

2021 Individual Standard Plan

Conference Associates, Inc

180 E. Main St.

Patchogue, NY 11772

1-631-654-0600

www.ConferenceNY.com



EmblemHealth Summaries and Rates

Service	Platinum D	Gold D	Silver D	Bronze D
Coinsurance (As Applicable):	N/A	N/A	N/A	50%
Deductible:	\$0/\$0	\$600/\$1,200	\$1,300/\$2,600	\$4,700/\$9,400
Out Of Pocket Max:	\$2,000/\$4,000	\$4,000/\$8,000	\$8,500/\$17,000	\$8,550/\$17,100
Preventative Visits:	Covered in Full	Covered in Full	Covered in Full	Covered In Full
Office Visit Copay*:	\$15/\$35	\$25/\$40 Copay	\$30/\$50 Copay	3 visits at \$50/75 before Ded then \$50/75 after Ded
Diagnostic Lab*:	\$35	\$40	\$50	Coinsurance: 50%
Inpatient Hospital*:	\$500 Per Admission	\$1,000 Per Admission	\$1,500 Per Admission	Coinsurance: 50%
ER (Waived if admitted)*:	\$100	\$150	\$300	Coinsurance: 50%
Pediatric Vision Copay*:	\$15	\$25 Copay	\$30 Copay	Coinsurance: 50%
Pediatric Lenses and Frames*:	10% Coinsurance	20% Coinsurance	30% Coinsurance	Coinsurance: 50%
RX (Retail, 30-Day)**:	\$10/ \$30/ \$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 *After Deductible
Rx (Mail Order, 90-Day)**:	\$25/ \$75/ \$150	\$25/\$88/\$175	\$25/\$88/\$175	\$25/\$88/\$175 *After Deductible

*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	Platinum D	Gold D	Silver D	Bronze D
Rates apply to: Bronx, Queens, New York, Kings, Richmond, Westchester, and Rockland Counties.	Individual	\$1,380.72	\$1,141.35	\$952.68	\$723.61
	E/S	\$2,756.44	\$2,277.71	\$1,900.35	\$1,442.22
	E/C	\$2,343.72	\$1,936.80	\$1,616.05	\$1,226.63
	Family	\$3,925.80	\$3,243.61	\$2,705.87	\$2,053.04

Long Island	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to Suffolk and Nassau Counties	Individual	\$1,570.01	\$1,297.70	\$1,083.06	\$822.48
	E/S	\$3,135.02	\$2,590.41	\$2,161.12	\$1,639.96
	E/C	\$2,665.52	\$2,202.60	\$1,837.70	\$1,394.72
	Family	\$4,465.28	\$3,689.21	\$3,077.48	\$2,334.82

Mid-Hudson	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster Counties.	Individual	\$1,654.36	\$1,367.38	\$1,141.18	\$866.55
	E/S	\$3,303.73	\$2,729.77	\$2,277.36	\$1,728.10
	E/C	\$2,808.92	\$2,321.06	\$1,936.50	\$1,469.63
	Family	\$4,705.69	\$3,887.79	\$3,243.11	\$2,460.43

Albany	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington Counties	Individual	\$1,653.65	\$1,366.80	\$1,140.69	\$866.18
	E/S	\$3,302.31	\$2,728.59	\$2,276.39	\$1,727.35
	E/C	\$2,807.71	\$2,320.05	\$1,935.68	\$1,469.01
	Family	\$4,703.67	\$3,886.12	\$3,241.72	\$2,459.35

Utica/Watertown	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to Otsego County.	Individual	\$1,653.65	\$1,366.80	\$1,140.69	\$866.18
	E/S	\$3,302.31	\$2,728.59	\$2,276.39	\$1,727.35
	E/C	\$2,807.71	\$2,320.05	\$1,935.68	\$1,469.01
	Family	\$4,703.67	\$3,886.12	\$3,241.72	\$2,459.35

Syracuse	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to Broome County.	Individual	\$1,653.65	\$1,366.80	\$1,140.69	\$866.18
	E/S	\$3,302.31	\$2,728.59	\$2,276.39	\$1,727.35
	E/C	\$2,807.71	\$2,320.05	\$1,935.68	\$1,469.01
	Family	\$4,703.67	\$3,886.12	\$3,241.72	\$2,459.35

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.

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