



Dental Small Group Rate Sheet for Buffalo 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	\$17.51	\$18.36	\$19.19	\$20.85	\$18.46	\$19.36	\$20.23	\$21.99
	EE + SP	\$35.87	\$37.61	\$39.31	\$42.72	\$37.83	\$39.66	\$41.46	\$45.05
	EE + CH	\$37.34	\$39.15	\$40.92	\$44.47	\$39.38	\$41.29	\$43.16	\$46.90
	Family	\$62.10	\$65.11	\$68.06	\$73.96	\$65.49	\$68.66	\$71.77	\$77.99
2 Tier	EE + Dep	\$52.53	\$55.08	\$57.57	\$62.56	\$55.40	\$58.08	\$60.71	\$65.97

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.

		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	\$20.80	\$21.80	\$22.79	\$24.77	\$21.93	\$22.99	\$24.03	\$26.12
	EE + SP	\$42.62	\$44.67	\$46.68	\$50.75	\$44.94	\$47.10	\$49.23	\$53.52
	EE + CH	\$44.36	\$46.50	\$48.59	\$52.83	\$46.78	\$49.03	\$51.25	\$55.71
	Family	\$73.78	\$77.33	\$80.82	\$87.86	\$77.80	\$81.54	\$85.23	\$92.65
2 Tier	EE + Dep	\$62.41	\$65.41	\$68.37	\$74.32	\$65.81	\$68.98	\$72.09	\$78.38

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
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 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. 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 Buffalo 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	\$20.02	\$20.85	\$21.68	\$23.36	\$21.11	\$21.99	\$22.86	\$24.64
	EE + SP	\$41.02	\$42.72	\$44.42	\$47.87	\$43.26	\$45.05	\$46.85	\$50.48
	EE + CH	\$42.70	\$44.47	\$46.24	\$49.83	\$45.03	\$46.90	\$48.77	\$52.54
	Family	\$71.01	\$73.96	\$76.91	\$82.86	\$74.88	\$77.99	\$81.10	\$87.38
2 Tier	EE + Dep	\$60.07	\$62.56	\$65.06	\$70.10	\$63.34	\$65.97	\$68.61	\$73.92

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	\$23.79	\$24.77	\$25.75	\$27.74	\$25.08	\$26.12	\$27.16	\$29.25
	EE + SP	\$48.73	\$50.75	\$52.77	\$56.83	\$51.39	\$53.52	\$55.65	\$59.93
	EE + CH	\$50.73	\$52.83	\$54.93	\$59.16	\$53.50	\$55.71	\$57.92	\$62.39
	Family	\$84.37	\$87.86	\$91.35	\$98.39	\$88.97	\$92.65	\$96.33	\$103.75
2 Tier	EE + Dep	\$71.37	\$74.32	\$77.27	\$83.23	\$75.26	\$78.38	\$81.49	\$87.77

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 8 counties: Allegheny, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. 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 Buffalo 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	\$23.36	\$25.86	\$29.20	\$24.64	\$27.27	\$30.79
	EE + SP	\$47.87	\$52.98	\$59.82	\$50.48	\$55.87	\$63.09
	EE + CH	\$49.83	\$55.14	\$62.27	\$52.54	\$58.15	\$65.67
	Family	\$82.86	\$91.71	\$103.56	\$87.38	\$96.71	\$109.21
2 Tier	EE + Dep	\$70.10	\$77.58	\$87.61	\$73.92	\$81.81	\$92.39

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	\$27.74	\$30.71	\$34.68	\$28.95	\$30.33	\$31.70
	EE + SP	\$56.83	\$62.92	\$71.05	\$59.31	\$62.13	\$64.96
	EE + CH	\$59.16	\$65.49	\$73.96	\$76.29	\$79.92	\$83.56
	Family	\$98.39	\$108.92	\$123.00	\$120.55	\$126.28	\$132.03
2 Tier	EE + Dep	\$83.23	\$92.14	\$104.05	\$98.95	\$103.66	\$108.36

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