



# Dental Small Group Rate Sheet for Downstate Counties

## 2nd Quarter 2022 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 4/01/2022 through 6/30/2022

**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	\$11.91	\$12.44	\$12.95	\$14.00	\$12.82	\$13.40	\$13.96	\$15.09
	EE + SP	\$23.81	\$24.88	\$25.90	\$28.00	\$25.65	\$26.80	\$27.92	\$30.19
	EE + CH	\$28.93	\$30.22	\$31.47	\$34.02	\$31.16	\$32.56	\$33.92	\$36.68
	Family	\$46.44	\$48.52	\$50.53	\$54.61	\$50.03	\$52.28	\$54.46	\$58.88
<b>2 Tier</b>	EE + Dep	\$38.47	\$40.19	\$41.85	\$45.24	\$41.44	\$43.31	\$45.11	\$48.78

**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	\$18.82	\$19.71	\$20.61	\$22.41	\$19.84	\$20.79	\$21.74	\$23.63
	EE + SP	\$38.55	\$40.39	\$42.23	\$45.92	\$40.65	\$42.60	\$44.54	\$48.42
	EE + CH	\$40.13	\$42.05	\$43.96	\$47.80	\$42.32	\$44.34	\$46.36	\$50.41
	Family	\$66.74	\$69.92	\$73.11	\$79.49	\$70.38	\$73.74	\$77.10	\$83.83
<b>2 Tier</b>	EE + Dep	\$56.45	\$59.15	\$61.85	\$67.25	\$59.53	\$62.38	\$65.22	\$70.91

**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	\$22.90	\$24.01	\$25.09	\$27.28	\$24.15	\$25.32	\$26.46	\$28.77
	EE + SP	\$46.93	\$49.19	\$51.41	\$55.90	\$49.49	\$51.87	\$54.22	\$58.94
	EE + CH	\$48.85	\$51.20	\$53.52	\$58.18	\$51.51	\$53.99	\$56.44	\$61.36
	Family	\$81.24	\$85.15	\$89.00	\$96.76	\$85.67	\$89.79	\$93.86	\$102.04
<b>2 Tier</b>	EE + Dep	\$68.72	\$72.03	\$75.29	\$81.86	\$72.47	\$75.96	\$79.40	\$86.32

**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	
<b>4 Tier</b>	EE Only	\$34.76	\$36.41	\$38.07		\$36.66	\$38.39	\$40.15	
	EE + SP	\$71.23	\$74.60	\$78.00		\$75.11	\$78.67	\$82.26	
	EE + CH	\$87.96	\$92.13	\$96.34		\$92.76	\$97.16	\$101.60	
	Family	\$140.28	\$146.93	\$153.64		\$147.93	\$154.94	\$162.01	
<b>2 Tier</b>	EE + Dep	\$115.79	\$121.27	\$126.81		\$122.10	\$127.89	\$133.73	

\*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. 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 Downstate Counties

## 2nd Quarter 2022 Monthly Rates\* for Groups of 5 to 50 Eligible Employees

Effective 4/01/2022 through 6/30/2022

**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	\$13.49	\$14.00	\$14.53	\$15.58	\$14.54	\$15.09	\$15.67	\$16.81
	EE + SP	\$26.97	\$28.00	\$29.06	\$31.16	\$29.07	\$30.19	\$31.34	\$33.61
	EE + CH	\$32.77	\$34.02	\$35.31	\$37.86	\$35.32	\$36.68	\$38.08	\$40.84
	Family	\$52.60	\$54.61	\$56.69	\$60.78	\$56.71	\$58.88	\$61.14	\$65.56
<b>2 Tier</b>	EE + Dep	\$43.58	\$45.24	\$46.96	\$50.34	\$46.97	\$48.78	\$50.64	\$54.31

**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	\$21.51	\$22.41	\$23.29	\$25.09	\$22.69	\$23.63	\$24.56	\$26.46
	EE + SP	\$44.08	\$45.92	\$47.73	\$51.41	\$46.48	\$48.42	\$50.33	\$54.22
	EE + CH	\$45.88	\$47.80	\$49.68	\$53.52	\$48.38	\$50.41	\$52.39	\$56.44
	Family	\$76.30	\$79.49	\$82.62	\$89.00	\$80.47	\$83.83	\$87.13	\$93.86
<b>2 Tier</b>	EE + Dep	\$64.55	\$67.25	\$69.89	\$75.29	\$68.07	\$70.91	\$73.70	\$79.40

**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	\$26.18	\$27.28	\$28.37	\$30.54	\$27.61	\$28.77	\$29.91	\$32.20
	EE + SP	\$53.64	\$55.90	\$58.12	\$62.57	\$56.56	\$58.94	\$61.29	\$65.98
	EE + CH	\$55.83	\$58.18	\$60.50	\$65.13	\$58.88	\$61.36	\$63.80	\$68.68
	Family	\$92.85	\$96.76	\$100.61	\$108.32	\$97.92	\$102.04	\$106.10	\$114.23
<b>2 Tier</b>	EE + Dep	\$78.55	\$81.86	\$85.11	\$91.63	\$82.83	\$86.32	\$89.76	\$96.63

**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
<b>4 Tier</b>	EE Only	\$39.72	\$41.38	\$43.03		\$41.88	\$43.64	\$45.37	
	EE + SP	\$81.38	\$84.78	\$88.15		\$85.81	\$89.41	\$92.96	
	EE + CH	\$100.51	\$104.71	\$108.88		\$105.99	\$110.43	\$114.82	
	Family	\$160.28	\$166.99	\$173.64		\$169.02	\$176.10	\$183.10	
<b>2 Tier</b>	EE + Dep	\$132.30	\$137.84	\$143.32		\$139.52	\$145.35	\$151.14	

\*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. 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 Downstate Counties

## 2nd Quarter 2022 Monthly Rates\* for Groups of 2 to 4 Eligible Employees

Effective 4/01/2022 through 6/30/2022

**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	\$15.58	\$17.14	\$19.24	\$16.81	\$18.50	\$20.77
	EE + SP	\$31.16	\$34.28	\$38.47	\$33.61	\$37.00	\$41.54
	EE + CH	\$37.86	\$41.65	\$46.74	\$40.84	\$44.95	\$50.47
	Family	\$60.78	\$66.87	\$75.04	\$65.56	\$72.17	\$81.03
<b>2 Tier</b>	EE + Dep	\$50.34	\$55.39	\$62.16	\$54.31	\$59.78	\$67.12

**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	\$25.09	\$27.77	\$31.37	\$26.46	\$29.29	\$33.08
	EE + SP	\$51.41	\$56.90	\$64.27	\$54.22	\$60.01	\$67.78
	EE + CH	\$53.52	\$59.23	\$66.90	\$56.44	\$62.46	\$70.55
	Family	\$89.00	\$98.51	\$111.27	\$93.86	\$103.88	\$117.34
<b>2 Tier</b>	EE + Dep	\$75.29	\$83.33	\$94.12	\$79.40	\$87.88	\$99.26

**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	\$30.54	\$33.81	\$38.19	\$32.20	\$35.66	\$40.27
	EE + SP	\$62.57	\$69.28	\$78.25	\$65.98	\$73.06	\$82.52
	EE + CH	\$65.13	\$72.11	\$81.45	\$68.68	\$76.05	\$85.89
	Family	\$108.32	\$119.93	\$135.46	\$114.23	\$126.47	\$142.85
<b>2 Tier</b>	EE + Dep	\$91.63	\$101.45	\$114.59	\$96.63	\$106.99	\$120.84

\*These rates are valid in the following 10 counties: Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester, Rockland, and Orange. Refer to EmblemHealth Plan, Inc. policy form numbers PLD-1104-D, PLD-1103-G et al. for the insured dental benefits.