



2021 Individual Non-Standard and Catastrophic Plan Summaries and Rates

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Service	Gold Value D	Silver Value D	Silver Bold D	Catastrophic D
Coinsurance (As Applicable:)	N/A	N/A	N/A	N/A
Deductible:	\$3,300/\$6,600	\$6,000/\$12,000	\$6,500/\$13,000	\$8,550/\$17,100
Out Of Pocket Max:	\$3,300/\$6,600	\$6,000/\$12,000	\$6,500/\$13,000	\$8,550/\$17,100
Preventative Visits:	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Office Visit Copay:	\$45 (First 3 free)/\$65	\$35 (First 3 free)/\$75	\$50 (First 3 free)/\$70	First 3 PCP Free, then 0%*
Diagnostic Lab:	\$45/\$65	\$35/\$75	\$50/\$70	0%*
Inpatient Hospital:	\$0*	\$0*	\$0*	0%*
ER (Waived if admitted):	\$0*	\$0*	\$0*	0%*
Pediatric Vision Copay:	Covered in Full	Covered in Full	Covered in Full	0%*
Pediatric Lenses and Frames:	20%	30%	30%	0%*
RX (Retail, 30-Day)**:	\$10 Generic Before Deduct. \$0 Tier 2/3 *After Deduct	\$10 Generic Before Deduct. \$0 Tier 2/3 *After Deduct.	\$15 Tier 1 Before Deduct. \$0 Tier 2/3 *After Deduct.	0% *After Deductible
Rx (Mail Order, 90-Day)**:	\$0 Generic Before Deduct. \$0 Tier 2/3 *After Deduct.	\$25 Generic Before Deduct. \$0 Tier 2/3 *After Deduct.	\$37.50 Tier 1 Before Deduct. \$0 Tier 2/3 *After Deduct.	0% *After Deductible

Catastrophic plan only available to members under the age of 30.

*After Deductible

**RX Tier 1: Multi-Source Generics/Tier 2: Preferred Brand/Tier 3: Non-Preferred Brand

Rates valid 1/1/21-12/31/21

NYC	Rate Tier	Gold Value D	Silver Value D	Silver Bold D	Catastrophic D
Rates apply to: Bronx, Queens, New York, Kings, Richmond, Westchester, and Rockland Counties.	Individual	\$897.81	\$704.71	\$668.48	\$455.35
	E/S	\$1,790.63	\$1,404.42	\$1,331.95	\$905.69
	E/C	\$1,522.78	\$1,194.51	\$1,132.91	\$770.58
	Family	\$2,549.52	\$1,999.17	\$1,895.90	\$1,288.49

Long Island	Rate Tier	Gold Value D	Silver Value D	Silver Bold D	Catastrophic D
Rates apply to Suffolk and Nassau Counties	Individual	\$1,020.66	\$800.97	\$759.76	\$517.30
	E/S	\$2,036.32	\$1,596.95	\$1,514.53	\$1,029.60
	E/C	\$1,731.63	\$1,358.16	\$1,288.10	\$875.91
	Family	\$2,899.63	\$2,273.53	\$2,156.08	\$1,465.06

Mid-Hudson	Rate Tier	Gold Value D	Silver Value D	Silver Bold D	Catastrophic D
Rates apply to Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster Counties.	Individual	\$1,075.40	\$843.89	N/A	\$544.92
	E/S	\$2,145.80	\$1,682.77	N/A	\$1,084.84
	E/C	\$1,824.68	\$1,431.11	N/A	\$922.86
	Family	\$3,055.63	\$2,395.83	N/A	\$1,543.77

Albany	Rate Tier	Gold Value D	Silver Value D	Silver Bold D	Catastrophic D
Rates apply to Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties	Individual	\$1,074.94	\$843.52	N/A	\$544.69
	E/S	\$2,144.88	\$1,682.04	N/A	\$1,084.37
	E/C	\$1,823.90	\$1,430.49	N/A	\$922.47
	Family	\$3,054.33	\$2,394.79	N/A	\$1,543.10

Utica/Watertown	Rate Tier	Gold Value D	Silver Value D	Silver Bold D	Catastrophic D
Rates apply to Otsego County.	Individual	\$1,074.94	\$843.52	N/A	\$544.69
	E/S	\$2,144.88	\$1,682.04	N/A	\$1,084.37
	E/C	\$1,823.90	\$1,430.49	N/A	\$922.47
	Family	\$3,054.33	\$2,394.79	N/A	\$1,543.10

Syracuse	Rate Tier	Gold Value D	Silver Value D	Silver Bold D	Catastrophic D
Rates apply to Broome County.	Individual	\$1,074.94	\$843.52	N/A	\$544.69
	E/S	\$2,144.88	\$1,682.04	N/A	\$1,084.37
	E/C	\$1,823.90	\$1,430.49	N/A	\$922.47
	Family	\$3,054.33	\$2,394.79	N/A	\$1,543.10

The information provided above is a summary comparison. CAI cannot guarantee the accuracy of this information. Carrier documents always prevail. Please refer to the official carrier materials for complete information before making a decision. The above rates include \$5 for NYSBG Membership and Benefits and a 1.5% billing and administrative fee.

CAIRatesNS10820