



# Dental Small Group Rate Sheet for Albany Counties

## 2nd Quarter 2023 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2023 through 6/30/2023

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
<b>4 Tier</b>	EE Only	\$12.86	\$13.43	\$14.00	\$15.14	\$13.86	\$14.48	\$15.09	\$16.33
	EE + SP	\$25.73	\$26.86	\$28.00	\$30.27	\$27.73	\$28.96	\$30.19	\$32.65
	EE + CH	\$31.26	\$32.64	\$34.02	\$36.78	\$33.69	\$35.18	\$36.68	\$39.67
	Family	\$50.18	\$52.40	\$54.61	\$59.05	\$54.08	\$56.48	\$58.88	\$63.69
<b>2 Tier</b>	EE + Dep	\$41.57	\$43.40	\$45.24	\$48.91	\$44.80	\$46.79	\$48.78	\$52.76

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	\$20.43	\$21.39	\$22.38	\$24.31	\$21.54	\$22.56	\$23.60	\$25.64
	EE + SP	\$41.85	\$43.83	\$45.85	\$49.81	\$44.14	\$46.22	\$48.35	\$52.53
	EE + CH	\$43.57	\$45.63	\$47.73	\$51.85	\$45.94	\$48.12	\$50.33	\$54.68
	Family	\$72.45	\$75.88	\$79.37	\$86.23	\$76.40	\$80.02	\$83.70	\$90.94
<b>2 Tier</b>	EE + Dep	\$61.29	\$64.19	\$67.14	\$72.95	\$64.63	\$67.69	\$70.81	\$76.93

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	\$24.87	\$26.06	\$27.23	\$29.61	\$26.23	\$27.48	\$28.72	\$31.22
	EE + SP	\$50.96	\$53.39	\$55.79	\$60.66	\$53.74	\$56.31	\$58.83	\$63.97
	EE + CH	\$53.05	\$55.58	\$58.08	\$63.14	\$55.94	\$58.61	\$61.24	\$66.59
	Family	\$88.22	\$92.43	\$96.58	\$105.01	\$93.03	\$97.47	\$101.85	\$110.74
<b>2 Tier</b>	EE + Dep	\$74.63	\$78.19	\$81.70	\$88.83	\$78.70	\$82.46	\$86.16	\$93.67

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
<b>4 Tier</b>	EE Only	\$30.03	\$31.47	\$32.90		\$31.67	\$33.19	\$34.69	
	EE + SP	\$61.53	\$64.48	\$67.40		\$64.88	\$68.00	\$71.08	
	EE + CH	\$78.21	\$81.94	\$85.67		\$82.48	\$86.41	\$90.34	
	Family	\$123.91	\$129.84	\$135.73		\$130.67	\$136.92	\$143.14	
<b>2 Tier</b>	EE + Dep	\$101.87	\$106.75	\$111.59		\$107.43	\$112.57	\$117.68	

\*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

## 2nd Quarter 2023 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2023 through 6/30/2023

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
<b>4 Tier</b>	EE Only	\$14.57	\$15.14	\$15.70	\$16.84	\$15.71	\$16.33	\$16.94	\$18.17
	EE + SP	\$29.14	\$30.27	\$31.41	\$33.68	\$31.42	\$32.65	\$33.88	\$36.35
	EE + CH	\$35.40	\$36.78	\$38.16	\$40.92	\$38.18	\$39.67	\$41.17	\$44.16
	Family	\$56.83	\$59.05	\$61.26	\$65.69	\$61.29	\$63.69	\$66.09	\$70.89
<b>2 Tier</b>	EE + Dep	\$47.07	\$48.91	\$50.75	\$54.42	\$50.77	\$52.76	\$54.75	\$58.72

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	\$23.34	\$24.31	\$25.30	\$27.23	\$24.62	\$25.64	\$26.68	\$28.72
	EE + SP	\$47.83	\$49.81	\$51.83	\$55.79	\$50.44	\$52.53	\$54.66	\$58.83
	EE + CH	\$49.79	\$51.85	\$53.95	\$58.08	\$52.50	\$54.68	\$56.89	\$61.24
	Family	\$82.80	\$86.23	\$89.72	\$96.58	\$87.32	\$90.94	\$94.62	\$101.85
<b>2 Tier</b>	EE + Dep	\$70.05	\$72.95	\$75.90	\$81.70	\$73.87	\$76.93	\$80.04	\$86.16

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	\$28.42	\$29.61	\$30.79	\$33.15	\$29.97	\$31.22	\$32.47	\$34.96
	EE + SP	\$58.22	\$60.66	\$63.09	\$67.92	\$61.40	\$63.97	\$66.53	\$71.63
	EE + CH	\$60.61	\$63.14	\$65.67	\$70.70	\$63.91	\$66.59	\$69.26	\$74.56
	Family	\$100.80	\$105.01	\$109.22	\$117.58	\$106.29	\$110.74	\$115.18	\$124.00
<b>2 Tier</b>	EE + Dep	\$85.27	\$88.83	\$92.39	\$99.47	\$89.92	\$93.67	\$97.43	\$104.89

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	
<b>4 Tier</b>	EE Only	\$34.32	\$35.76	\$37.19		\$36.19	\$37.71	\$39.22	
	EE + SP	\$70.32	\$73.28	\$76.20		\$74.16	\$77.27	\$80.35	
	EE + CH	\$89.37	\$93.13	\$96.83		\$94.24	\$98.21	\$102.11	
	Family	\$141.60	\$147.55	\$153.42		\$149.32	\$155.60	\$161.78	
<b>2 Tier</b>	EE + Dep	\$116.42	\$121.32	\$126.13		\$122.77	\$127.93	\$133.02	

\*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

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

Effective 4/1/2023 through 6/30/2023

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
<b>4 Tier</b>	EE Only	\$16.84	\$18.54	\$20.82	\$18.17	\$20.02	\$22.48
	EE + SP	\$33.68	\$37.09	\$41.63	\$36.35	\$40.04	\$44.97
	EE + CH	\$40.92	\$45.06	\$50.58	\$44.16	\$48.65	\$54.63
	Family	\$65.69	\$72.34	\$81.21	\$70.89	\$78.10	\$87.71
<b>2 Tier</b>	EE + Dep	\$54.42	\$59.92	\$67.27	\$58.72	\$64.69	\$72.65

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 4	Group 3	Group 2	Group 4	Group 3	Group 2
<b>4 Tier</b>	EE Only	\$27.23	\$30.15	\$34.05	\$28.72	\$31.79	\$35.91
	EE + SP	\$55.79	\$61.77	\$69.77	\$58.83	\$65.14	\$73.57
	EE + CH	\$58.08	\$64.30	\$72.62	\$61.24	\$67.81	\$76.58
	Family	\$96.58	\$106.93	\$120.77	\$101.85	\$112.77	\$127.36
<b>2 Tier</b>	EE + Dep	\$81.70	\$90.46	\$102.17	\$86.16	\$95.39	\$107.74

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	\$33.15	\$36.71	\$41.45	\$34.96	\$38.72	\$43.71
	EE + SP	\$67.92	\$75.22	\$84.92	\$71.63	\$79.33	\$89.55
	EE + CH	\$70.70	\$78.30	\$88.40	\$74.56	\$82.57	\$93.22
	Family	\$117.58	\$130.22	\$147.01	\$124.00	\$137.32	\$155.03
<b>2 Tier</b>	EE + Dep	\$99.47	\$110.16	\$124.36	\$104.89	\$116.17	\$131.14

\*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.