



Summary of Companies, Networks & Benefit Plans

Please use this chart to let your appointment schedulers know how you participate with EmblemHealth by checking the networks below covered by your contract(s).

Provider:
Service Address:

Key: ER = emergency room; IN = in-network; N/A = not applicable; OON = out-of-network; MOOP = maximum out-of-pocket; PCP = primary care provider; EH/CCI Reciprocity = members may access providers in both EmblemHealth and ConnectiCare's networks as noted. Service Areas = where benefit plans may be sold, not where care may be received.

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copoly (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Group Health Incorporated (GHI)	Commercial: <input type="checkbox"/> CBP Network (Member ID cards may show: CBP, EPO, EPO1, EPO2, PPO, PPO1, or PPO4)	<ul style="list-style-type: none"> GHI CBP plan (New York City Plan) <i>No PCP or referrals required.</i> 	Deductibles: IN: N/A OON: \$200/\$500 Copay: \$15/\$30/\$150 ACPNY and Monte: \$0/\$0 MOOP: \$4,550/\$9,100 Coinsurance: None	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> DC37 Med-Team (New York City Plan) <i>No PCP or referrals required.</i> 	Deductibles: IN: N/A OON: \$1,000/\$3,000 Copay: \$25/\$25/\$150 MOOP: \$7,150/\$14,300 Coinsurance: 30% OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> Federal Employee Benefit (FEHB) (EPO) <i>No PCP or referrals required.</i> 	Deductibles: N/A Copay: \$30/\$30/\$150 MOOP: \$6,850/\$13,700 Coinsurance: None	OON Coverage: No Service Area: NY & Northern NJ EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> Federal Employee Benefit (FEHB) (PPO) <i>No PCP or referrals required.</i> 	Deductibles: IN: N/A OON: \$150 Copay: \$20/\$20/\$150 MOOP: \$6,850/\$13,700 Coinsurance: OON only	OON Coverage: Yes Service Area: NY & Northern NJ EH/CCI Reciprocity: No

Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Group Health Incorporated (GHI) (Continued)	Commercial: <input type="checkbox"/> National Network <input type="checkbox"/> Tristate Network	<ul style="list-style-type: none"> EmblemHealth EPO <i>No PCP or referrals required.</i> 	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth PPO <i>No PCP or referrals required.</i> 	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth ConsumerDirect EPO <i>No PCP or referrals required.</i> 	Deductibles: Various (includes Rx) Copay: No MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth ConsumerDirect PPO <i>No PCP or referrals required.</i> 	Deductibles: Various (includes Rx) Copay: No MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth InBalance EPO <i>No PCP or referrals required.</i> 	Deductibles: Various on facility/ non-preventive surgical services Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth InBalance PPO <i>No PCP or referrals required.</i> 	Deductibles: IN: Various on facility/ non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Health Essentials Plus EPO <i>No PCP or referrals required.</i> 	Deductibles: N/A Copay: \$40 (limited to 3 outpatient visits only) MOOP: \$3,000/\$6,000 Coinsurance: None	OON Coverage: No Service Area: National EH/CCI Reciprocity: No
		Commercial: <input type="checkbox"/> Network Access Network	<ul style="list-style-type: none"> Network Access Plan <i>No PCP or referrals required</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: EPO: None PPO: Yes

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Group Health Incorporated (GHI) (Continued)	Medicare: <input type="checkbox"/> Network Access Network (continued)	<ul style="list-style-type: none"> ArchCare Advantage HMO SNP <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Various Service Area: Various EH/CCI Reciprocity: No
	Medicare: <input type="checkbox"/> Medicare Choice PPO Network	<ul style="list-style-type: none"> EmblemHealth Group Access Rx (PPO) <i>No PCP or referrals required.</i> 	Deductibles: \$0 Copay: \$15-\$35 /\$15-\$35/\$50-\$75 MOOP: \$3,400-\$5,100 Coinsurance: up to 20%	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
HIPIC GHI CCI QualCare First Health	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network, and First Health Network) <i>The Bridge Program gives members access to multiple networks. Members must follow the same administrative guidelines as members with plans under the HIPIC company. Certain client-specific exceptions may apply.</i>	<ul style="list-style-type: none"> Bridge ASO <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: EPO: No PPO: Yes Service Area: National EH/CCI Reciprocity: Yes
Health Insurance Plan of Greater New York (HIP)	Commercial: <input type="checkbox"/> Millennium Network	<ul style="list-style-type: none"> HIP Prime HMO (Large Group) <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Silver Bold (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$6,100/\$12,200 Copay: \$50^/\$70/\$0 (3 free PCP visits) MOOP: Up to \$6,100/\$12,200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No

^ Benefit is not subject to deductible.

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network (continued)	<ul style="list-style-type: none"> EmblemHealth Silver Bold CSR 1 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$5,100 Copay: PCP: 3 Free, \$50 before deductible Specialist: \$70 before deductible MOOP: \$5,100 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Bold CSR 2 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$1,700 Copay: PCP: 3 Free, \$50 before deductible Specialist: \$70 before deductible MOOP: \$1,700 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Bold CSR 3 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$700 Copay: PCP: 3 Free, \$50 before deductible Specialist: \$70 before deductible MOOP: \$700 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Platinum Premier-M (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$15/\$35/\$350 (3 free PCP visits) MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Platinum Value-M (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$200/\$400 Copay: \$15 [^] /\$35 [^] /\$350 (3 free PCP visits) MOOP: Up to \$2,400/\$4,800 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Gold Premier-M (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$350/\$700 Rx deductible \$0 Copay: \$40 [^] / \$60 [^] /\$600 (3 free PCP visits) MOOP: Up to \$5,300/\$10,600 Coinsurance: Yes [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Platinum Value-S (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$200/\$400 Copay: \$15 [^] /\$35 [^] /\$350 (3 free PCP visits) MOOP: Up to \$2,400/\$4,800 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network (continued)	<ul style="list-style-type: none"> EmblemHealth Silver Premier-M (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$2,400/\$4,800 Rx deductible \$0 Copay: \$35^/\$65^/\$400 (3 free PCP visits) MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes, ER coinsurance is 40% after deductible ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Value-M (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$6,300/\$12,000 Copay: \$10^/\$55 before deductible^/\$0 (3 free PCP) MOOP: Up to \$6,300/\$12,600 Coinsurance: None ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Bronze Premier-M (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$4,600/\$9,200 Copay: \$40/\$70/50% (3 free PCP visits) MOOP: Up to \$7,900/\$15,800 Co-insurance: Yes	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Bronze Value-M (Small Group) <i>PCP and referrals needed.</i> 	Deductibles: \$8,150/\$16,300 Copay: 0% (3 free PCP) MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Select Care Network	<ul style="list-style-type: none"> HIP Prime HMO (Large Group) <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	<ul style="list-style-type: none"> EmblemHealth Platinum (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$15/\$35/\$100 MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Gold (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$600/\$1,200 Copay: \$25/\$40/\$150 MOOP: Up to \$4,000/\$8,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Gold Value (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$3,000/\$6,000 Copay: \$45^/\$65^/\$0 (3 free PCP visits) MOOP: Up to \$3,000/\$6,000 Coinsurance: None <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$1,300/\$2,600 Copay: \$30/\$50/\$250 MOOP: Up to \$7,900/\$15,800 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$1,100 Copay: PCP: \$30 Specialist: \$50 MOOP: \$6,500 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$250 Copay: PCP: \$15 Specialist: \$35 MOOP: \$2,100 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: PCP: \$10 Specialist: \$20 MOOP: \$1,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Value (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$5,900/\$11,800 Copay: \$35^/\$75^/\$0 (3 free PCP visits) MOOP: Up to \$5,900/\$11,800 Coinsurance: None <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	<ul style="list-style-type: none"> EmblemHealth Silver Value CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$4,900 Copay: PCP: 3 Free, \$35 before deductible Specialist: \$75 before deductible MOOP: \$4,900 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Value CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$1,600 Copay: PCP: 3 Free, \$35 before deductible Specialist: \$75 before deductible MOOP: \$1,600 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Value CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$600 Copay: PCP: 3 Free, \$35 before deductible Specialist: \$75 before deductible MOOP: \$600 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$4,425/\$8,850 Copay: 50% (3 free PCP visits) MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i> 	Deductibles: \$8,150/\$16,300 Copay: 0% (3 free PCP visits) MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Platinum Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$0 Rx deductible \$0 Copay: \$15/\$35/\$350 (3 free PCP visits) MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Platinum Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$200/\$400 Copay: \$15 [^] /\$35 [^] /\$350 after deductible (3 free PCP visits) MOOP: Up to \$2,400/\$4,800 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	<ul style="list-style-type: none"> EmblemHealth Gold Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$350/\$700 Rx deductible \$0 Copay: \$40 [^] /\$60 [^] /\$600 (3 free PCP visits) MOOP: Up to \$5,300/\$10,600 Coinsurance: Yes [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Gold Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$1,900/\$3,800 Copay: \$25 [^] /\$40 [^] /\$500 MOOP: Up to \$3,7000/\$7,400 Coinsurance: Yes [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$2,400/\$4,800 Rx deductible \$0 Copay: \$35 [^] /\$65 [^] /40% (3 free PCP visits) MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes, ER coinsurance is 40% after deductible [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Silver Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$6,300/\$12,000 Copay: \$10 [^] /\$55 before deductible [^] /\$0 (3 free PCP) MOOP: Up to \$6,300/\$12,600 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Bronze Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$4,600/\$9,200 Copay: \$40/\$70/50% (3 free PCP visits) MOOP: Up to \$7,900/\$15,800 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Bronze Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$8,150/\$16,300 Copay: 0% (3 free PCP) MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
			Commercial: <input type="checkbox"/> Prime Network	<ul style="list-style-type: none"> Child Health Plus <i>PCP and referrals needed.</i>

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> HIP Prime HMO <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> HIP HMO Preferred (City of NY) <i>PCP and referrals needed.</i> 	Deductibles: No Copay: \$10/\$10/\$150 ACPNY \$0/\$0/\$150 MOOP: \$7,150/\$14,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth HMO Plus <i>PCP and referrals needed.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth HMO Preferred Plus <i>PCP and referrals needed.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> HIP Prime POS <i>PCP and referrals needed.</i> 	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> HIP Prime POS (City of NY) <i>PCP and referrals needed</i> 	Deductibles: IN: N/A OON: \$750/\$2,250 Copay: \$10/\$15/\$100 MOOP: \$3,000/\$9,000 Coinsurance: 30% OON only	OON: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> HIPaccess I <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> HIPaccess II <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> EmblemHealth EPO Value <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value HDHP <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> GHI HMO (City of NY) <i>PCP and referrals needed</i> 	Deductibles: N/A Copay: \$15/\$15/\$35 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Vytra HMO (City of NY) <i>PCP and referrals needed</i> 	Deductibles: N/A Copay: \$5/\$5/\$25 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: NY 3 county EH/CCI Reciprocity:
		Large Group <ul style="list-style-type: none"> HIP Prime PPO <i>No PCP or referrals required.</i> 	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> HIP Select PPO <i>No PCP or referrals required.</i> 	Deductibles: IN: Various on facility services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		Small Group - with access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare. <ul style="list-style-type: none"> EmblemHealth Platinum POS (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: IN: \$0/\$0 OON: \$2,600/\$5,200 Copay: IN: \$15/\$35/20% (3 free PCP visits) MOOP: IN: Up to \$2,500/\$5,000 OON: \$5,100/\$10,000 Coinsurance: Yes, ER coinsurance is 20%	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Platinum Premier P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$0 Rx deductible \$0 Copay: \$15/\$35/\$350 (3 free PCP visits) MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> EmblemHealth Platinum Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$200/\$400 Copay: \$15 [^] /\$35 [^] /\$350 (3 free PCP visits) MOOP: Up to \$2,400/\$4,800 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Gold POS (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: IN: \$1,000/\$2,000 OON: \$5,000/\$10,000 Copay: IN: \$25 [^] /\$40 [^] /30% (3 free PCP) MOOP: IN: Up to \$3,800/\$7,400 ONN: \$7,000/\$14,000 Coinsurance: Yes [^] Benefit is not subject to deductible.	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Gold Premier-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$350/\$700 Rx deductible \$0 Copay: \$40 [^] /\$60 [^] /\$600 (3 free PCP visits) MOOP: Up to \$5,300/\$10,600 Coinsurance: Yes [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Gold Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$1,900/\$3,800 Copay: \$25 [^] /\$40 [^] /\$500 MOOP: Up to \$3,700/\$7,400 Coinsurance: Yes [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Silver Premier-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$2,400/\$4,800 Rx deductible \$0 Copay: \$35 [^] /\$65 [^] /40% (3 free PCP visits) MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes, ER coinsurance is 40% after deductible [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Silver Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$6,300/\$12,000 Copay: \$10 [^] /\$55 [^] /\$0 (3 free PCP) MOOP: Up to \$6,300/\$12,600 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> EmblemHealth Silver Plus H.S.A. (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$2,800/\$5,600 Copay: \$30/ \$50^/40% MOOP: Up to \$5,800/\$11,600 Coinsurance: Yes, ER coinsurance is 40% after deductible ^ <i>Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Bronze Premier-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$4,600/\$9,200 Copay: \$40/\$70/50% after deductible (3 free PCP visits) MOOP: Up to \$7,900/\$15,800 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Bronze Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$8,150/\$16,300 Copay: 0% (3 free PCP) MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth Bronze Plus H.S.A. (Small Group) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: IN: \$6,300/\$12,600 Copay: 50% MOOP: Up to \$6,900/\$13,800 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
	Medicaid/Commercial: <input type="checkbox"/> Enhanced Care Prime Network	<ul style="list-style-type: none"> EmblemHealth Enhanced Care (Medicaid Managed Care plan for Medicaid-eligible individuals including Medicaid children's health and behavioral health benefits) <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions) MOOP: Rx \$50 quarterly Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older) <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions) MOOP: Rx \$50 quarterly Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> Essential Plan 1 (BHP) <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$2,000 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> Essential Plan 1 Plus <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$2,000 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Medicaid/Commercial: <input type="checkbox"/> Enhanced Care Prime Network (continued)	<ul style="list-style-type: none"> Essential Plan 2 <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> Essential Plan 2 Plus <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> Essential Plan 3 <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> Essential Plan 4 <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$0 MOOP: \$0 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	Medicare: <input type="checkbox"/> VIP Prime Network	<ul style="list-style-type: none"> EmblemHealth VIP Dual (HMO D-SNP - Individual Medicare plan. Special needs plan limited to individuals with both Medicare and full Medicaid coverage.) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0 Coinsurance: \$0 Individuals with full Medicaid coverage are not required to pay cost-sharing. Providers must bill COB to Medicaid and cannot balance bill members.	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth VIP Gold (HMO) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$\$0/\$25/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes Member may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Medicare: <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> EmblemHealth VIP Gold Plus (HMO) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$0/\$0/\$90 MOOP: \$6,700 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.
		<ul style="list-style-type: none"> EmblemHealth VIP Premier Group (HMO) (Employer Group plan) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: Various MOOP: \$3,400-\$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes May access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.
		<ul style="list-style-type: none"> EmblemHealth VIP Premier Group (HMO) (City of NY) <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$0/\$30/\$100 MOOP: \$3,400 Coinsurance: N/A	OON Coverage: No Service Area: NY 10 county
		<ul style="list-style-type: none"> EmblemHealth VIP Rx Carve-Out Group (HMO) (Employer Group plan) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: Various MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Medicare: <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> EmblemHealth VIP Rx Carve-Out Group (HMO) (City of NY) <i>PCP and referrals needed.</i> 	Deductibles: N/A Copay: \$0/\$30/\$100 MOOP: \$3,400 Coinsurance: N/A	OON Coverage: No Service Area: NY 10 county
		<ul style="list-style-type: none"> EmblemHealth VIP Rx Saver (HMO) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$5/\$35/\$90 MOOP: \$6,700 Coinsurance: up to 20% Comprehensive dental and fitness benefits with no maximums	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.
		<ul style="list-style-type: none"> EmblemHealth VIP Part B Saver (HMO) (Optional dental and fitness benefit riders are available at a low cost) <i>PCP and referrals needed.</i> 	Deductibles: \$1,000 applies to some services Copay: \$25/\$50/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes May access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.
		<ul style="list-style-type: none"> EmblemHealth VIP Go (HMO-POS) <i>No referrals required.</i> <i>PCP not required.</i> 	Deductibles: \$500 applies to some services Copay: \$10-\$30/\$45-\$65/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: Yes. Out-of-network coverage allowed for many benefits Service Area: NY 24 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Medicare: <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> EmblemHealth VIP Essential (HMO) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$0/\$45/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.
		<ul style="list-style-type: none"> EmblemHealth VIP Value (HMO) <i>PCP and referrals needed.</i> 	Deductibles: \$0 Copay: \$15/\$50/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 12 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.
		<ul style="list-style-type: none"> EmblemHealth VIP Passport (HMO) (Dental, Vision and Hearing Coverage Acupuncture Fitness Program (Silver Sneakers)) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$0 Copay: \$5/\$35/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 4 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Medicare: <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> EmblemHealth VIP Passport NYC (HMO) (Dental, Vision and Hearing Coverage Acupuncture Fitness Program (Silver Sneakers)) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$0 Copay: \$10/\$40/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: NY 5 county EH/CCI Reciprocity: Yes Members may access CCI Choice network for most services. Carved-out services (e.g., dental, vision, behavioral health, physical and occupational therapies, etc.) must be provided by EmblemHealth's partners who serve the VIP Prime Network, not those contracted for the CCI Choice Network.
		<ul style="list-style-type: none"> EmblemHealth VIP Dual Select (HMO D-SNP) (Dental, Vision and Hearing Coverage, and OTC benefit at \$50 per month/\$600) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$6,700 Coinsurance: \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid and cannot balance bill members.	OON Coverage: No Service Area: NY 10 county EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> EmblemHealth VIP Solutions (HMO D-SNP) (Dental, Vision and Hearing Coverage) <i>No referrals required.</i> <i>PCP needed.</i> 	Deductibles: \$0-\$295 Copay: \$0/\$0-\$45/\$0-\$90 MOOP: \$0-\$6,700 Coinsurance: Individuals with full Medicaid coverage or QMB. Providers must bill COB to Medicaid and cannot balance bill members.	OON Coverage: No Service Area: NY 10 county EH/CCI Reciprocity: No
HIP Insurance Company of New York (HIPIC)	Commercial: <input type="checkbox"/> Millennium Network	<ul style="list-style-type: none"> EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
	Commercial: <input type="checkbox"/> Select Care Network	<ul style="list-style-type: none"> EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
HIP Insurance Company of New York (HIPIC)	Commercial: <input type="checkbox"/> Prime Network	<ul style="list-style-type: none"> EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> HIP Prime PPO (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		<ul style="list-style-type: none"> HIP Select PPO (Large Group) <i>No PCP or referrals required.</i> 	Deductibles: IN: Various on facility services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
ConnectiCare, Inc.	Commercial: <input type="checkbox"/> Choice Network (includes full Prime Network) <input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	<ul style="list-style-type: none"> Choice HMO 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Choice POS 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Passage HMO 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Passage POS 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc.	Medicare: <input type="checkbox"/> Choice Network	<ul style="list-style-type: none"> ConnectiCare Choice Plan 1 (HMO) 	Deductibles: \$0 Copay: \$0-\$10/\$30/\$90 MOOP: \$3,400 Coinsurance: up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> ConnectiCare Choice Plan 2 (HMO) 	Deductibles: \$0 Copay: \$0/\$10/\$90 MOOP: \$6,000 Coinsurance: up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> ConnectiCare Choice Plan 3 (HMO) 	Deductibles: \$250 Copay: \$0/\$45/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> ConnectiCare Flex Plan 1 (HMO-POS) 	Deductibles: \$0 Copay: \$0-\$40/\$30-\$40/\$90 MOOP: \$5,300-\$10,000 Coinsurance: up to 40%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> ConnectiCare Flex Plan 2 (HMO-POS) 	Deductibles: \$0 Copay: \$0-\$50/\$35-\$50/\$90 MOOP: \$6,000-\$10,000 Coinsurance: up to 40%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> ConnectiCare Flex Plan 3 (HMO-POS) 	Deductibles: \$0 Copay: \$0-\$5/\$50/\$90 MOOP: \$5,500-\$10,000 Coinsurance: up to 50%	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Prime Network for most services.

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc.	Medicare: <input type="checkbox"/> Medicare Passage Network	<ul style="list-style-type: none"> ConnectiCare Passage Plan 1 (HMO) 	Deductibles: \$0 Copay: \$0-20/\$50/\$90 MOOP: \$6,700 Coinsurance: up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
ConnectiCare Insurance Company, Inc.	Commercial: <input type="checkbox"/> Choice Network (includes full Prime Network) <input type="checkbox"/> Flex Network (includes full Prime Network) <input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	<ul style="list-style-type: none"> Choice EPO 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Choice POS 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Flex POS 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Passage EPO 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		<ul style="list-style-type: none"> Passage POS 	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
	Medicare: <input type="checkbox"/> Choice Network	<ul style="list-style-type: none"> ConnectiCare Choice Dual (HMO D-SNP) 	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$6,700 Coinsurance: \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid and cannot balance bill members.	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No

Company	Provider Network /Program	Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare of Massachusetts (CMI)	Commercial: <input type="checkbox"/> Choice Network (includes full Prime Network)	• Choice HMO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: MA 4 county EH/CCI Reciprocity: Yes
		• Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: MA 4 county EH/CCI Reciprocity: Yes

Service Area Key:

Tristate = New York, New Jersey and Connecticut

NY 3 county = Nassau, Suffolk, and Queens

NY 4 county = Orange, Rockland, Westchester, and Nassau

NY 5 county = New York, Bronx, Kings, Queens, and Richmond

NY 8 county = Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Suffolk, and Westchester.

NY 10 county = Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Suffolk, Westchester, Orange, and Rockland

NY 12 county = New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam

NY 14 county = Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam

NY 24 county = Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island), Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, Putnam, Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington

NY 28 county = Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings (Brooklyn), Montgomery, Nassau, New York (Manhattan), Orange, Otsego, Putnam, Queens, Rensselaer, Richmond (Staten Island), Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester

MA 4 county = Berkshire, Hampden, Hampshire, and Franklin

National = All U.S. 50 states and territories

CT = Connecticut