



Dental Small Group Rate Sheet for Albany Counties

2nd Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2024 through 6/30/2024

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	\$11.16	\$11.66	\$12.14	\$13.11	\$12.02	\$12.56	\$13.07	\$14.13
	EE + SP	\$22.32	\$23.31	\$24.27	\$26.22	\$24.03	\$25.11	\$26.15	\$28.27
	EE + CH	\$27.12	\$28.32	\$29.49	\$31.86	\$29.20	\$30.51	\$31.77	\$34.34
	Family	\$43.53	\$45.47	\$47.34	\$51.15	\$46.88	\$48.98	\$51.00	\$55.13
2 Tier	EE + Dep	\$36.06	\$37.67	\$39.22	\$42.37	\$38.83	\$40.57	\$42.25	\$45.67

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	\$17.53	\$18.37	\$19.21	\$20.87	\$18.48	\$19.38	\$20.25	\$22.01
	EE + SP	\$35.91	\$37.65	\$39.35	\$42.76	\$37.87	\$39.70	\$41.50	\$45.09
	EE + CH	\$37.38	\$39.19	\$40.96	\$44.51	\$39.42	\$41.32	\$43.19	\$46.93
	Family	\$62.16	\$65.17	\$68.12	\$74.02	\$65.55	\$68.73	\$71.84	\$78.05
2 Tier	EE + Dep	\$52.58	\$55.13	\$57.62	\$62.61	\$55.45	\$58.14	\$60.77	\$66.03

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	\$20.82	\$21.82	\$22.80	\$24.79	\$21.95	\$23.01	\$24.05	\$26.14
	EE + SP	\$42.65	\$44.70	\$46.72	\$50.79	\$44.98	\$47.14	\$49.27	\$53.56
	EE + CH	\$44.40	\$46.53	\$48.63	\$52.86	\$46.82	\$49.07	\$51.28	\$55.75
	Family	\$73.84	\$77.39	\$80.88	\$87.92	\$77.86	\$81.61	\$85.29	\$92.71
2 Tier	EE + Dep	\$62.46	\$65.46	\$68.42	\$74.37	\$65.87	\$69.03	\$72.15	\$78.43

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 25-50	Group 15-24	Group 10-14
4 Tier	EE Only	\$27.45	\$28.76	\$30.06	\$28.95	\$30.33	\$31.70
	EE + SP	\$56.24	\$58.92	\$61.60	\$59.31	\$62.13	\$64.96
	EE + CH	\$72.34	\$75.78	\$79.23	\$76.29	\$79.92	\$83.56
	Family	\$114.31	\$119.75	\$125.19	\$120.55	\$126.28	\$132.03
2 Tier	EE + Dep	\$93.82	\$98.29	\$102.76	\$98.95	\$103.66	\$108.36

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



Dental Small Group Rate Sheet for Albany Counties

2nd Quarter 2024 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 4/1/2024 through 6/30/2024

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	\$12.63	\$13.11	\$13.61	\$14.59	\$13.61	\$14.13	\$14.67	\$15.73
	EE + SP	\$25.27	\$26.22	\$27.22	\$29.17	\$27.23	\$28.27	\$29.34	\$31.46
	EE + CH	\$30.70	\$31.86	\$33.07	\$35.44	\$33.08	\$34.34	\$35.65	\$38.22
	Family	\$49.28	\$51.15	\$53.09	\$56.90	\$53.11	\$55.13	\$57.23	\$61.36
2 Tier	EE + Dep	\$40.82	\$42.37	\$43.98	\$47.13	\$43.99	\$45.67	\$47.41	\$50.83

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	\$20.04	\$20.87	\$21.70	\$23.38	\$21.13	\$22.01	\$22.88	\$24.65
	EE + SP	\$41.05	\$42.76	\$44.46	\$47.90	\$43.29	\$45.09	\$46.88	\$50.51
	EE + CH	\$42.73	\$44.51	\$46.28	\$49.86	\$45.06	\$46.93	\$48.80	\$52.58
	Family	\$71.07	\$74.02	\$76.97	\$82.92	\$74.94	\$78.05	\$81.16	\$87.45
2 Tier	EE + Dep	\$60.12	\$62.61	\$65.11	\$70.15	\$63.40	\$66.03	\$68.66	\$73.97

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	\$23.80	\$24.79	\$25.79	\$27.77	\$25.10	\$26.14	\$27.19	\$29.29
	EE + SP	\$48.77	\$50.79	\$52.84	\$56.90	\$51.43	\$53.56	\$55.72	\$60.01
	EE + CH	\$50.77	\$52.86	\$55.00	\$59.23	\$53.54	\$55.75	\$58.00	\$62.46
	Family	\$84.43	\$87.92	\$91.47	\$98.51	\$89.03	\$92.71	\$96.46	\$103.88
2 Tier	EE + Dep	\$71.42	\$74.37	\$77.38	\$83.33	\$75.32	\$78.43	\$81.60	\$87.88

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 5-9	Group 25-50	Group 15-24	Group 10-14	Group 5-9
4 Tier	EE Only	\$31.37	\$32.68	\$33.98		\$33.08	\$34.46	\$35.84	
	EE + SP	\$64.27	\$66.95	\$69.63		\$67.78	\$70.60	\$73.42	
	EE + CH	\$82.67	\$86.12	\$89.54		\$87.18	\$90.82	\$94.43	
	Family	\$130.64	\$136.08	\$141.49		\$137.77	\$143.50	\$149.21	
2 Tier	EE + Dep	\$107.23	\$111.70	\$116.14		\$113.08	\$117.79	\$122.47	

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



Dental Small Group Rate Sheet for Albany Counties

2nd Quarter 2024 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 4/1/2024 through 6/30/2024

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	\$14.59	\$16.04	\$17.99	\$15.73	\$17.31	\$19.42
	EE + SP	\$29.17	\$32.08	\$35.99	\$31.46	\$34.62	\$38.85
	EE + CH	\$35.44	\$38.98	\$43.72	\$38.22	\$42.06	\$47.20
	Family	\$56.90	\$62.58	\$70.19	\$61.36	\$67.52	\$75.77
2 Tier	EE + Dep	\$47.13	\$51.84	\$58.15	\$50.83	\$55.93	\$62.77

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	\$23.38	\$25.89	\$29.22	\$24.65	\$27.30	\$30.81
	EE + SP	\$47.90	\$53.05	\$59.86	\$50.51	\$55.94	\$63.12
	EE + CH	\$49.86	\$55.22	\$62.31	\$52.58	\$58.23	\$65.71
	Family	\$82.92	\$91.83	\$103.62	\$87.45	\$96.84	\$109.28
2 Tier	EE + Dep	\$70.15	\$77.68	\$87.66	\$73.97	\$81.92	\$92.44

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	\$27.77	\$30.74	\$34.71	\$28.95	\$30.33	\$31.70
	EE + SP	\$56.90	\$62.99	\$71.12	\$59.31	\$62.13	\$64.96
	EE + CH	\$59.23	\$65.57	\$74.03	\$76.29	\$79.92	\$83.56
	Family	\$98.51	\$109.04	\$123.12	\$120.55	\$126.28	\$132.03
2 Tier	EE + Dep	\$83.33	\$92.24	\$104.15	\$98.95	\$103.66	\$108.36

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

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