



Dental Small Group Rate Sheet for Upstate 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	\$11.32	\$11.82	\$12.31	\$13.29	\$12.19	\$12.73	\$13.27	\$14.33
	EE + SP	\$22.64	\$23.63	\$24.63	\$26.58	\$24.38	\$25.46	\$26.53	\$28.65
	EE + CH	\$27.50	\$28.71	\$29.92	\$32.29	\$29.62	\$30.93	\$32.24	\$34.81
	Family	\$44.16	\$46.09	\$48.03	\$51.84	\$47.55	\$49.65	\$51.75	\$55.88
2 Tier	EE + Dep	\$36.58	\$38.18	\$39.79	\$42.94	\$39.39	\$41.13	\$42.87	\$46.29

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	\$17.76	\$18.61	\$19.46	\$21.16	\$18.73	\$19.63	\$20.52	\$22.31
	EE + SP	\$36.39	\$38.13	\$39.87	\$43.35	\$38.38	\$40.21	\$42.05	\$45.71
	EE + CH	\$37.88	\$39.69	\$41.50	\$45.12	\$39.95	\$41.86	\$43.77	\$47.58
	Family	\$63.00	\$66.01	\$69.02	\$75.04	\$66.44	\$69.61	\$72.79	\$79.13
2 Tier	EE + Dep	\$53.30	\$55.84	\$58.39	\$63.48	\$56.20	\$58.89	\$61.57	\$66.94

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	\$21.02	\$22.02	\$23.02	\$25.02	\$22.17	\$23.22	\$24.28	\$26.39
	EE + SP	\$43.07	\$45.12	\$47.17	\$51.27	\$45.42	\$47.58	\$49.74	\$54.07
	EE + CH	\$44.83	\$46.97	\$49.10	\$53.37	\$47.28	\$49.53	\$51.78	\$56.28
	Family	\$74.56	\$78.11	\$81.66	\$88.76	\$78.63	\$82.37	\$86.11	\$93.60
2 Tier	EE + Dep	\$63.07	\$66.07	\$69.08	\$75.08	\$66.51	\$69.68	\$72.85	\$79.18

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	

*Rates are valid in all NY counties except counties included in the Albany, Buffalo, and Downstate regions. 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 Other Upstate 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	\$12.79	\$13.29	\$13.79	\$14.78	\$13.79	\$14.33	\$14.86	\$15.94
	EE + SP	\$25.59	\$26.58	\$27.57	\$29.56	\$27.57	\$28.65	\$29.73	\$31.88
	EE + CH	\$31.08	\$32.29	\$33.50	\$35.92	\$33.50	\$34.81	\$36.12	\$38.74
	Family	\$49.90	\$51.84	\$53.78	\$57.66	\$53.78	\$55.88	\$57.98	\$62.19
2 Tier	EE + Dep	\$41.34	\$42.94	\$44.55	\$47.76	\$44.55	\$46.29	\$48.03	\$51.51

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.

		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	\$20.31	\$21.16	\$22.00	\$23.70	\$21.42	\$22.31	\$23.20	\$24.99
	EE + SP	\$41.61	\$43.35	\$45.08	\$48.56	\$43.88	\$45.71	\$47.54	\$51.21
	EE + CH	\$43.31	\$45.12	\$46.93	\$50.55	\$45.67	\$47.58	\$49.49	\$53.31
	Family	\$72.03	\$75.04	\$78.05	\$84.07	\$75.96	\$79.13	\$82.31	\$88.65
2 Tier	EE + Dep	\$60.93	\$63.48	\$66.02	\$71.11	\$64.26	\$66.94	\$69.63	\$74.99

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	\$24.02	\$25.02	\$26.03	\$28.03	\$25.33	\$26.39	\$27.45	\$29.56
	EE + SP	\$49.22	\$51.27	\$53.32	\$57.43	\$51.91	\$54.07	\$56.23	\$60.56
	EE + CH	\$51.24	\$53.37	\$55.51	\$59.78	\$54.03	\$56.28	\$58.53	\$63.04
	Family	\$85.21	\$88.76	\$92.31	\$99.41	\$89.86	\$93.60	\$97.35	\$104.83
2 Tier	EE + Dep	\$72.08	\$75.08	\$78.09	\$84.09	\$76.01	\$79.18	\$82.35	\$88.68

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	
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	

*Rates are valid in all NY counties except counties included in the Albany, Buffalo, and Downstate regions. 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 Other Upstate 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	\$14.78	\$16.25	\$18.24	\$15.94	\$17.54	\$19.69
	EE + SP	\$29.56	\$32.51	\$36.49	\$31.88	\$35.08	\$39.39
	EE + CH	\$35.92	\$39.50	\$44.33	\$38.74	\$42.62	\$47.85
	Family	\$57.66	\$63.41	\$71.16	\$62.19	\$68.42	\$76.82
2 Tier	EE + Dep	\$47.76	\$52.52	\$58.95	\$51.51	\$56.67	\$63.64

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	\$23.70	\$26.23	\$29.62	\$24.99	\$27.66	\$31.24
	EE + SP	\$48.56	\$53.74	\$60.69	\$51.21	\$56.67	\$64.00
	EE + CH	\$50.55	\$55.94	\$63.18	\$53.31	\$58.99	\$66.62
	Family	\$84.07	\$93.03	\$105.07	\$88.65	\$98.11	\$110.80
2 Tier	EE + Dep	\$71.11	\$78.70	\$88.88	\$74.99	\$82.99	\$93.73

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	\$28.03	\$31.03	\$35.03	\$28.95	\$30.33	\$31.70
	EE + SP	\$57.43	\$63.58	\$71.78	\$59.31	\$62.13	\$64.96
	EE + CH	\$59.78	\$66.18	\$74.72	\$76.29	\$79.92	\$83.56
	Family	\$99.41	\$110.06	\$124.26	\$120.55	\$126.28	\$132.03
2 Tier	EE + Dep	\$84.09	\$93.11	\$105.12	\$98.95	\$103.66	\$108.36

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