



Dental Small Group Rate Sheet for Buffalo 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
4 Tier	EE Only	\$13.25	\$13.84	\$14.43	\$15.60	\$14.29	\$14.92	\$15.56	\$16.83
	EE + SP	\$26.51	\$27.68	\$28.85	\$31.20	\$28.57	\$29.84	\$31.11	\$33.65
	EE + CH	\$32.21	\$33.63	\$35.05	\$37.90	\$34.72	\$36.26	\$37.80	\$40.89
	Family	\$51.70	\$53.99	\$56.28	\$60.85	\$55.73	\$58.21	\$60.69	\$65.64
2 Tier	EE + Dep	\$42.83	\$44.72	\$46.62	\$50.40	\$46.17	\$48.22	\$50.27	\$54.37

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	\$21.12	\$22.12	\$23.12	\$25.14	\$22.27	\$23.33	\$24.39	\$26.51
	EE + SP	\$43.28	\$45.33	\$47.38	\$51.52	\$45.64	\$47.80	\$49.96	\$54.33
	EE + CH	\$45.05	\$47.18	\$49.32	\$53.62	\$47.51	\$49.76	\$52.01	\$56.55
	Family	\$74.92	\$78.47	\$82.02	\$89.18	\$79.01	\$82.75	\$86.49	\$94.05
2 Tier	EE + Dep	\$63.38	\$66.38	\$69.38	\$75.44	\$66.83	\$70.00	\$73.17	\$79.56

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	\$25.70	\$26.92	\$28.15	\$30.61	\$27.11	\$28.39	\$29.68	\$32.28
	EE + SP	\$52.66	\$55.17	\$57.67	\$62.71	\$55.54	\$58.17	\$60.81	\$66.13
	EE + CH	\$54.82	\$57.42	\$60.03	\$65.28	\$57.81	\$60.56	\$63.30	\$68.84
	Family	\$91.17	\$95.50	\$99.83	\$108.56	\$96.14	\$100.71	\$105.28	\$114.48
2 Tier	EE + Dep	\$77.12	\$80.79	\$84.45	\$91.83	\$81.33	\$85.19	\$89.06	\$96.84

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	\$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
2 Tier	EE + Dep	\$101.17	\$105.97	\$110.79	\$106.69	\$111.75	\$116.84

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



Dental Small Group Rate Sheet for Buffalo 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
4 Tier	EE Only	\$15.01	\$15.60	\$16.18	\$17.36	\$16.19	\$16.83	\$17.46	\$18.73
	EE + SP	\$30.02	\$31.20	\$32.37	\$34.71	\$32.38	\$33.65	\$34.92	\$37.46
	EE + CH	\$36.48	\$37.90	\$39.32	\$42.17	\$39.34	\$40.89	\$42.43	\$45.52
	Family	\$58.56	\$60.85	\$63.13	\$67.70	\$63.16	\$65.64	\$68.12	\$73.07
2 Tier	EE + Dep	\$48.51	\$50.40	\$52.29	\$56.08	\$52.32	\$54.37	\$56.42	\$60.53

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	\$24.14	\$25.14	\$26.14	\$28.16	\$25.46	\$26.51	\$27.57	\$29.70
	EE + SP	\$49.46	\$51.52	\$53.57	\$57.70	\$52.16	\$54.33	\$56.49	\$60.85
	EE + CH	\$51.49	\$53.62	\$55.76	\$60.07	\$54.30	\$56.55	\$58.80	\$63.34
	Family	\$85.63	\$89.18	\$92.73	\$99.89	\$90.30	\$94.05	\$97.79	\$105.34
2 Tier	EE + Dep	\$72.44	\$75.44	\$78.44	\$84.50	\$76.39	\$79.56	\$82.72	\$89.11

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	\$29.38	\$30.61	\$31.83	\$34.27	\$30.99	\$32.28	\$33.56	\$36.14
	EE + SP	\$60.21	\$62.71	\$65.21	\$70.22	\$63.49	\$66.13	\$68.77	\$74.05
	EE + CH	\$62.67	\$65.28	\$67.88	\$73.09	\$66.09	\$68.84	\$71.58	\$77.08
	Family	\$104.23	\$108.56	\$112.89	\$121.56	\$109.91	\$114.48	\$119.05	\$128.19
2 Tier	EE + Dep	\$88.17	\$91.83	\$95.50	\$102.83	\$92.98	\$96.84	\$100.71	\$108.44

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	\$34.08	\$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	
2 Tier	EE + Dep	\$115.64	\$120.46	\$125.24		\$121.95	\$127.04	\$132.07	

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



Dental Small Group Rate Sheet for Buffalo 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
4 Tier	EE Only	\$17.36	\$19.13	\$21.47	\$18.73	\$20.66	\$23.20
	EE + SP	\$34.71	\$38.26	\$42.95	\$37.46	\$41.31	\$46.39
	EE + CH	\$42.17	\$46.49	\$52.18	\$45.52	\$50.19	\$56.36
	Family	\$67.70	\$74.63	\$83.77	\$73.07	\$80.58	\$90.48
2 Tier	EE + Dep	\$56.08	\$61.82	\$69.39	\$60.53	\$66.75	\$74.95

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	\$28.16	\$31.18	\$35.20	\$29.70	\$32.88	\$37.12
	EE + SP	\$57.70	\$63.89	\$72.13	\$60.85	\$67.38	\$76.06
	EE + CH	\$60.07	\$66.51	\$75.08	\$63.34	\$70.13	\$79.18
	Family	\$99.89	\$110.60	\$124.87	\$105.34	\$116.64	\$131.68
2 Tier	EE + Dep	\$84.50	\$93.56	\$105.63	\$89.11	\$98.67	\$111.39

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	\$34.27	\$37.95	\$42.84	\$36.14	\$40.02	\$45.18
	EE + SP	\$70.22	\$77.76	\$87.77	\$74.05	\$82.00	\$92.56
	EE + CH	\$73.09	\$80.94	\$91.36	\$77.08	\$85.36	\$96.35
	Family	\$121.56	\$134.61	\$151.94	\$128.19	\$141.96	\$160.23
2 Tier	EE + Dep	\$102.83	\$113.87	\$128.53	\$108.44	\$120.09	\$135.55

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