



# Dental Small Group Rate Sheet for Buffalo 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	\$13.34	\$13.95	\$14.53	\$15.72	\$14.38	\$15.04	\$15.67	\$16.96
	EE + SP	\$26.69	\$27.89	\$29.06	\$31.44	\$28.77	\$30.07	\$31.34	\$33.92
	EE + CH	\$32.42	\$33.89	\$35.31	\$38.20	\$34.95	\$36.54	\$38.08	\$41.21
	Family	\$52.05	\$54.41	\$56.69	\$61.33	\$56.11	\$58.66	\$61.14	\$66.16
<b>2 Tier</b>	EE + Dep	\$43.12	\$45.07	\$46.96	\$50.80	\$46.48	\$48.59	\$50.64	\$54.81

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	\$21.26	\$22.28	\$23.28	\$25.31	\$22.42	\$23.49	\$24.55	\$26.69
	EE + SP	\$43.56	\$45.64	\$47.69	\$51.86	\$45.93	\$48.13	\$50.29	\$54.69
	EE + CH	\$45.34	\$47.51	\$49.64	\$53.99	\$47.81	\$50.10	\$52.35	\$56.93
	Family	\$75.40	\$79.01	\$82.56	\$89.78	\$79.51	\$83.32	\$87.07	\$94.68
<b>2 Tier</b>	EE + Dep	\$63.78	\$66.84	\$69.84	\$75.95	\$67.26	\$70.48	\$73.65	\$80.09

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	\$25.87	\$27.09	\$28.33	\$30.79	\$27.28	\$28.57	\$29.88	\$32.47
	EE + SP	\$53.01	\$55.51	\$58.05	\$63.09	\$55.90	\$58.54	\$61.22	\$66.53
	EE + CH	\$55.18	\$57.79	\$60.43	\$65.67	\$58.19	\$60.94	\$63.72	\$69.26
	Family	\$91.77	\$96.10	\$100.49	\$109.22	\$96.77	\$101.34	\$105.98	\$115.18
<b>2 Tier</b>	EE + Dep	\$77.63	\$81.30	\$85.01	\$92.39	\$81.86	\$85.73	\$89.65	\$97.43

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	
<b>4 Tier</b>	EE Only	\$30.03	\$31.47	\$32.90			\$31.67	\$33.19	
	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 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

## 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	\$15.12	\$15.72	\$16.31	\$17.48	\$16.31	\$16.96	\$17.60	\$18.87
	EE + SP	\$30.24	\$31.44	\$32.62	\$34.96	\$32.61	\$33.92	\$35.19	\$37.73
	EE + CH	\$36.74	\$38.20	\$39.63	\$42.47	\$39.62	\$41.21	\$42.76	\$45.84
	Family	\$58.98	\$61.33	\$63.62	\$68.19	\$63.61	\$66.16	\$68.64	\$73.60
<b>2 Tier</b>	EE + Dep	\$48.85	\$50.80	\$52.70	\$56.48	\$52.69	\$54.81	\$56.86	\$60.96

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	\$24.29	\$25.31	\$26.31	\$28.33	\$25.62	\$26.69	\$27.75	\$29.88
	EE + SP	\$49.78	\$51.86	\$53.91	\$58.05	\$52.49	\$54.69	\$56.86	\$61.22
	EE + CH	\$51.82	\$53.99	\$56.12	\$60.43	\$54.64	\$56.93	\$59.18	\$63.72
	Family	\$86.17	\$89.78	\$93.33	\$100.49	\$90.87	\$94.68	\$98.42	\$105.98
<b>2 Tier</b>	EE + Dep	\$72.90	\$75.95	\$78.95	\$85.01	\$76.87	\$80.09	\$83.26	\$89.65

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	\$29.55	\$30.79	\$32.03	\$34.49	\$31.17	\$32.47	\$33.78	\$36.37
	EE + SP	\$60.55	\$63.09	\$65.63	\$70.67	\$63.86	\$66.53	\$69.21	\$74.52
	EE + CH	\$63.03	\$65.67	\$68.32	\$73.56	\$66.47	\$69.26	\$72.04	\$77.57
	Family	\$104.83	\$109.22	\$113.61	\$122.34	\$110.55	\$115.18	\$119.81	\$129.01
<b>2 Tier</b>	EE + Dep	\$88.68	\$92.39	\$96.11	\$103.49	\$93.51	\$97.43	\$101.35	\$109.13

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 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

## 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	\$17.48	\$19.25	\$21.63	\$18.87	\$20.79	\$23.37
	EE + SP	\$34.96	\$38.51	\$43.27	\$37.73	\$41.58	\$46.74
	EE + CH	\$42.47	\$46.79	\$52.57	\$45.84	\$50.52	\$56.78
	Family	\$68.19	\$75.11	\$84.39	\$73.60	\$81.10	\$91.16
<b>2 Tier</b>	EE + Dep	\$56.48	\$62.22	\$69.91	\$60.96	\$67.18	\$75.51

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	\$28.33	\$31.37	\$35.42	\$29.88	\$33.08	\$37.36
	EE + SP	\$58.05	\$64.27	\$72.58	\$61.22	\$67.78	\$76.54
	EE + CH	\$60.43	\$66.90	\$75.55	\$63.72	\$70.55	\$79.67
	Family	\$100.49	\$111.27	\$125.65	\$105.98	\$117.34	\$132.50
<b>2 Tier</b>	EE + Dep	\$85.01	\$94.12	\$106.29	\$89.65	\$99.26	\$112.09

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	\$34.49	\$38.19	\$43.11	\$36.37	\$40.27	\$45.46
	EE + SP	\$70.67	\$78.25	\$88.33	\$74.52	\$82.52	\$93.15
	EE + CH	\$73.56	\$81.45	\$91.94	\$77.57	\$85.89	\$96.96
	Family	\$122.34	\$135.46	\$152.91	\$129.01	\$142.85	\$161.25
<b>2 Tier</b>	EE + Dep	\$103.49	\$114.59	\$129.35	\$109.13	\$120.84	\$136.41

\*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.