

2022 Summary of Companies, Lines of Business, 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; fka = formerly known as; 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.

2022 Company	2022 Provider Network/Program	2022 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI)	Commercial: <input type="checkbox"/> CBP Network (Member ID cards may show: CBP, EPO, EPO1, EPO2, PPO, PPO1, or PPO4)	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 <i>^Benefit applies Specialist copay to dual PCP/Specialists.</i>	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		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
		Federal Employee Benefit (FEHB) (EPO) <i>No PCP or referrals required.</i>	Deductibles: N/A Copay: \$50/\$50/\$200 MOOP: \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: NY & Northern NJ EH/CCI Reciprocity: No

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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (continued)	Commercial: <input type="checkbox"/> National Network <input type="checkbox"/> Tristate Network <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.</i> <i>Please refer to the member's ID card to see if the benefit plan accesses the Bridge Program.</i>	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
		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
		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
		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
		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
		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
		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	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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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (continued)	Commercial: <input type="checkbox"/> Network Access Network (continued)	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	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
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC) EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) ConnectiCare 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 EmblemHealth Insurance Company. Certain client-specific exceptions may apply.</i>	Bridge ASO <i>No PCP or referrals required.</i> Please refer to the member's ID card to see if the benefit plan accesses the Bridge Program.	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: EPO: No PPO: Yes Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth PPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
Health Insurance Plan of Greater New York (HIP)	Commercial: <input type="checkbox"/> Millennium Network	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
		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
		EmblemHealth Silver Bold (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$6,500/\$13,000 Copay: \$50^/\$70/\$0 MOOP: Up to \$6,500/\$13,000 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	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)	EmblemHealth Silver Bold CSR 1 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$5,600 Copay: PCP: \$50 before deductible^ Specialist: \$70 before deductible MOOP: \$5,600 Coinsurance: None <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Silver Bold CSR 2 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$2,000 Copay: PCP: \$50 before deductible^ Specialist: \$70 before deductible MOOP: \$2,000 Coinsurance: None <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Silver Bold CSR 3 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$675 Copay: PCP: \$50 before deductible^ Specialist: \$70 before deductible MOOP: \$675 Coinsurance: None <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$15^/\$35/\$400 MOOP: Up to \$2,000/\$4,000 Coinsurance: None <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$250/\$500 Copay: \$15^/\$35^/\$400 MOOP: Up to \$2,500/\$5,000 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Gold Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$450/\$900 Rx deductible \$0 Copay: \$25^/\$40^/\$800 MOOP: Up to \$6,000/\$12,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Gold Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$2,500/\$5,000 Copay: \$25^/\$40^/\$800 MOOP: Up to \$7,000/\$14,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	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)	EmblemHealth Silver Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$3,800/\$7,600 Rx deductible: \$0 Copay: \$35^/\$65^/40% MOOP: Up to \$8,000/\$16,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$7,000/\$14,000 Copay: \$10^/\$55^/\$0 MOOP: Up to \$7,000/\$14,000 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$5,500/\$11,000 Copay: 50%^ MOOP: Up to \$8,700/\$17,400 Coinsurance: Yes <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0%^ MOOP: Up to \$8,550/\$17,100 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Select Care Network	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
		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
		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
		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
		EmblemHealth Gold Premier (Individual On/Off Exchange) <i>No referrals required. PCP needed.</i>	Deductibles: \$800/\$1,600 Copay: \$25/\$40/20% MOOP: Up to \$6,200/\$12,400 Coinsurance: Yes	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)	EmblemHealth Gold Value (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$4,000/\$8,000 Copay: \$45^/\$65^/\$0 MOOP: Up to \$4,000/\$8,000 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,300/\$2,600 Copay: \$30/\$50/\$300 MOOP: Up to \$8,500/\$17,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,100/\$2,200 Copay: \$30/\$50/\$275 MOOP: \$6,500/\$13,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$250/\$500 Copay: \$15/\$35/\$75 MOOP: \$2,200/\$4,400 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$10/\$20/\$50 MOOP: \$1,000/\$2,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$6,300/\$12,600 Copay: \$35^/\$75^/\$0 MOOP: Up to \$6,300/\$12,600 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$5,300/\$10,600 Copay: \$35/\$75/\$0 MOOP: \$5,300/\$10,600 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,900/\$3,800 Copay: \$35/\$75/\$0 MOOP: \$1,900/\$3,800 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$600/\$1,200 Copay: \$35^/\$75^/\$0 MOOP: \$600/\$1,200 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)	EmblemHealth Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$4,700/\$9,400 Copay: 3 visits \$50^ then \$50/3 visits \$75^ then \$75/\$500 MOOP: Up to \$8,700/\$17,400 Coinsurance: Yes <i>^Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$8,700/\$17,400 Copay: 0%^ MOOP: \$8,700/\$17,400 Coinsurance: Yes <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Rx deductible \$0 Copay: \$15^/\$35/\$400 MOOP: Up to \$2,000/\$4,000 Coinsurance: None <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$250/\$500 Copay: \$15^/\$35^/\$400 MOOP: Up to \$2,500/\$5,000 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Gold Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$450/\$900 Rx deductible \$0 Copay: \$25^/\$40^/\$800 MOOP: Up to \$6,000/\$12,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Gold Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$2,500/\$5,000 Copay: \$25^/\$40^/\$800 MOOP: Up to \$7,000/\$14,000 Coinsurance: Yes <i>^Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$3,800/\$7,600 Rx deductible \$0 Copay: \$35^/\$65^/40% MOOP: Up to \$8,000/\$16,000 Coinsurance: Yes <i>^3 free PCP visits. 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)	EmblemHealth Silver Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$7,000/\$14,000 Copay: \$10^/\$55^/\$0 MOOP: Up to \$7,000/\$14,000 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$5,500/\$11,000 Copay: 50%^ MOOP: Up to \$8,700/\$17,400 Coinsurance: None <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0%^ MOOP: Up to \$8,550/\$17,100 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Prime Network	Child Health Plus <i>PCP and referrals needed.</i> <i>Exception: SOMOS-managed members do not need referrals.</i>	Deductibles: N/A Copay: No MOOP: N/A Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		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
		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
		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
		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

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	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
		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 Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		HIPaccess I <i>No referrals required. 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
		HIPaccess II <i>No referrals required. 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
		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
		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 28 county EH/CCI Reciprocity: Yes
		EmblemHealth Platinum Premier P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Rx deductible \$0 Copay: \$15 [^] /\$35/\$400 MOOP: Up to \$2,000/\$4,000 Coinsurance: None [^] 3 free PCP visits.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Platinum Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$250/\$500 Copay: \$15 [^] /\$35 [^] /\$400 MOOP: Up to \$2,500/\$5,000 Coinsurance: None [^] 3 free PCP visits. Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

2022 Company	2022 Provider Network/Program	2022 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)	EmblemHealth Gold Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$450/\$900 Rx deductible \$0 Copay: \$25^/\$40^/\$800 MOOP: Up to \$6,000/\$12,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Gold Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$2,500/\$5,000 Copay: \$25^/\$40^/\$800 MOOP: Up to \$7,000/\$14,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Silver Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$3,800/\$7,600 Rx deductible \$0 Copay: \$35^/\$65^/40% MOOP: Up to \$8,000/\$16,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Silver Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$7,000/\$14,000 Copay: \$10^/\$55^/\$0 MOOP: Up to \$7,000/\$14,000 Coinsurance: None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Silver Plus H.S.A. (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$3,000/\$6,000 Copay: \$30/\$50/40% MOOP: Up to \$6,800/\$13,600 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Bronze Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$5,500/\$11,000 Copay: 50%^ MOOP: Up to \$8,700/\$17,400 Coinsurance: Yes <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Bronze Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0%^ MOOP: Up to \$8,550/\$17,100 Coinsurance: Yes <i>^3 free PCP visits.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Bronze Plus H.S.A. (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$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

2022 Company	2022 Provider Network/Program	2022 Member Benefit Plan	Deductible (Individual/Family) Copoly (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	Medicaid/Commercial: <input type="checkbox"/> Enhanced Care Prime Network	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. Exceptions: Foster Care and SOMOS-managed members do not need referrals.</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
		EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older) <i>PCP and referrals needed. Exception: SOMOS-managed members do not need referrals.</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
		Essential Plan 1 (BHP) <i>PCP and referrals needed. Exception: SOMOS-managed members do not need referrals.</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
		Essential Plan 1 Plus <i>PCP and referrals needed. Exception: SOMOS-managed members do not need referrals.</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
		Essential Plan 2 <i>PCP and referrals needed. Exception: SOMOS-managed members do not need referrals.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 2 Plus <i>PCP and referrals needed. Exception: SOMOS-managed members do not need referrals.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 3 <i>PCP and referrals needed. Exception: SOMOS-managed members do not need referrals.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 4 <i>PCP and referrals needed. Exception: SOMOS-managed members do not need referrals.</i>	Deductibles: N/A Copay: \$0 MOOP: \$0 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No

2022 Company	2022 Provider Network/Program	2022 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	EmblemHealth VIP Premier (HMO) (Group Plan) <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 EH/CCI Reciprocity: Yes. Members may access CCI Choice Network for most services.
		EmblemHealth VIP Rx Carve-Out (HMO) (Group Plan) <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	Deductibles: N/A Copay: Various MOOP: \$3,400 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes. Members may access CCI Choice Network for most services.
	Medicare: <input type="checkbox"/> VIP Bold Network	EmblemHealth VIP Dual (HMO D-SNP – Individual Medicare plan. Special needs plan limited to individuals with both Medicare and full Medicaid coverage.) <i>No referrals required. PCP needed.</i> <i>\$50 to \$120 per month OTC and Healthy Food benefit.</i> <i>Some EmblemHealth VIP Dual members will also be enrolled in either Enhanced Care (Medicaid) or Enhanced Care Plus (HARP) plans.</i>	Deductibles: \$0 (Provider must bill Medicaid) 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 or Medicaid plan and cannot balance bill members. Integrated Benefit Dual members have \$0 cost-sharing and receive Medicaid and Medicare benefits. EmblemHealth will provide primary and secondary payment to providers.	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No
		EmblemHealth VIP Gold (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$90 MOOP: \$7,550 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.
		EmblemHealth VIP Gold Plus (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$90 MOOP: \$7,550 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.
		EmblemHealth VIP Rx Saver (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$5/\$40/\$90 MOOP: \$7,550 Coinsurance: Up to 20% Comprehensive dental and fitness benefits with no maximums.	OON Coverage: No Service Area: NY 18 county EH/CCI Reciprocity: Yes. Members may access CCI Choice Network for most services.

2022 Company	2022 Provider Network/Program	2022 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 Bold Network (continued)	EmblemHealth VIP Essential (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$45/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county (excludes Dutchess and Putnam) EH/CCI Reciprocity: Yes. Members may access CCI Choice Network for most services.
		EmblemHealth VIP Value (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$15/\$50/\$90 MOOP: \$6,700 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 12 county (excludes Putnam and Sullivan) EH/CCI Reciprocity: Yes. Members may access CCI Choice Network for most services.
		EmblemHealth VIP Passport (HMO) (Dental, Vision and Hearing Coverage, Fitness Program (SilverSneakers®)) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$5/\$40/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 9 county EH/CCI Reciprocity: Yes. Members may access CCI Choice Network for most services.
		EmblemHealth VIP Passport NYC (HMO) (Dental, Vision and Hearing Coverage, Fitness Program (SilverSneakers®)) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$10/\$50/\$90 MOOP: \$7,550 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.
		EmblemHealth VIP Dual Select (HMO D-SNP) (Dental, Vision and Hearing Coverage, Acupuncture and OTC benefit at \$60 per month/\$720 per year) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 (Providers must bill Medicaid) Copay: \$0/\$0/20% Up to \$90 MOOP: \$0-\$7,550 Coinsurance: \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY 14 county (excludes Richmond) EH/CCI Reciprocity: No
		EmblemHealth VIP Solutions (HMO D-SNP) (Dental, Vision, Acupuncture and Hearing Coverage) <i>No referrals required. PCP needed.</i>	Deductibles: \$0-\$295 Copay: \$0/\$25/\$90 MOOP: \$0-\$7,550 Coinsurance: Up to 20% Individuals with full or partial Medicaid coverage or QMB. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No

2022 Company	2022 Provider Network/Program	2022 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 Reserve Network	EmblemHealth VIP Reserve (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$90 MOOP: \$0-\$7,550 Coinsurance: 20%	OON Coverage: No Service Area: NY Medicare 4 county EH/CCI Reciprocity: No
		EmblemHealth VIP Dual Reserve (HMO D-SNP) <i>No referrals required. PCP needed.</i> <i>\$147 per month OTC and Healthy Food benefits.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$7,550 Coinsurance: \$0 Individuals with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY Medicare 4 county EH/CCI Reciprocity: No
EmblemHealth Insurance Company fka HIP Insurance Company of New York (HIPIC)	Commercial: <input type="checkbox"/> Millennium Network	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
		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
		EmblemHealth PPO Value (Large Group) <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: Yes
		EmblemHealth Gold EPO Virtual-M (Small Group) <i>No PCP or referrals required.</i>	Deductibles: \$1,700/\$3,400 Copay: \$40^/\$60^/40% MOOP: Up to \$8,200/\$16,400 Coinsurance: Yes <i>^Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Select Care Network	EmblemHealth PPO Value (Large Group) <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: Yes

2022 Company	2022 Provider Network/Program	2022 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
EmblemHealth Insurance Company fka HIP Insurance Company of New York (HIPIC) (continued)	Commercial: <input type="checkbox"/> Select Care Network	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
		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
	Commercial: <input type="checkbox"/> Prime Network	EmblemHealth PPO Value (Large Group) <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: Yes
		EmblemHealth Platinum PPO-N (Small Group) <i>No PCP or referrals required.</i>	Deductibles: IN: \$0/\$0 OON: \$2,600/\$5,200 Copay: IN: \$15^/\$35/\$750 MOOP: IN: Up to \$2,500/\$5,000 OON: \$5,000/\$10,000 Coinsurance: Yes <i>^3 free PCP visits.</i>	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		EmblemHealth Gold PPO-N (Small Group) <i>No PCP or referrals required.</i>	Deductibles: IN: \$1,300/\$2,600 OON: \$3,500/ \$7000 Copay: IN: \$25^/\$40^/\$1000 MOOP: IN: Up to \$5,500/\$11,000 OON: \$7,500/\$15,000 Coinsurance: Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		EmblemHealth Gold EPO Virtual-N (Small Group) <i>No PCP or referrals required.</i>	Deductibles: \$500/\$1,000 Copay: \$40^/\$60^/40% MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes <i>^Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.

2022 Company	2022 Provider Network/Program	2022 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC) EmblemHealth Plan, Inc. fka Group Health Incorporated (GHI) ConnectiCare 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.</i> <i>Member ID card will indicate if benefit plan is accessing Bridge Program.</i>	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
		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
		EmblemHealth PPO Value (Large Group) <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: Yes

2022 Company	2022 Provider Network/Program	2022 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc.	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: CT EH/CCI Reciprocity: Yes
		Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
	<input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	Passage HMO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		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	ConnectiCare Choice Plan 1 (HMO)	Deductibles: \$0 Copay: \$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 Bold Network for most services.
		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 Bold Network for most services.
		ConnectiCare Choice Plan 3 (HMO)	Deductibles: \$250 Copay: \$10/\$45/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 1 (HMO-POS)	Deductibles: \$0 Copay: \$15-\$40/\$30-\$40/\$90 MOOP: \$5,300-\$10,000 Coinsurance: Up to 40%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 2 (HMO-POS)	Deductibles: \$0 Copay: \$15-\$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 Bold Network for most services.

2022 Company	2022 Provider Network/Program	2022 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc. (continued)	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Flex Plan 3 (HMO-POS)	Deductibles: \$0 Copay: \$5-50%/\$50-50%/\$90 MOOP: \$5,500-\$10,000 Coinsurance: Up to 50%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Choice Part B Saver (HMO)	Deductibles: \$1,000 Copay: \$25/\$50/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
	Medicare: <input type="checkbox"/> Medicare Passage Network	ConnectiCare Passage Plan 1 (HMO)	Deductibles: \$0 Copay: \$25/\$50/\$90 MOOP: \$7,550 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)	Choice EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Flex POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Passage EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Passage POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Compass Choice EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: No
		Bridge EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes

2022 Company	2022 Provider Network/Program	2022 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare Insurance Company, Inc. (continued)	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Dual (HMO D-SNP)	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$7,550 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
		ConnectiCare Choice Dual Basic (HMO D-SNP)	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$7,550 Coinsurance: \$0 Members with full Medicaid coverage and QMB. Providers must bill COB to Medicaid and cannot balance bill members.	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
ConnectiCare of Massachusetts, Inc. (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
ConnectiCare Benefits, Inc. (CBI)	Commercial: <input type="checkbox"/> Choice Network (CBI Choice Only Network) <input type="checkbox"/> Passage Network (CBI Passage Only Network) <input type="checkbox"/> Compass Network (CBI Compass Network) <input type="checkbox"/> Choice Network (Covered CT Product, CBI Only)	Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Passage POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Compass POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Connecticut Covered	Member has no cost-share. State pays deductible/copay/MOOP.	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes

Service Area Key*:

Kings = Brooklyn
 New York = Manhattan
 Richmond = Staten Island
 Tristate = New York, New Jersey, and Connecticut
 NY 3 county = Nassau, Suffolk, and Queens
 NY 4 county = Orange, Rockland, Westchester, and Nassau

NY Medicare 4 county = Bronx, Manhattan, Queens, and Brooklyn
 NY 5 county = New York, Bronx, Kings, Queens, and Richmond
 NY 8 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, and Westchester
 NY 10 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk,

Westchester, Orange, and Rockland
 NY 12 county = New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam
 NY 14 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam

NY 24 county = Bronx, Kings, New York, Queens, Richmond, 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, Montgomery, Nassau, New

York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, 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

*Where plans sold, not where care may be received.