



Dental Small Group Rate Sheet for Upstate 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	\$11.71	\$12.22	\$12.74	\$13.77	\$12.61	\$13.17	\$13.73	\$14.84
	EE + SP	\$23.42	\$24.45	\$25.48	\$27.54	\$25.23	\$26.34	\$27.46	\$29.69
	EE + CH	\$28.45	\$29.70	\$30.96	\$33.46	\$30.65	\$32.00	\$33.36	\$36.07
	Family	\$45.68	\$47.69	\$49.70	\$53.71	\$49.20	\$51.38	\$53.56	\$57.91
2 Tier	EE + Dep	\$37.84	\$39.50	\$41.17	\$44.49	\$40.76	\$42.56	\$44.36	\$47.97

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	\$18.46	\$19.34	\$20.22	\$21.99	\$19.47	\$20.40	\$21.33	\$23.19
	EE + SP	\$37.82	\$39.63	\$41.44	\$45.05	\$39.88	\$41.79	\$43.70	\$47.51
	EE + CH	\$39.37	\$41.25	\$43.13	\$46.89	\$41.52	\$43.50	\$45.48	\$49.45
	Family	\$65.47	\$68.60	\$71.73	\$77.99	\$69.04	\$72.34	\$75.64	\$82.24
2 Tier	EE + Dep	\$55.38	\$58.03	\$60.68	\$65.97	\$58.41	\$61.20	\$63.99	\$69.57

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	\$22.46	\$23.53	\$24.60	\$26.74	\$23.69	\$24.82	\$25.94	\$28.20
	EE + SP	\$46.02	\$48.21	\$50.40	\$54.78	\$48.53	\$50.84	\$53.15	\$57.77
	EE + CH	\$47.91	\$50.19	\$52.47	\$57.03	\$50.52	\$52.92	\$55.33	\$60.14
	Family	\$79.67	\$83.46	\$87.26	\$94.84	\$84.02	\$88.02	\$92.02	\$100.01
2 Tier	EE + Dep	\$67.40	\$70.61	\$73.81	\$80.23	\$71.07	\$74.46	\$77.84	\$84.60

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	

*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

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	\$13.25	\$13.77	\$14.27	\$15.30	\$14.29	\$14.84	\$15.38	\$16.50
	EE + SP	\$26.51	\$27.54	\$28.53	\$30.59	\$28.57	\$29.69	\$30.77	\$33.00
	EE + CH	\$32.21	\$33.46	\$34.67	\$37.17	\$34.72	\$36.07	\$37.38	\$40.09
	Family	\$51.70	\$53.71	\$55.65	\$59.67	\$55.73	\$57.91	\$60.01	\$64.36
2 Tier	EE + Dep	\$42.83	\$44.49	\$46.10	\$49.43	\$46.17	\$47.97	\$49.71	\$53.32

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	\$21.11	\$21.99	\$22.85	\$24.62	\$22.26	\$23.19	\$24.10	\$25.96
	EE + SP	\$43.24	\$45.05	\$46.82	\$50.44	\$45.60	\$47.51	\$49.38	\$53.19
	EE + CH	\$45.01	\$46.89	\$48.74	\$52.50	\$47.47	\$49.45	\$51.40	\$55.37
	Family	\$74.86	\$77.99	\$81.06	\$87.32	\$78.94	\$82.24	\$85.48	\$92.08
2 Tier	EE + Dep	\$63.33	\$65.97	\$68.57	\$73.86	\$66.78	\$69.57	\$72.31	\$77.89

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	\$25.67	\$26.74	\$27.81	\$29.94	\$27.07	\$28.20	\$29.32	\$31.58
	EE + SP	\$52.59	\$54.78	\$56.97	\$61.35	\$55.46	\$57.77	\$60.08	\$64.70
	EE + CH	\$54.75	\$57.03	\$59.31	\$63.86	\$57.73	\$60.14	\$62.54	\$67.35
	Family	\$91.05	\$94.84	\$98.63	\$106.21	\$96.01	\$100.01	\$104.01	\$112.00
2 Tier	EE + Dep	\$77.02	\$80.23	\$83.43	\$89.85	\$81.22	\$84.60	\$87.98	\$94.75

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	

*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

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	\$15.30	\$16.84	\$18.90	\$16.50	\$18.17	\$20.41
	EE + SP	\$30.59	\$33.68	\$37.80	\$33.00	\$36.35	\$40.81
	EE + CH	\$37.17	\$40.92	\$45.92	\$40.09	\$44.16	\$49.58
	Family	\$59.67	\$65.69	\$73.73	\$64.36	\$70.89	\$79.60
2 Tier	EE + Dep	\$49.43	\$54.42	\$61.07	\$53.32	\$58.72	\$65.94

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	\$24.62	\$27.25	\$30.78	\$25.96	\$28.73	\$32.45
	EE + SP	\$50.44	\$55.83	\$63.06	\$53.19	\$58.87	\$66.50
	EE + CH	\$52.50	\$58.11	\$65.64	\$55.37	\$61.28	\$69.22
	Family	\$87.32	\$96.64	\$109.16	\$92.08	\$101.91	\$115.11
2 Tier	EE + Dep	\$73.86	\$81.75	\$92.34	\$77.89	\$86.21	\$97.38

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	\$29.94	\$33.17	\$37.44	\$31.58	\$34.98	\$39.49
	EE + SP	\$61.35	\$67.96	\$76.72	\$64.70	\$71.66	\$80.90
	EE + CH	\$63.86	\$70.74	\$79.86	\$67.35	\$74.60	\$84.21
	Family	\$106.21	\$117.64	\$132.81	\$112.00	\$124.06	\$140.05
2 Tier	EE + Dep	\$89.85	\$99.52	\$112.35	\$94.75	\$104.95	\$118.48

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