



# Dental Small Group Rate Sheet for Buffalo 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
<b>4 Tier</b>	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
<b>2 Tier</b>	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
<b>4 Tier</b>	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
<b>2 Tier</b>	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
<b>4 Tier</b>	EE Only	\$21.12	\$22.14	\$23.14	\$25.16	\$22.27	\$23.35	\$24.40	\$26.53
	EE + SP	\$43.28	\$45.36	\$47.41	\$51.55	\$45.64	\$47.84	\$50.00	\$54.36
	EE + CH	\$45.05	\$47.22	\$49.35	\$53.66	\$47.51	\$49.80	\$52.05	\$56.59
	Family	\$74.92	\$78.53	\$82.08	\$89.24	\$79.01	\$82.81	\$86.56	\$94.11
<b>2 Tier</b>	EE + Dep	\$63.38	\$66.43	\$69.43	\$75.49	\$66.83	\$70.05	\$73.22	\$79.61

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	\$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	
<b>2 Tier</b>	EE + Dep	\$95.41	\$100.00	\$104.51		\$100.61	\$105.45	\$110.22	

\*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

## 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
<b>4 Tier</b>	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
<b>2 Tier</b>	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
<b>4 Tier</b>	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
<b>2 Tier</b>	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
<b>4 Tier</b>	EE Only	\$24.14	\$25.16	\$26.16	\$28.16	\$25.46	\$26.53	\$27.59	\$29.70
	EE + SP	\$49.46	\$51.55	\$53.60	\$57.70	\$52.16	\$54.36	\$56.53	\$60.85
	EE + CH	\$51.49	\$53.66	\$55.80	\$60.07	\$54.30	\$56.59	\$58.84	\$63.34
	Family	\$85.63	\$89.24	\$92.79	\$99.89	\$90.30	\$94.11	\$97.85	\$105.34
<b>2 Tier</b>	EE + Dep	\$72.44	\$75.49	\$78.50	\$84.50	\$76.39	\$79.61	\$82.78	\$89.11

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	\$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	
<b>2 Tier</b>	EE + Dep	\$109.08	\$113.60	\$118.14		\$115.04	\$119.81	\$124.59	

\*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

## 1<sup>st</sup> 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
<b>4 Tier</b>	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
<b>2 Tier</b>	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
<b>4 Tier</b>	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
<b>2 Tier</b>	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
<b>4 Tier</b>	EE Only	\$28.16	\$31.18	\$35.22	\$29.45	\$30.86	\$32.26
	EE + SP	\$57.70	\$63.89	\$72.16	\$60.34	\$63.23	\$66.09
	EE + CH	\$60.07	\$66.51	\$75.12	\$77.55	\$81.28	\$84.96
	Family	\$99.89	\$110.60	\$124.93	\$122.56	\$128.46	\$134.27
<b>2 Tier</b>	EE + Dep	\$84.50	\$93.56	\$105.68	\$100.61	\$105.45	\$110.22

\*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.