



Dental Small Group Rate Sheet for Downstate 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	\$11.91	\$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
2 Tier	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
4 Tier	EE Only	\$18.80	\$19.70	\$20.60	\$22.38	\$19.82	\$20.77	\$21.72	\$23.60
	EE + SP	\$38.52	\$40.36	\$42.20	\$45.85	\$40.62	\$42.56	\$44.50	\$48.35
	EE + CH	\$40.09	\$42.01	\$43.93	\$47.73	\$42.28	\$44.30	\$46.32	\$50.33
	Family	\$66.68	\$69.86	\$73.05	\$79.37	\$70.31	\$73.68	\$77.04	\$83.70
2 Tier	EE + Dep	\$56.40	\$59.10	\$61.80	\$67.14	\$59.48	\$62.32	\$65.17	\$70.81

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	\$22.31	\$23.36	\$24.43	\$26.55	\$23.53	\$24.64	\$25.76	\$28.00
	EE + SP	\$45.71	\$47.87	\$50.06	\$54.40	\$48.20	\$50.48	\$52.79	\$57.37
	EE + CH	\$47.58	\$49.83	\$52.10	\$56.63	\$50.18	\$52.54	\$54.95	\$59.72
	Family	\$79.13	\$82.86	\$86.65	\$94.18	\$83.45	\$87.38	\$91.38	\$99.31
2 Tier	EE + Dep	\$66.94	\$70.10	\$73.30	\$79.67	\$70.59	\$73.92	\$77.30	\$84.01

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	\$33.25	\$34.85	\$36.43		\$35.07	\$36.75	\$38.41	
	EE + SP	\$68.13	\$71.40	\$74.63		\$71.85	\$75.29	\$78.70	
	EE + CH	\$84.90	\$88.98	\$93.01		\$89.53	\$93.84	\$98.08	
	Family	\$135.12	\$141.61	\$148.02		\$142.49	\$149.33	\$156.10	
2 Tier	EE + Dep	\$111.39	\$116.75	\$122.02		\$117.47	\$123.11	\$128.68	

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



Dental Small Group Rate Sheet for Downstate 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	\$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
2 Tier	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
4 Tier	EE Only	\$21.50	\$22.38	\$23.28	\$25.08	\$22.67	\$23.60	\$24.55	\$26.44
	EE + SP	\$44.04	\$45.85	\$47.69	\$51.38	\$46.44	\$48.35	\$50.29	\$54.18
	EE + CH	\$45.85	\$47.73	\$49.64	\$53.48	\$48.35	\$50.33	\$52.35	\$56.40
	Family	\$76.24	\$79.37	\$82.56	\$88.94	\$80.40	\$83.70	\$87.07	\$93.79
2 Tier	EE + Dep	\$64.50	\$67.14	\$69.84	\$75.24	\$68.01	\$70.81	\$73.65	\$79.34

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	\$25.48	\$26.55	\$27.62	\$29.74	\$26.87	\$28.00	\$29.13	\$31.36
	EE + SP	\$52.21	\$54.40	\$56.59	\$60.94	\$55.06	\$57.37	\$59.68	\$64.26
	EE + CH	\$54.35	\$56.63	\$58.91	\$63.43	\$57.31	\$59.72	\$62.12	\$66.89
	Family	\$90.38	\$94.18	\$97.97	\$105.49	\$95.31	\$99.31	\$103.31	\$111.24
2 Tier	EE + Dep	\$76.46	\$79.67	\$82.87	\$89.24	\$80.63	\$84.01	\$87.39	\$94.10

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	\$38.00	\$39.60	\$41.18	\$40.08	\$41.76	\$43.42
	EE + SP	\$77.86	\$81.13	\$84.36	\$82.11	\$85.56	\$88.97
	EE + CH	\$97.03	\$101.09	\$105.15	\$102.33	\$106.61	\$110.88
	Family	\$154.42	\$160.89	\$167.33	\$162.85	\$169.67	\$176.46
2 Tier	EE + Dep	\$127.31	\$132.64	\$137.95	\$134.26	\$139.88	\$145.48

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



Dental Small Group Rate Sheet for Downstate 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	\$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
2 Tier	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
4 Tier	EE Only	\$25.08	\$27.76	\$31.34	\$26.44	\$29.27	\$33.05
	EE + SP	\$51.38	\$56.87	\$64.20	\$54.18	\$59.97	\$67.71
	EE + CH	\$53.48	\$59.20	\$66.83	\$56.40	\$62.43	\$70.48
	Family	\$88.94	\$98.45	\$111.15	\$93.79	\$103.82	\$117.21
2 Tier	EE + Dep	\$75.24	\$83.28	\$94.02	\$79.34	\$87.82	\$99.15

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	\$29.74	\$32.93	\$37.17	\$35.07	\$36.75	\$38.41
	EE + SP	\$60.94	\$67.47	\$76.16	\$71.85	\$75.29	\$78.70
	EE + CH	\$63.43	\$70.23	\$79.28	\$89.53	\$93.84	\$98.08
	Family	\$105.49	\$116.80	\$131.85	\$142.49	\$149.33	\$156.10
2 Tier	EE + Dep	\$89.24	\$98.81	\$111.53	\$117.47	\$123.11	\$128.68

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