38	\$32.71	\$34.01	\$36.62
	EE + SP	\$60.97	\$63.54	\$66.08	\$71.16	\$64.30	\$67.01	\$69.69	\$75.04
	EE + CH	\$63.47	\$66.14	\$68.79	\$74.07	\$66.93	\$69.75	\$72.54	\$78.11
	Family	\$105.55	\$110.00	\$114.39	\$123.18	\$111.31	\$116.00	\$120.63	\$129.90
2 Tier	EE + Dep	\$89.29	\$93.05	\$96.77	\$104.20	\$94.16	\$98.13	\$102.05	\$109.89

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	\$34.58	\$36.02	\$37.44		\$36.46	\$37.98	\$39.49	
	EE + SP	\$70.84	\$73.80	\$76.72		\$74.71	\$77.82	\$80.90	
	EE + CH	\$90.01	\$93.78	\$97.48		\$94.93	\$98.89	\$102.79	
	Family	\$142.63	\$148.58	\$154.45		\$150.41	\$156.69	\$162.87	
2 Tier	EE + Dep	\$117.26	\$122.16	\$126.99		\$123.66	\$128.83	\$133.92	

*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 2023 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 7/1/2023 through 9/30/2023

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	\$17.59	\$19.38	\$21.76	\$18.98	\$20.92	\$23.50
	EE + SP	\$35.17	\$38.76	\$43.52	\$37.96	\$41.85	\$47.01
	EE + CH	\$42.73	\$47.09	\$52.87	\$46.12	\$50.85	\$57.11
	Family	\$68.60	\$75.60	\$84.88	\$74.05	\$81.63	\$91.68
2 Tier	EE + Dep	\$56.83	\$62.62	\$70.31	\$61.34	\$67.62	\$75.95

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
4 Tier	EE Only	\$28.52	\$31.57	\$35.65	\$30.08	\$33.30	\$37.59
	EE + SP	\$58.43	\$64.69	\$73.03	\$61.62	\$68.22	\$77.02
	EE + CH	\$60.83	\$67.34	\$76.02	\$64.14	\$71.01	\$80.17
	Family	\$101.16	\$111.99	\$126.43	\$106.67	\$118.10	\$133.33
2 Tier	EE + Dep	\$85.57	\$94.73	\$106.95	\$90.24	\$99.90	\$112.79

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 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$34.73	\$38.44	\$43.42	\$36.62	\$40.54	\$45.78
	EE + SP	\$71.16	\$78.77	\$88.95	\$75.04	\$83.07	\$93.81
	EE + CH	\$74.07	\$81.99	\$92.59	\$78.11	\$86.47	\$97.65
	Family	\$123.18	\$136.36	\$153.99	\$129.90	\$143.80	\$162.39
2 Tier	EE + Dep	\$104.20	\$115.35	\$130.27	\$109.89	\$121.64	\$137.37

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