



Dental Small Group Rate Sheet for Albany Counties

1st Quarter 2025 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2025 through 3/31/2025

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	\$11.34	\$11.83	\$12.33	\$13.33	\$12.21	\$12.75	\$13.29	\$14.36
	EE + SP	\$22.67	\$23.67	\$24.66	\$26.65	\$24.42	\$25.50	\$26.57	\$28.73
	EE + CH	\$27.55	\$28.76	\$29.96	\$32.38	\$29.67	\$30.98	\$32.28	\$34.90
	Family	\$44.22	\$46.16	\$48.10	\$51.98	\$47.63	\$49.73	\$51.83	\$56.03
2 Tier	EE + Dep	\$36.63	\$38.24	\$39.85	\$43.06	\$39.45	\$41.19	\$42.93	\$46.41

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	\$17.80	\$18.65	\$19.49	\$21.19	\$18.77	\$19.66	\$20.56	\$22.35
	EE + SP	\$36.46	\$38.20	\$39.94	\$43.42	\$38.45	\$40.29	\$42.12	\$45.78
	EE + CH	\$37.96	\$39.77	\$41.58	\$45.19	\$40.03	\$41.94	\$43.84	\$47.66
	Family	\$63.12	\$66.13	\$69.14	\$75.16	\$66.57	\$69.74	\$72.91	\$79.26
2 Tier	EE + Dep	\$53.40	\$55.94	\$58.49	\$63.58	\$56.31	\$59.00	\$61.68	\$67.05

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	\$21.14	\$22.16	\$23.16	\$25.18	\$22.29	\$23.37	\$24.42	\$26.55
	EE + SP	\$43.31	\$45.40	\$47.45	\$51.59	\$45.67	\$47.87	\$50.04	\$54.40
	EE + CH	\$45.09	\$47.26	\$49.39	\$53.70	\$47.54	\$49.83	\$52.09	\$56.63
	Family	\$74.98	\$78.59	\$82.14	\$89.30	\$79.07	\$82.88	\$86.62	\$94.17
2 Tier	EE + Dep	\$63.43	\$66.48	\$69.49	\$75.54	\$66.89	\$70.11	\$73.28	\$79.66

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	\$27.93	\$29.27	\$30.59	\$29.45	\$30.86	\$32.26
	EE + SP	\$57.22	\$59.96	\$62.67	\$60.34	\$63.23	\$66.09
	EE + CH	\$73.54	\$77.08	\$80.56	\$77.55	\$81.28	\$84.96
	Family	\$116.22	\$121.81	\$127.32	\$122.56	\$128.46	\$134.27
2 Tier	EE + Dep	\$95.41	\$100.00	\$104.51	\$100.61	\$105.45	\$110.22

*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

1st Quarter 2025 Monthly Rates* for Groups of 5 to 50 Eligible Employees

Effective 1/1/2025 through 3/31/2025

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	\$12.83	\$13.33	\$13.80	\$14.80	\$13.82	\$14.36	\$14.88	\$15.96
	EE + SP	\$25.66	\$26.65	\$27.61	\$29.60	\$27.65	\$28.73	\$29.77	\$31.92
	EE + CH	\$31.17	\$32.38	\$33.54	\$35.96	\$33.59	\$34.90	\$36.16	\$38.78
	Family	\$50.04	\$51.98	\$53.85	\$57.73	\$53.93	\$56.03	\$58.06	\$62.26
2 Tier	EE + Dep	\$41.45	\$43.06	\$44.61	\$47.82	\$44.67	\$46.41	\$48.09	\$51.57

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	\$20.34	\$21.19	\$22.04	\$23.74	\$21.45	\$22.35	\$23.24	\$25.03
	EE + SP	\$41.68	\$43.42	\$45.15	\$48.63	\$43.95	\$45.78	\$47.62	\$51.28
	EE + CH	\$43.38	\$45.19	\$47.00	\$50.62	\$45.75	\$47.66	\$49.57	\$53.38
	Family	\$72.15	\$75.16	\$78.17	\$84.19	\$76.09	\$79.26	\$82.43	\$88.78
2 Tier	EE + Dep	\$61.04	\$63.58	\$66.13	\$71.22	\$64.36	\$67.05	\$69.73	\$75.10

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	\$24.16	\$25.18	\$26.18	\$28.20	\$25.48	\$26.55	\$27.61	\$29.74
	EE + SP	\$49.50	\$51.59	\$53.64	\$57.77	\$52.20	\$54.40	\$56.56	\$60.92
	EE + CH	\$51.53	\$53.70	\$55.83	\$60.14	\$54.34	\$56.63	\$58.88	\$63.42
	Family	\$85.69	\$89.30	\$92.85	\$100.01	\$90.37	\$94.17	\$97.92	\$105.47
2 Tier	EE + Dep	\$72.49	\$75.54	\$78.55	\$84.60	\$76.44	\$79.66	\$82.83	\$89.22

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	\$31.93	\$33.25	\$34.58		\$33.67	\$35.07	\$36.46	
	EE + SP	\$65.42	\$68.13	\$70.84		\$68.99	\$71.85	\$74.71	
	EE + CH	\$84.08	\$87.56	\$91.07		\$88.67	\$92.34	\$96.04	
	Family	\$132.88	\$138.39	\$143.92		\$140.13	\$145.94	\$151.78	
2 Tier	EE + Dep	\$109.08	\$113.60	\$118.14		\$115.04	\$119.81	\$124.59	

*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

1st Quarter 2025 Monthly Rates* for Groups of 2 to 4 Eligible Employees

Effective 1/1/2025 through 3/31/2025

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	\$14.80	\$16.29	\$18.28	\$15.96	\$17.58	\$19.73
	EE + SP	\$29.60	\$32.58	\$36.56	\$31.92	\$35.15	\$39.46
	EE + CH	\$35.96	\$39.58	\$44.41	\$38.78	\$42.71	\$47.95
	Family	\$57.73	\$63.55	\$71.30	\$62.26	\$68.57	\$76.97
2 Tier	EE + Dep	\$47.82	\$52.64	\$59.06	\$51.57	\$56.80	\$63.76

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	\$23.74	\$26.28	\$29.67	\$25.03	\$27.71	\$31.29
	EE + SP	\$48.63	\$53.84	\$60.80	\$51.28	\$56.78	\$64.11
	EE + CH	\$50.62	\$56.05	\$63.29	\$53.38	\$59.11	\$66.74
	Family	\$84.19	\$93.21	\$105.25	\$88.78	\$98.30	\$110.99
2 Tier	EE + Dep	\$71.22	\$78.85	\$89.03	\$75.10	\$83.15	\$93.89

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	\$28.20	\$31.22	\$35.24	\$29.45	\$30.86	\$32.26
	EE + SP	\$57.77	\$63.96	\$72.20	\$60.34	\$63.23	\$66.09
	EE + CH	\$60.14	\$66.58	\$75.15	\$77.55	\$81.28	\$84.96
	Family	\$100.01	\$110.72	\$124.99	\$122.56	\$128.46	\$134.27
2 Tier	EE + Dep	\$84.60	\$93.67	\$105.73	\$100.61	\$105.45	\$110.22

*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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