



# Dental Small Group Rate Sheet for Downstate 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	\$12.12	\$12.65	\$13.18	\$14.25	\$13.06	\$13.63	\$14.21	\$15.36
	EE + SP	\$24.24	\$25.30	\$26.37	\$28.50	\$26.11	\$27.27	\$28.42	\$30.73
	EE + CH	\$29.45	\$30.74	\$32.03	\$34.62	\$31.72	\$33.13	\$34.53	\$37.33
	Family	\$47.27	\$49.35	\$51.43	\$55.58	\$50.93	\$53.18	\$55.43	\$59.94
<b>2 Tier</b>	EE + Dep	\$39.16	\$40.88	\$42.60	\$46.04	\$42.19	\$44.05	\$45.92	\$49.65

**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	\$19.17	\$20.09	\$21.00	\$22.82	\$20.22	\$21.18	\$22.15	\$24.06
	EE + SP	\$39.28	\$41.16	\$43.03	\$46.75	\$41.42	\$43.40	\$45.38	\$49.30
	EE + CH	\$40.89	\$42.84	\$44.80	\$48.67	\$43.12	\$45.18	\$47.24	\$51.32
	Family	\$68.00	\$71.25	\$74.50	\$80.94	\$71.71	\$75.14	\$78.56	\$85.35
<b>2 Tier</b>	EE + Dep	\$57.52	\$60.27	\$63.02	\$68.47	\$60.66	\$63.56	\$66.46	\$72.20

**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	\$23.34	\$24.45	\$25.57	\$27.79	\$24.62	\$25.78	\$26.96	\$29.31
	EE + SP	\$47.83	\$50.09	\$52.38	\$56.94	\$50.44	\$52.82	\$55.24	\$60.04
	EE + CH	\$49.79	\$52.14	\$54.53	\$59.27	\$52.50	\$54.99	\$57.50	\$62.50
	Family	\$82.80	\$86.71	\$90.69	\$98.57	\$87.32	\$91.44	\$95.63	\$103.95
<b>2 Tier</b>	EE + Dep	\$70.05	\$73.35	\$76.71	\$83.38	\$73.87	\$77.36	\$80.90	\$87.93

**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	\$35.51	\$37.19	\$38.89		\$37.45	\$39.22	\$41.01	
	EE + SP	\$72.75	\$76.20	\$79.67		\$76.72	\$80.35	\$84.02	
	EE + CH	\$89.79	\$94.06	\$98.33		\$94.68	\$99.19	\$103.70	
	Family	\$143.22	\$150.02	\$156.84		\$151.03	\$158.20	\$165.40	
<b>2 Tier</b>	EE + Dep	\$118.22	\$123.83	\$129.47		\$124.68	\$130.59	\$136.54	

\*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. 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 Downstate 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	\$13.72	\$14.25	\$14.78	\$15.85	\$14.79	\$15.36	\$15.94	\$17.10
	EE + SP	\$27.43	\$28.50	\$29.56	\$31.69	\$29.57	\$30.73	\$31.88	\$34.19
	EE + CH	\$33.33	\$34.62	\$35.92	\$38.50	\$35.93	\$37.33	\$38.74	\$41.54
	Family	\$53.50	\$55.58	\$57.66	\$61.82	\$57.68	\$59.94	\$62.19	\$66.69
<b>2 Tier</b>	EE + Dep	\$44.32	\$46.04	\$47.76	\$51.20	\$47.78	\$49.65	\$51.51	\$55.24

**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	\$21.92	\$22.82	\$23.74	\$25.57	\$23.12	\$24.06	\$25.03	\$26.96
	EE + SP	\$44.91	\$46.75	\$48.63	\$52.38	\$47.36	\$49.30	\$51.28	\$55.24
	EE + CH	\$46.75	\$48.67	\$50.62	\$54.53	\$49.30	\$51.32	\$53.38	\$57.50
	Family	\$77.75	\$80.94	\$84.19	\$90.69	\$81.99	\$85.35	\$88.78	\$95.63
<b>2 Tier</b>	EE + Dep	\$65.77	\$68.47	\$71.22	\$76.71	\$69.36	\$72.20	\$75.10	\$80.90

**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	\$26.67	\$27.79	\$28.89	\$31.12	\$28.13	\$29.31	\$30.47	\$32.81
	EE + SP	\$54.64	\$56.94	\$59.20	\$63.75	\$57.63	\$60.04	\$62.43	\$67.23
	EE + CH	\$56.88	\$59.27	\$61.62	\$66.36	\$59.98	\$62.50	\$64.98	\$69.98
	Family	\$94.60	\$98.57	\$102.48	\$110.36	\$99.76	\$103.95	\$108.07	\$116.38
<b>2 Tier</b>	EE + Dep	\$80.02	\$83.38	\$86.69	\$93.36	\$84.39	\$87.93	\$91.42	\$98.45

**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	\$40.58	\$42.26	\$43.96		\$42.80	\$44.57	\$46.36	
	EE + SP	\$83.15	\$86.59	\$90.07		\$87.68	\$91.31	\$94.98	
	EE + CH	\$102.64	\$106.88	\$111.16		\$108.24	\$112.71	\$117.23	
	Family	\$163.70	\$170.47	\$177.30		\$172.63	\$179.77	\$186.97	
<b>2 Tier</b>	EE + Dep	\$135.13	\$140.72	\$146.36		\$142.51	\$148.40	\$154.35	

\*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. 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 Downstate 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	\$15.85	\$17.44	\$19.57	\$17.10	\$18.83	\$21.14
	EE + SP	\$31.69	\$34.89	\$39.15	\$34.19	\$37.66	\$42.27
	EE + CH	\$38.50	\$42.39	\$47.56	\$41.54	\$45.75	\$51.36
	Family	\$61.82	\$68.05	\$76.36	\$66.69	\$73.45	\$82.45
<b>2 Tier</b>	EE + Dep	\$51.20	\$56.37	\$63.25	\$55.24	\$60.84	\$68.30

**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	\$25.57	\$28.30	\$31.96	\$26.96	\$29.84	\$33.71
	EE + SP	\$52.38	\$57.98	\$65.49	\$55.24	\$61.14	\$69.06
	EE + CH	\$54.53	\$60.35	\$68.17	\$57.50	\$63.65	\$71.89
	Family	\$90.69	\$100.37	\$113.37	\$95.63	\$105.85	\$119.56
<b>2 Tier</b>	EE + Dep	\$76.71	\$84.91	\$95.90	\$80.90	\$89.54	\$101.14

**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	\$31.12	\$34.46	\$38.90	\$32.81	\$36.34	\$41.02
	EE + SP	\$63.75	\$70.60	\$79.71	\$67.23	\$74.45	\$84.05
	EE + CH	\$66.36	\$73.49	\$82.97	\$69.98	\$77.50	\$87.50
	Family	\$110.36	\$122.22	\$137.98	\$116.38	\$128.88	\$145.51
<b>2 Tier</b>	EE + Dep	\$93.36	\$103.39	\$116.73	\$98.45	\$109.03	\$123.09

\*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.