



# Dental Small Group Rate Sheet for Albany Counties

## 1st Quarter 2023 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2023 through 3/31/2023

**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
<b>4 Tier</b>	EE Only	\$12.79	\$13.36	\$13.91	\$15.05	\$13.79	\$14.40	\$15.00	\$16.23
	EE + SP	\$25.59	\$26.72	\$27.82	\$30.09	\$27.57	\$28.80	\$30.00	\$32.46
	EE + CH	\$31.08	\$32.47	\$33.80	\$36.56	\$33.50	\$35.00	\$36.45	\$39.44
	Family	\$49.90	\$52.12	\$54.27	\$58.70	\$53.78	\$56.18	\$58.51	\$63.31
<b>2 Tier</b>	EE + Dep	\$41.34	\$43.17	\$44.95	\$48.62	\$44.55	\$46.54	\$48.47	\$52.45

**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	\$20.31	\$21.28	\$22.24	\$24.18	\$21.42	\$22.44	\$23.46	\$25.49
	EE + SP	\$41.61	\$43.59	\$45.57	\$49.53	\$43.88	\$45.97	\$48.06	\$52.24
	EE + CH	\$43.31	\$45.37	\$47.44	\$51.56	\$45.67	\$47.85	\$50.02	\$54.37
	Family	\$72.03	\$75.46	\$78.89	\$85.75	\$75.96	\$79.58	\$83.19	\$90.43
<b>2 Tier</b>	EE + Dep	\$60.93	\$63.83	\$66.74	\$72.54	\$64.26	\$67.32	\$70.38	\$76.50

**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	\$24.70	\$25.89	\$27.06	\$29.42	\$26.05	\$27.30	\$28.54	\$31.02
	EE + SP	\$50.61	\$53.05	\$55.44	\$60.28	\$53.37	\$55.94	\$58.47	\$63.56
	EE + CH	\$52.68	\$55.22	\$57.71	\$62.74	\$55.56	\$58.23	\$60.86	\$66.17
	Family	\$87.62	\$91.83	\$95.98	\$104.35	\$92.40	\$96.84	\$101.22	\$110.04
<b>2 Tier</b>	EE + Dep	\$74.12	\$77.68	\$81.19	\$88.27	\$78.16	\$81.92	\$85.62	\$93.08

**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	\$29.83	\$31.23	\$32.66		\$31.45	\$32.94	\$34.44	
	EE + SP	\$61.11	\$63.99	\$66.91		\$64.44	\$67.49	\$70.56	
	EE + CH	\$77.67	\$81.35	\$85.05		\$81.90	\$85.80	\$89.69	
	Family	\$123.06	\$128.89	\$134.76		\$129.77	\$135.93	\$142.11	
<b>2 Tier</b>	EE + Dep	\$101.17	\$105.97	\$110.79		\$106.69	\$111.75	\$116.84	

\*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 PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



# Dental Small Group Rate Sheet for Albany Counties

## 1st Quarter 2023 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2023 through 3/31/2023

**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
<b>4 Tier</b>	EE Only	\$14.48	\$15.05	\$15.62	\$16.73	\$15.61	\$16.23	\$16.85	\$18.06
	EE + SP	\$28.96	\$30.09	\$31.23	\$33.47	\$31.23	\$32.46	\$33.69	\$36.12
	EE + CH	\$35.18	\$36.56	\$37.94	\$40.66	\$37.94	\$39.44	\$40.93	\$43.88
	Family	\$56.48	\$58.70	\$60.91	\$65.28	\$60.91	\$63.31	\$65.71	\$70.44
<b>2 Tier</b>	EE + Dep	\$46.79	\$48.62	\$50.46	\$54.07	\$50.46	\$52.45	\$54.43	\$58.35

**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	\$23.21	\$24.18	\$25.14	\$27.08	\$24.48	\$25.49	\$26.51	\$28.55
	EE + SP	\$47.55	\$49.53	\$51.52	\$55.48	\$50.15	\$52.24	\$54.33	\$58.50
	EE + CH	\$49.50	\$51.56	\$53.62	\$57.75	\$52.20	\$54.37	\$56.55	\$60.90
	Family	\$82.32	\$85.75	\$89.18	\$96.04	\$86.81	\$90.43	\$94.05	\$101.28
<b>2 Tier</b>	EE + Dep	\$69.64	\$72.54	\$75.44	\$81.24	\$73.44	\$76.50	\$79.56	\$85.68

**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	\$28.23	\$29.42	\$30.59	\$32.95	\$29.77	\$31.02	\$32.26	\$34.74
	EE + SP	\$57.84	\$60.28	\$62.67	\$67.51	\$61.00	\$63.56	\$66.09	\$71.19
	EE + CH	\$60.21	\$62.74	\$65.24	\$70.27	\$63.49	\$66.17	\$68.80	\$74.10
	Family	\$100.13	\$104.35	\$108.50	\$116.86	\$105.60	\$110.04	\$114.42	\$123.24
<b>2 Tier</b>	EE + Dep	\$84.71	\$88.27	\$91.78	\$98.86	\$89.33	\$93.08	\$96.79	\$104.25

**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 25-50	Group 15-24	Group 10-14	
<b>4 Tier</b>	EE Only	\$34.08	\$35.51	\$36.92		\$35.94	\$37.45	\$38.93	
	EE + SP	\$69.83	\$72.75	\$75.64		\$73.64	\$76.72	\$79.77	
	EE + CH	\$88.78	\$92.48	\$96.15		\$93.63	\$97.52	\$101.39	
	Family	\$140.65	\$146.52	\$152.32		\$148.33	\$154.51	\$160.64	
<b>2 Tier</b>	EE + Dep	\$115.64	\$120.46	\$125.24		\$121.95	\$127.04	\$132.07	

\*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 PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.



# Dental Small Group Rate Sheet for Albany Counties

## 1st Quarter 2023 Monthly Rates\* for Groups of 2 to 4 Eligible Employees

Effective 1/1/2023 through 3/31/2023

**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
<b>4 Tier</b>	EE Only	\$16.73	\$18.44	\$20.69	\$18.06	\$19.91	\$22.35
	EE + SP	\$33.47	\$36.88	\$41.39	\$36.12	\$39.81	\$44.70
	EE + CH	\$40.66	\$44.80	\$50.28	\$43.88	\$48.37	\$54.30
	Family	\$65.28	\$71.93	\$80.72	\$70.44	\$77.65	\$87.18
<b>2 Tier</b>	EE + Dep	\$54.07	\$59.58	\$66.87	\$58.35	\$64.32	\$72.22

**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	\$27.08	\$29.98	\$33.85	\$28.55	\$31.61	\$35.69
	EE + SP	\$55.48	\$61.42	\$69.35	\$58.50	\$64.77	\$73.13
	EE + CH	\$57.75	\$63.94	\$72.19	\$60.90	\$67.42	\$76.12
	Family	\$96.04	\$106.33	\$120.05	\$101.28	\$112.13	\$126.60
<b>2 Tier</b>	EE + Dep	\$81.24	\$89.95	\$101.56	\$85.68	\$94.86	\$107.10

**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	\$32.95	\$36.48	\$41.18	\$34.74	\$38.47	\$43.42
	EE + SP	\$67.51	\$74.74	\$84.36	\$71.19	\$78.81	\$88.97
	EE + CH	\$70.27	\$77.80	\$87.82	\$74.10	\$82.04	\$92.61
	Family	\$116.86	\$129.38	\$146.05	\$123.24	\$136.44	\$154.01
<b>2 Tier</b>	EE + Dep	\$98.86	\$109.45	\$123.55	\$104.25	\$115.42	\$130.29

\*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 PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.