



Dental Small Group Rate Sheet for Upstate 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	\$11.46	\$11.98	\$12.47	\$13.47	\$12.34	\$12.90	\$13.44	\$14.52
	EE + SP	\$22.92	\$23.95	\$24.95	\$26.93	\$24.69	\$25.80	\$26.88	\$29.04
	EE + CH	\$27.85	\$29.10	\$30.31	\$32.72	\$29.99	\$31.35	\$32.66	\$35.28
	Family	\$44.71	\$46.72	\$48.66	\$52.54	\$48.15	\$50.33	\$52.43	\$56.63
2 Tier	EE + Dep	\$37.04	\$38.70	\$40.31	\$43.52	\$39.89	\$41.69	\$43.43	\$46.91

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	\$18.03	\$18.90	\$19.77	\$21.48	\$19.02	\$19.93	\$20.84	\$22.65
	EE + SP	\$36.95	\$38.72	\$40.50	\$44.01	\$38.97	\$40.84	\$42.71	\$46.41
	EE + CH	\$38.46	\$40.31	\$42.15	\$45.81	\$40.56	\$42.51	\$44.45	\$48.31
	Family	\$63.97	\$67.04	\$70.11	\$76.18	\$67.46	\$70.69	\$73.93	\$80.34
2 Tier	EE + Dep	\$54.11	\$56.71	\$59.30	\$64.45	\$57.06	\$59.80	\$62.54	\$67.96

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	\$21.33	\$22.34	\$23.36	\$25.38	\$22.49	\$23.56	\$24.64	\$26.77
	EE + SP	\$43.69	\$45.78	\$47.87	\$52.00	\$46.08	\$48.28	\$50.48	\$54.84
	EE + CH	\$45.48	\$47.65	\$49.83	\$54.13	\$47.96	\$50.25	\$52.54	\$57.08
	Family	\$75.64	\$79.25	\$82.86	\$90.02	\$79.77	\$83.58	\$87.38	\$94.93
2 Tier	EE + Dep	\$63.99	\$67.04	\$70.10	\$76.15	\$67.48	\$70.70	\$73.92	\$80.31

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	

*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

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	\$12.97	\$13.47	\$13.98	\$14.98	\$13.98	\$14.52	\$15.08	\$16.15
	EE + SP	\$25.94	\$26.93	\$27.96	\$29.95	\$27.96	\$29.04	\$30.15	\$32.31
	EE + CH	\$31.52	\$32.72	\$33.98	\$36.39	\$33.97	\$35.28	\$36.63	\$39.25
	Family	\$50.60	\$52.54	\$54.54	\$58.42	\$54.53	\$56.63	\$58.81	\$63.01
2 Tier	EE + Dep	\$41.91	\$43.52	\$45.18	\$48.39	\$45.17	\$46.91	\$48.71	\$52.20

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	\$20.61	\$21.48	\$22.34	\$24.06	\$21.74	\$22.65	\$23.56	\$25.37
	EE + SP	\$42.23	\$44.01	\$45.78	\$49.29	\$44.54	\$46.41	\$48.28	\$51.98
	EE + CH	\$43.96	\$45.81	\$47.65	\$51.31	\$46.36	\$48.31	\$50.25	\$54.11
	Family	\$73.11	\$76.18	\$79.25	\$85.33	\$77.10	\$80.34	\$83.58	\$89.98
2 Tier	EE + Dep	\$61.85	\$64.45	\$67.04	\$72.18	\$65.22	\$67.96	\$70.70	\$76.12

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	\$24.36	\$25.38	\$26.40	\$28.43	\$25.69	\$26.77	\$27.84	\$29.99
	EE + SP	\$49.92	\$52.00	\$54.09	\$58.26	\$52.64	\$54.84	\$57.04	\$61.44
	EE + CH	\$51.96	\$54.13	\$56.30	\$60.64	\$54.79	\$57.08	\$59.37	\$63.95
	Family	\$86.41	\$90.02	\$93.63	\$100.86	\$91.13	\$94.93	\$98.74	\$106.36
2 Tier	EE + Dep	\$73.10	\$76.15	\$79.21	\$85.32	\$77.09	\$80.31	\$83.53	\$89.97

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	\$31.93	\$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	

*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

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	\$14.98	\$16.49	\$18.49	\$16.15	\$17.79	\$19.96
	EE + SP	\$29.95	\$32.97	\$36.98	\$32.31	\$35.58	\$39.93
	EE + CH	\$36.39	\$40.06	\$44.93	\$39.25	\$43.22	\$48.51
	Family	\$58.42	\$64.31	\$72.13	\$63.01	\$69.39	\$77.87
2 Tier	EE + Dep	\$48.39	\$53.27	\$59.75	\$52.20	\$57.48	\$64.51

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.

		Contributory — Bundled With Medical			Contributory — Stand-Alone		
		Group 4	Group 3	Group 2	Group 4	Group 3	Group 2
4 Tier	EE Only	\$24.06	\$26.64	\$30.06	\$25.37	\$28.09	\$31.70
	EE + SP	\$49.29	\$54.57	\$61.60	\$51.98	\$57.55	\$64.96
	EE + CH	\$51.31	\$56.81	\$64.12	\$54.11	\$59.91	\$67.62
	Family	\$85.33	\$94.48	\$106.63	\$89.98	\$99.63	\$112.45
2 Tier	EE + Dep	\$72.18	\$79.92	\$90.20	\$76.12	\$84.28	\$95.12

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	\$28.43	\$31.47	\$35.54	\$29.45	\$30.86	\$32.26
	EE + SP	\$58.26	\$64.48	\$72.82	\$60.34	\$63.23	\$66.09
	EE + CH	\$60.64	\$67.12	\$75.81	\$77.55	\$81.28	\$84.96
	Family	\$100.86	\$111.63	\$126.07	\$122.56	\$128.46	\$134.27
2 Tier	EE + Dep	\$85.32	\$94.43	\$106.65	\$100.61	\$105.45	\$110.22

*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.