



# 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) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
<b>Group Health Incorporated (GHI)</b>	<b>Commercial:</b> <input type="checkbox"/> CBP Network (Member ID cards may show: CBP, EPO, EPO1, EPO2, PPO, PPO1, or PPO4)	<ul style="list-style-type: none"> <li>GHI CBP plan (New York City Plan) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> \$200/\$500 <b>Copay:</b> \$15/\$30/\$150 <b>ACPNY and Monte:</b> \$0/\$0 <b>MOOP:</b> \$4,550/\$9,100 <b>Coinsurance:</b> None	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>DC37 Med-Team (New York City Plan) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> \$1,000/\$3,000 <b>Copay:</b> \$25/\$25/\$150 <b>MOOP:</b> \$7,150/\$14,300 <b>Coinsurance:</b> 30% OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>Federal Employee Benefit (FEHB) (EPO) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$30/\$30/\$150 <b>MOOP:</b> \$6,850/\$13,700 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY & Northern NJ <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>Federal Employee Benefit (FEHB) (PPO) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> \$150 <b>Copay:</b> \$20/\$20/\$150 <b>MOOP:</b> \$6,850/\$13,700 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> NY & Northern NJ <b>EH/CCI Reciprocity:</b> 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
<b>Group Health Incorporated (GHI) (Continued)</b>	<b>Commercial:</b> <input type="checkbox"/> National Network <input type="checkbox"/> Tristate Network	<ul style="list-style-type: none"> <li>EmblemHealth EPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth PPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth ConsumerDirect EPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various (includes Rx) <b>Copay:</b> No <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth ConsumerDirect PPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various (includes Rx) <b>Copay:</b> No <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth InBalance EPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various on facility/ non-preventive surgical services <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth InBalance PPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> Various on facility/ non-preventive surgical services <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Health Essentials Plus EPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$40 (limited to 3 outpatient visits only) <b>MOOP:</b> \$3,000/\$6,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<b>Commercial:</b> <input type="checkbox"/> Network Access Network	<ul style="list-style-type: none"> <li>Network Access Plan <i>No PCP or referrals required</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> <b>EPO:</b> None <b>PPO:</b> 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
<b>Group Health Incorporated (GHI) (Continued)</b>	<b>Medicare:</b> <input type="checkbox"/> Network Access Network (continued)	<ul style="list-style-type: none"> <li>ArchCare Advantage HMO SNP <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Various <b>Service Area:</b> Various <b>EH/CCI Reciprocity:</b> No
	<b>Medicare:</b> <input type="checkbox"/> Medicare Choice PPO Network	<ul style="list-style-type: none"> <li>EmblemHealth Group Access Rx (PPO) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15-\$35 /\$15-\$35/\$50-\$75 <b>MOOP:</b> \$3,400-\$5,100 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
<b>HIPIC GHI CCI QualCare First Health</b>	<b>Commercial:</b> <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"> <li>Bridge ASO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> <b>EPO:</b> No <b>PPO:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
<b>Health Insurance Plan of Greater New York (HIP)</b>	<b>Commercial:</b> <input type="checkbox"/> Millennium Network	<ul style="list-style-type: none"> <li>HIP Prime HMO (Large Group) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Silver Bold (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$6,100/\$12,200 <b>Copay:</b> \$50^/\$70/\$0 (3 free PCP visits) <b>MOOP:</b> Up to \$6,100/\$12,200 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No

^ Benefit is not subject to deductible.

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

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

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

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<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Commercial:</b> <input type="checkbox"/> Select Care Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth Silver Value CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$4,900 <b>Copay:</b> <b>PCP:</b> 3 Free, \$35 before deductible <b>Specialist:</b> \$75 before deductible <b>MOOP:</b> \$4,900 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Silver Value CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$1,600 <b>Copay:</b> <b>PCP:</b> 3 Free, \$35 before deductible <b>Specialist:</b> \$75 before deductible <b>MOOP:</b> \$1,600 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Silver Value CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$600 <b>Copay:</b> <b>PCP:</b> 3 Free, \$35 before deductible <b>Specialist:</b> \$75 before deductible <b>MOOP:</b> \$600 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$4,425/\$8,850 <b>Copay:</b> 50% (3 free PCP visits) <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$8,150/\$16,300 <b>Copay:</b> 0% (3 free PCP visits) <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Platinum Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$0 Rx deductible \$0 <b>Copay:</b> \$15/\$35/\$350 (3 free PCP visits) <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Platinum Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$200/\$400 <b>Copay:</b> \$15 <sup>^</sup> /\$35 <sup>^</sup> /\$350 after deductible (3 free PCP visits) <b>MOOP:</b> Up to \$2,400/\$4,800 <b>Coinsurance:</b> None <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Commercial:</b> <input type="checkbox"/> Select Care Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth Gold Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$350/\$700 Rx deductible \$0 <b>Copay:</b> \$40 <sup>^</sup> /\$60 <sup>^</sup> /\$600 (3 free PCP visits) <b>MOOP:</b> Up to \$5,300/\$10,600 <b>Coinsurance:</b> Yes <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Gold Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$1,900/\$3,800 <b>Copay:</b> \$25 <sup>^</sup> /\$40 <sup>^</sup> /\$500 <b>MOOP:</b> Up to \$3,7000/\$7,400 <b>Coinsurance:</b> Yes <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Silver Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$2,400/\$4,800 Rx deductible \$0 <b>Copay:</b> \$35 <sup>^</sup> /\$65 <sup>^</sup> /40% (3 free PCP visits) <b>MOOP:</b> Up to \$7,800/\$15,600 <b>Coinsurance:</b> Yes, ER coinsurance is 40% after deductible <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Silver Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$6,300/\$12,000 <b>Copay:</b> \$10 <sup>^</sup> /\$55 before deductible <sup>^</sup> /\$0 (3 free PCP) <b>MOOP:</b> Up to \$6,300/\$12,600 <b>Coinsurance:</b> None <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Bronze Premier-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$4,600/\$9,200 <b>Copay:</b> \$40/\$70/50% (3 free PCP visits) <b>MOOP:</b> Up to \$7,900/\$15,800 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Bronze Value-S (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$8,150/\$16,300 <b>Copay:</b> 0% (3 free PCP) <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>Commercial:</b> <input type="checkbox"/> Prime Network	<ul style="list-style-type: none"> <li>Child Health Plus <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> No <b>MOOP:</b> N/A <b>Coinsurance:</b> None



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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Commercial:</b> <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> <li>HIP Prime HMO <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>HIP HMO Preferred (City of NY) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> No <b>Copay:</b> \$10/\$10/\$150 ACPNY \$0/\$0/\$150 <b>MOOP:</b> \$7,150/\$14,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth HMO Plus <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth HMO Preferred Plus <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>HIP Prime POS <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>HIP Prime POS (City of NY) <i>PCP and referrals needed</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> \$750/\$2,250 <b>Copay:</b> \$10/\$15/\$100 <b>MOOP:</b> \$3,000/\$9,000 <b>Coinsurance:</b> 30% OON only	<b>OON:</b> Yes <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>HIPaccess I <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>HIPaccess II <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Commercial:</b> <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth EPO Value <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth EPO Value HDHP <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>GHI HMO (City of NY) <i>PCP and referrals needed</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$15/\$15/\$35 <b>MOOP:</b> N/A <b>Coinsurance:</b> N/A	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Vytra HMO (City of NY) <i>PCP and referrals needed</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$5/\$5/\$25 <b>MOOP:</b> N/A <b>Coinsurance:</b> N/A	<b>OON Coverage:</b> No <b>Service Area:</b> NY 3 county <b>EH/CCI Reciprocity:</b>
		Large Group <ul style="list-style-type: none"> <li>HIP Prime PPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>HIP Select PPO <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> Various on facility services <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		Small Group - with access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare. <ul style="list-style-type: none"> <li>EmblemHealth Platinum POS (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> \$0/\$0 <b>OON:</b> \$2,600/\$5,200 <b>Copay:</b> <b>IN:</b> \$15/\$35/20% (3 free PCP visits) <b>MOOP:</b> <b>IN:</b> Up to \$2,500/\$5,000 <b>OON:</b> \$5,100/\$10,000 <b>Coinsurance:</b> Yes, ER coinsurance is 20%	<b>OON Coverage:</b> Yes <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Platinum Premier P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$0 Rx deductible \$0 <b>Copay:</b> \$15/\$35/\$350 (3 free PCP visits) <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Commercial:</b> <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth Platinum Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$200/\$400 <b>Copay:</b> \$15 <sup>^</sup> /\$35 <sup>^</sup> /\$350 (3 free PCP visits) <b>MOOP:</b> Up to \$2,400/\$4,800 <b>Coinsurance:</b> None <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Gold POS (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> \$1,000/\$2,000 <b>OON:</b> \$5,000/\$10,000 <b>Copay:</b> <b>IN:</b> \$25 <sup>^</sup> /\$40 <sup>^</sup> /30% (3 free PCP) <b>MOOP:</b> <b>IN:</b> Up to \$3,800/\$7,400 <b>ONN:</b> \$7,000/\$14,000 <b>Coinsurance:</b> Yes <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> Yes <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Gold Premier-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$350/\$700 Rx deductible \$0 <b>Copay:</b> \$40 <sup>^</sup> /\$60 <sup>^</sup> /\$600 (3 free PCP visits) <b>MOOP:</b> Up to \$5,300/\$10,600 <b>Coinsurance:</b> Yes <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Gold Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$1,900/\$3,800 <b>Copay:</b> \$25 <sup>^</sup> /\$40 <sup>^</sup> /\$500 <b>MOOP:</b> Up to \$3,700/\$7,400 <b>Coinsurance:</b> Yes <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Silver Premier-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$2,400/\$4,800 Rx deductible \$0 <b>Copay:</b> \$35 <sup>^</sup> /\$65 <sup>^</sup> /40% (3 free PCP visits) <b>MOOP:</b> Up to \$7,800/\$15,600 <b>Coinsurance:</b> Yes, ER coinsurance is 40% after deductible <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Silver Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$6,300/\$12,000 <b>Copay:</b> \$10 <sup>^</sup> /\$55 <sup>^</sup> /\$0 (3 free PCP) <b>MOOP:</b> Up to \$6,300/\$12,600 <b>Coinsurance:</b> None <sup>^</sup> Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Commercial:</b> <input type="checkbox"/> Prime Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth Silver Plus H.S.A. (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$2,800/\$5,600 <b>Copay:</b> \$30/ \$50^/40% <b>MOOP:</b> Up to \$5,800/\$11,600 <b>Coinsurance:</b> Yes, ER coinsurance is 40% after deductible ^ <i>Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Bronze Premier-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$4,600/\$9,200 <b>Copay:</b> \$40/\$70/50% after deductible (3 free PCP visits) <b>MOOP:</b> Up to \$7,900/\$15,800 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Bronze Value-P (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$8,150/\$16,300 <b>Copay:</b> 0% (3 free PCP) <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth Bronze Plus H.S.A. (Small Group) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> \$6,300/\$12,600 <b>Copay:</b> 50% <b>MOOP:</b> Up to \$6,900/\$13,800 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
	<b>Medicaid/Commercial:</b> <input type="checkbox"/> Enhanced Care Prime Network	<ul style="list-style-type: none"> <li>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></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> Rx \$1/\$3 (with exceptions) <b>MOOP:</b> Rx \$50 quarterly <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> Rx \$1/\$3 (with exceptions) <b>MOOP:</b> Rx \$50 quarterly <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>Essential Plan 1 (BHP) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$15/\$25/\$75 <b>MOOP:</b> \$2,000 <b>Coinsurance:</b> Yes, for certain services	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>Essential Plan 1 Plus <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$15/\$25/\$75 <b>MOOP:</b> \$2,000 <b>Coinsurance:</b> Yes, for certain services	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Medicaid/Commercial:</b> <input type="checkbox"/> Enhanced Care Prime Network (continued)	<ul style="list-style-type: none"> <li>Essential Plan 2 <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0 <b>MOOP:</b> \$200 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>Essential Plan 2 Plus <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0 <b>MOOP:</b> \$200 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>Essential Plan 3 <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0 <b>MOOP:</b> \$200 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>Essential Plan 4 <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0 <b>MOOP:</b> \$0 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
	<b>Medicare:</b> <input type="checkbox"/> VIP Prime Network	<ul style="list-style-type: none"> <li>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></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0 <b>Coinsurance:</b> \$0 Individuals with full Medicaid coverage are not required to pay cost-sharing. Providers must bill COB to Medicaid and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth VIP Gold (HMO) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$\$0/\$25/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Medicare:</b> <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth VIP Gold Plus (HMO) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> 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"> <li>EmblemHealth VIP Premier Group (HMO) (Employer Group plan) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> Various <b>MOOP:</b> \$3,400-\$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> 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"> <li>EmblemHealth VIP Premier Group (HMO) (City of NY) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0/\$30/\$100 <b>MOOP:</b> \$3,400 <b>Coinsurance:</b> N/A	<b>OON Coverage:</b> No <b>Service Area:</b> NY 10 county
		<ul style="list-style-type: none"> <li>EmblemHealth VIP Rx Carve-Out Group (HMO) (Employer Group plan) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> Various <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Medicare:</b> <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth VIP Rx Carve-Out Group (HMO) (City of NY) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0/\$30/\$100 <b>MOOP:</b> \$3,400 <b>Coinsurance:</b> N/A	<b>OON Coverage:</b> No <b>Service Area:</b> NY 10 county
		<ul style="list-style-type: none"> <li>EmblemHealth VIP Rx Saver (HMO) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5/\$35/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20% Comprehensive dental and fitness benefits with no maximums	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> 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"> <li>EmblemHealth VIP Part B Saver (HMO) (Optional dental and fitness benefit riders are available at a low cost) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$1,000 applies to some services <b>Copay:</b> \$25/\$50/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> 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"> <li>EmblemHealth VIP Go (HMO-POS) <i>No referrals required.</i> <i>PCP not required.</i></li> </ul>	<b>Deductibles:</b> \$500 applies to some services <b>Copay:</b> \$10-\$30/\$45-\$65/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> Yes. Out-of-network coverage allowed for many benefits <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Medicare:</b> <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth VIP Essential (HMO) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$45/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> 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"> <li>EmblemHealth VIP Value (HMO) <i>PCP and referrals needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15/\$50/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 12 county <b>EH/CCI Reciprocity:</b> 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"> <li>EmblemHealth VIP Passport (HMO) (Dental, Vision and Hearing Coverage Acupuncture Fitness Program (Silver Sneakers)) <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5/\$35/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 4 county <b>EH/CCI Reciprocity:</b> 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
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Medicare:</b> <input type="checkbox"/> VIP Prime Network (continued)	<ul style="list-style-type: none"> <li>EmblemHealth VIP Passport NYC (HMO) (Dental, Vision and Hearing Coverage Acupuncture Fitness Program (Silver Sneakers))  <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$10/\$40/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 5 county <b>EH/CCI Reciprocity:</b> 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"> <li>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></li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0-\$6,700 <b>Coinsurance:</b> \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 10 county <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>EmblemHealth VIP Solutions (HMO D-SNP) (Dental, Vision and Hearing Coverage)  <i>No referrals required.</i> <i>PCP needed.</i></li> </ul>	<b>Deductibles:</b> \$0-\$295 <b>Copay:</b> \$0/\$0-\$45/\$0-\$90 <b>MOOP:</b> \$0-\$6,700 <b>Coinsurance:</b> Individuals with full Medicaid coverage or QMB. Providers must bill COB to Medicaid and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 10 county <b>EH/CCI Reciprocity:</b> No
<b>HIP Insurance Company of New York (HIPIC)</b>	<b>Commercial:</b> <input type="checkbox"/> Millennium Network	<ul style="list-style-type: none"> <li>EmblemHealth EPO Value (Large Group)  <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth EPO Value HDHP (Large Group)  <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
	<b>Commercial:</b> <input type="checkbox"/> Select Care Network	<ul style="list-style-type: none"> <li>EmblemHealth EPO Value (Large Group)  <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth EPO Value HDHP (Large Group)  <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> 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
<b>HIP Insurance Company of New York (HIPIC)</b>	<b>Commercial:</b> <input type="checkbox"/> Prime Network	<ul style="list-style-type: none"> <li>EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>HIP Prime PPO (Large Group) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<ul style="list-style-type: none"> <li>HIP Select PPO (Large Group) <i>No PCP or referrals required.</i></li> </ul>	<b>Deductibles:</b> <b>IN:</b> Various on facility services <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
<b>ConnectiCare, Inc.</b>	<b>Commercial:</b> <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"> <li>Choice HMO</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Choice POS</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Passage HMO</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Passage POS</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> 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.	<b>Medicare:</b> <input type="checkbox"/> Choice Network	<ul style="list-style-type: none"> <li>ConnectiCare Choice Plan 1 (HMO)</li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0-\$10/\$30/\$90 <b>MOOP:</b> \$3,400 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> <li>ConnectiCare Choice Plan 2 (HMO)</li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$10/\$90 <b>MOOP:</b> \$6,000 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> <li>ConnectiCare Choice Plan 3 (HMO)</li> </ul>	<b>Deductibles:</b> \$250 <b>Copay:</b> \$0/\$45/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> <li>ConnectiCare Flex Plan 1 (HMO-POS)</li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0-\$40/\$30-\$40/\$90 <b>MOOP:</b> \$5,300-\$10,000 <b>Coinsurance:</b> up to 40%	<b>OON Coverage:</b> Yes for most services <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> <li>ConnectiCare Flex Plan 2 (HMO-POS)</li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0-\$50/\$35-\$50/\$90 <b>MOOP:</b> \$6,000-\$10,000 <b>Coinsurance:</b> up to 40%	<b>OON Coverage:</b> Yes for most services <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Prime Network for most services.
		<ul style="list-style-type: none"> <li>ConnectiCare Flex Plan 3 (HMO-POS)</li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0-\$5/\$50/\$90 <b>MOOP:</b> \$5,500-\$10,000 <b>Coinsurance:</b> up to 50%	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> 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
<b>ConnectiCare, Inc.</b>	<b>Medicare:</b> <input type="checkbox"/> Medicare Passage Network	<ul style="list-style-type: none"> <li>ConnectiCare Passage Plan 1 (HMO)</li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0-20/\$50/\$90 <b>MOOP:</b> \$6,700 <b>Coinsurance:</b> up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> No
<b>ConnectiCare Insurance Company, Inc.</b>	<b>Commercial:</b> <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"> <li>Choice EPO</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Choice POS</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Flex POS</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Passage EPO</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Passage POS</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
	<b>Medicare:</b> <input type="checkbox"/> Choice Network	<ul style="list-style-type: none"> <li>ConnectiCare Choice Dual (HMO D-SNP)</li> </ul>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0-\$6,700 <b>Coinsurance:</b> \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> 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)	<b>Commercial:</b> <input type="checkbox"/> Choice Network (includes full Prime Network)	<ul style="list-style-type: none"> <li>Choice HMO</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> No <b>Service Area:</b> MA 4 county <b>EH/CCI Reciprocity:</b> Yes
		<ul style="list-style-type: none"> <li>Choice POS</li> </ul>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> MA 4 county <b>EH/CCI Reciprocity:</b> 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