

## 2021 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).

<b>Provider:</b>
<b>Service Address:</b>

**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.

2021 Company	2021 Provider Network/Program	2021 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
<b>EmblemHealth Plan, Inc., fka 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)	<b>GHI CBP plan (New York City Plan)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> 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>	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<b>DC37 Med-Team (New York City Plan)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> IN: N/A OON: \$1,000/\$3,000 Copay: \$25/\$25/\$150 MOOP: \$7,150/\$14,300 Coinsurance: 30% OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<b>Federal Employee Benefit (FEHB) (EPO)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> N/A Copay: \$50/\$50/\$200 MOOP: \$8,150/\$16,300 Coinsurance: None	<b>OON Coverage:</b> No <b>Service Area:</b> NY & Northern NJ <b>EH/CCI Reciprocity:</b> No

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<b>EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (Continued)</b>	<b>Commercial:</b> <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>	<b>EmblemHealth EPO</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth PPO</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth ConsumerDirect EPO</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth ConsumerDirect PPO</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth InBalance EPO</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth InBalance PPO</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth Health Essentials Plus EPO</b> <i>No PCP or referrals required.</i>	<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	<b>Network Access Plan</b> <i>No PCP or referrals required</i>	<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

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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (Continued)	<b>Commercial:</b> <input type="checkbox"/> Network Access Network (continued)	<b>ArchCare Advantage HMO SNP</b> <i>No PCP or referrals required.</i>	<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	<b>EmblemHealth Group Access Rx (PPO)</b> <i>No PCP or referrals required.</i>	<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
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC)  EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI)  ConnectiCare  QualCare  First Health	<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 EmblemHealth Insurance Company. Certain client-specific exceptions may apply.</i>	<b>Bridge ASO</b> <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.	<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>EmblemHealth EPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan)</b> <i>No PCP or referrals required.</i>	<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> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth PPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan)</b> <i>No PCP or referrals required.</i>	<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> National <b>EH/CCI Reciprocity:</b> Yes
Health Insurance Plan of Greater New York (HIP)	<b>Commercial:</b> <input type="checkbox"/> Millennium Network	<b>HIP Prime HMO (Large Group)</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth HMO Plus (Large Group)</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth Silver Bold (Individual Direct Pay - On Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$6,500/\$13,000 <b>Copay:</b> \$50^/\$70/\$0 <b>MOOP:</b> Up to \$6,500/\$13,000 <b>Coinsurance:</b> None  <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<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> <input type="checkbox"/> Millennium Network (continued)	<b>EmblemHealth Silver Bold CSR 1 (Individual Direct Pay - On Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$5,500 <b>Copay:</b> <b>PCP:</b> 3 free, \$50 before deductible <b>Specialist:</b> \$70 before deductible <b>MOOP:</b> \$5,500 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Bold CSR 2 (Individual Direct Pay - On Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$1,900 <b>Copay:</b> <b>PCP:</b> 3 free, \$50 before deductible <b>Specialist:</b> \$70 before deductible <b>MOOP:</b> \$1,900 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Bold CSR 3 (Individual Direct Pay - On Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$650 <b>Copay:</b> <b>PCP:</b> 3 free, \$50 before deductible <b>Specialist:</b> \$70 before deductible <b>MOOP:</b> \$650 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Platinum Premier-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15/\$35/\$400 <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None <i>^3 free PCP visits.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Platinum Value-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> \$15^/\$35^/\$400 <b>MOOP:</b> Up to \$2,500/\$5,000 <b>Coinsurance:</b> None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Gold Premier-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$450/\$900 Rx deductible \$0 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$5,600/\$11,200 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Gold Value-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$2,300/\$4,600 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$5,300/\$10,600 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<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> <input type="checkbox"/> Millennium Network (continued)	<b>EmblemHealth Silver Premier-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$3,600/\$7,200 Rx deductible: \$0 <b>Copay:</b> \$35^/\$65^/40% <b>MOOP:</b> Up to \$7,800/\$15,600 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Value-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$6,700/\$13,400 <b>Copay:</b> \$10^/\$55^/\$0 <b>MOOP:</b> Up to \$6,700/\$13,400 <b>Coinsurance:</b> None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Bronze Premier-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$5,300/\$10,600 <b>Copay:</b> 50% ^3 free PCP visits <b>MOOP:</b> Up to \$8,450/\$16,900 <b>Co-insurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Bronze Value-M (Small Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$8,550/\$17,100 <b>Copay:</b> 0% (3 free PCP) <b>MOOP:</b> Up to \$8,550/\$17,100 <b>Coinsurance:</b> Yes <i>^Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
	<b>Commercial:</b> <input type="checkbox"/> Select Care Network	<b>HIP Prime HMO (Large Group)</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth HMO Plus (Large Group)</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth Platinum (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth Gold (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth Gold Value (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$3,300/\$6,600 <b>Copay:</b> \$45^/\$65^/\$0 <b>MOOP:</b> Up to \$3,300/\$6,600 <b>Coinsurance:</b> None <i>^3 free PCP visits. 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)	<b>EmblemHealth Silver (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$1,300/\$2,600 <b>Copay:</b> \$30/\$50/\$300 <b>MOOP:</b> Up to \$8,500/\$17,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver CSR 1 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$1,100/\$2,200 <b>Copay:</b> \$30/\$50/\$275 <b>MOOP:</b> \$6,500/\$13,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver CSR 2 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> \$15/\$35/\$75 <b>MOOP:</b> \$2,200/\$4,400 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver CSR 3 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$10/\$20/\$50 <b>MOOP:</b> \$1,000/\$2,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Value (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$6,000/\$12,000 <b>Copay:</b> \$35^/\$75^/\$0 <b>MOOP:</b> Up to \$6,000/\$12,000 <b>Coinsurance:</b> None <i>^3 free PCP visits. 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
		<b>EmblemHealth Silver Value CSR 1 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$5,150/\$10,300 <b>Copay:</b> \$35^/\$75^/\$0 <b>MOOP:</b> \$5,150/\$10,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Value CSR 2 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$1,700/\$3,400 <b>Copay:</b> \$35^/\$75^/\$0 <b>MOOP:</b> \$1,700/\$3,400 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Value CSR 3 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$550/\$1,100 <b>Copay:</b> \$35^/\$75^/\$0 <b>MOOP:</b> \$550/\$1,100 <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
		<b>EmblemHealth Bronze (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$4,700/\$9,400 <b>Copay:</b> 3 visits \$50^ then \$50/3 visits \$75^ then \$75/50% <b>MOOP:</b> Up to \$8,550/\$17,100 <b>Coinsurance:</b> Yes <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)	<b>EmblemHealth Catastrophic (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$8,550/\$17,100 <b>Copay:</b> 0% ^3 free PCP visits <b>MOOP:</b> \$8,550/\$17,100 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Platinum Premier-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 Rx deductible \$0 <b>Copay:</b> ^\$15/\$35/\$400 <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None <i>^3 free PCP visits.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Platinum Value-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> \$15^/\$35^/\$400 <b>MOOP:</b> Up to \$2,500/\$5,000 <b>Coinsurance:</b> None <i>^3 free PCP visits. 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
		<b>EmblemHealth Gold Premier-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$450/\$900 Rx deductible \$0 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$5,600/\$11,200 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. 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
		<b>EmblemHealth Gold Value-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$2,300/\$4,600 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$5,300/\$10,600 <b>Coinsurance:</b> Yes <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
		<b>EmblemHealth Silver Premier-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$3,600/\$7,200 Rx deductible \$0 <b>Copay:</b> \$35^/\$65^/40% <b>MOOP:</b> Up to \$7,800/\$15,600 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. 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
		<b>EmblemHealth Silver Value-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$6,700/\$13,400 <b>Copay:</b> \$10^/\$55^/\$0 <b>MOOP:</b> Up to \$6,700/\$13,400 <b>Coinsurance:</b> None <i>^3 free PCP visits. 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
		<b>EmblemHealth Bronze Premier-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$5,300/\$10,600 <b>Copay:</b> 50% ^3 free PCP visits <b>MOOP:</b> Up to \$8,450/\$16,900 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No

2021 Company	2021 Provider Network/Program	2021 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)	<b>Commercial:</b> <input type="checkbox"/> Select Care Network (continued)	<b>EmblemHealth Bronze Value-S (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$8,550/\$17,100 <b>Copay:</b> 0% (3 free PCP) <b>MOOP:</b> Up to \$8,550/\$17,100 <b>Coinsurance:</b> Yes  ^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	<b>Child Health Plus</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> No <b>MOOP:</b> N/A <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>HIP Prime HMO</b> <i>PCP and referrals needed.</i>	<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
		<b>HIP HMO Preferred (City of NY)</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth HMO Plus</b> <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth HMO Preferred Plus</b> <i>PCP and referrals needed.</i>	<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
		<b>HIP Prime POS</b> <i>PCP and referrals needed.</i>	<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
		<b>HIP Prime POS (City of NY)</b> <i>PCP and referrals needed.</i>	<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



2021 Company	2021 Provider Network/Program	2021 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)	<b>HIPaccess I</b> <i>No referrals required. PCP needed.</i>	<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
		<b>HIPaccess II</b> <i>No referrals required. PCP needed.</i>	<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
		<b>GHI HMO (City of NY)</b> <i>PCP and referrals needed.</i>	<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
		<b>Vytra HMO (City of NY)</b> <i>PCP and referrals needed.</i>	<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 28 county <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Platinum Premier P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 Rx, deductible \$0 <b>Copay:</b> ^\$15/\$35/\$400 <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None <i>^3 free PCP visits.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Platinum Value-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> \$15^/\$35^/\$400 <b>MOOP:</b> Up to \$2,500/\$5,000 <b>Coinsurance:</b> None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Gold Premier-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$450/\$900 Rx, deductible \$0 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$5,600/\$11,200 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Gold Value-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$2,300/\$4,600 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$5,300/\$10,600 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes

2021 Company	2021 Provider Network/Program	2021 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)	<b>Commercial:</b> <input type="checkbox"/> Prime Network (continued)	<b>EmblemHealth Silver Premier-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$3,600/\$7,200 Rx, deductible \$0 <b>Copay:</b> \$35^/\$65^/40% <b>MOOP:</b> Up to \$7,800/\$15,600 <b>Coinsurance:</b> Yes  ^3 free PCP visits. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Silver Value-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$6,700/\$13,400 <b>Copay:</b> \$10^/\$55^/\$0 <b>MOOP:</b> Up to \$6,700/\$13,400 <b>Coinsurance:</b> None  ^3 free PCP visits. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Silver Plus H.S.A. (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$3,000/\$6,000 <b>Copay:</b> \$30/\$50/40% <b>MOOP:</b> Up to \$6,000/\$12,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Bronze Premier-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$5,300/\$10,600 <b>Copay:</b> 50% ^3 free PCP visits <b>MOOP:</b> Up to \$8,450/\$16,900 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Bronze Value-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$8,550/\$17,100 <b>Copay:</b> 0% ^3 free PCP visits <b>MOOP:</b> Up to \$8,550/\$17,100 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Bronze Plus H.S.A. (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</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  <b>SOMOS-managed members do not need referrals.</b>	<b>EmblemHealth Enhanced Care</b> (Medicaid Managed Care plan for Medicaid-eligible individuals including Medicaid children's health and behavioral health benefits) <i>PCP and referrals needed.</i>	<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
		<b>EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older)</b> <i>PCP and referrals needed.</i>	<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
		<b>Essential Plan 1 (BHP)</b> <i>PCP and referrals needed.</i>	<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

2021 Company	2021 Provider Network/Program	2021 Member Benefit Plan	Deductible (Individual/Family) Copoly (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)	<b>Essential Plan 1 Plus</b> <i>PCP and referrals needed.</i>	<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
		<b>Essential Plan 2</b> <i>PCP and referrals needed.</i>	<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
		<b>Essential Plan 2 Plus</b> <i>PCP and referrals needed.</i>	<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
		<b>Essential Plan 3</b> <i>PCP and referrals needed.</i>	<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
		<b>Essential Plan 4</b> <i>PCP and referrals needed.</i>	<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	<b>EmblemHealth VIP Premier (HMO) (Group Plan)</b> <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 <b>EH/CCI Reciprocity:</b> Yes May access CCI Choice Network for most services.
		<b>EmblemHealth VIP Rx Carve-Out (HMO) (Group Plan)</b> <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> \$3,400 <b>Coinsurance:</b> Up to 20%	<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.
<b>Health Insurance Plan of Greater New York (HIP) (continued)</b>	<b>Medicare:</b> <input type="checkbox"/> VIP Bold Network (New for 2021)	<b>EmblemHealth VIP Dual (HMO D-SNP - Individual Medicare plan. Special needs plan limited to individuals with both Medicare and full Medicaid coverage.)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 (Provider must bill Medicaid) <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 or Medicaid plan and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> No

2021 Company	2021 Provider Network/Program	2021 Member Benefit Plan	Deductible (Individual/Family) Copoly (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 Bold Network (New for 2021) (continued)	<b>EmblemHealth VIP Gold (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$25/\$90 <b>MOOP:</b> \$7,550 <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.
		<b>EmblemHealth VIP Gold Plus (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$90 <b>MOOP:</b> \$7,550 <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.
		<b>EmblemHealth VIP Rx Saver (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5/\$35/\$90 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20% Comprehensive dental and fitness benefits with no maximums	<b>OON Coverage:</b> No <b>Service Area:</b> NY 18 county <b>EH/CCI Reciprocity:</b> Yes Members may access CCI Choice Network for most services.
		<b>EmblemHealth VIP Part B Saver (HMO) (Optional dental and fitness benefit riders are available at a low cost)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$1,000 applies to some services <b>Copay:</b> \$25/\$50/\$90 <b>MOOP:</b> \$7,550 <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.
		<b>EmblemHealth VIP Go (HMO-POS)</b> <i>No referrals required. PCP not required.</i>	<b>Deductibles:</b> \$500 applies to some services <b>Copay:</b> \$10-\$30/\$45-\$65/\$90 <b>MOOP:</b> \$7,550/OON combined \$11,300 <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.
		<b>EmblemHealth VIP Essential (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$45/\$90 <b>MOOP:</b> \$7,550 <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.
		<b>EmblemHealth VIP Value (HMO)</b> <i>No referrals required. PCP needed.</i>	<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.
		<b>EmblemHealth VIP Passport (HMO) (Dental, Vision and Hearing Coverage, Fitness Program (SilverSneakers))</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5/\$35/\$90 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 9 county <b>EH/CCI Reciprocity:</b> Yes Members may access CCI Choice Network for most services.

2021 Company	2021 Provider Network/Program	2021 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)	Medicare: <input type="checkbox"/> VIP Bold Network (continued)	<b>EmblemHealth VIP Passport NYC (HMO) (Dental, Vision and Hearing Coverage, Fitness Program (Silver Sneakers))</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$10/\$40/\$90 <b>MOOP:</b> \$7,550 <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.
		<b>EmblemHealth VIP Dual Select (HMO D-SNP) (Dental, Vision and Hearing Coverage, Acupuncture and OTC benefit at \$65 per month/\$780 per year)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 (Providers must bill Medicaid) <b>Copay:</b> \$0/\$0/20% Up to \$90 <b>MOOP:</b> \$0-\$7,550 <b>Coinsurance:</b> \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth VIP Solutions (HMO D-SNP) (Dental, Vision, Acupuncture and Hearing Coverage)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0-\$295 <b>Copay:</b> \$0/\$25/\$90 <b>MOOP:</b> \$0-\$7,550 <b>Coinsurance:</b> 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.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> No
	Medicare: <input type="checkbox"/> VIP Reserve Network (New for 2021)	<b>EmblemHealth VIP Reserve (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$25/\$90 <b>MOOP:</b> \$0-\$7,550 <b>Coinsurance:</b> 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY Medicare 4 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth VIP Dual Reserve (HMO D-SNP)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0-\$7,550 <b>Coinsurance:</b> \$0 Individuals with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> NY Medicare 4 county <b>EH/CCI Reciprocity:</b> No
	EmblemHealth Insurance Company fka HIP Insurance Company of New York (HIPIC)	Commercial: <input type="checkbox"/> Millennium Network	<b>EmblemHealth EPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient
<b>EmblemHealth EPO Value HDHP (Large Group)</b> <i>No PCP or referrals required.</i>			<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

2021 Company	2021 Provider Network/Program	2021 Member Benefit Plan	Deductible (Individual/Family) Copoly (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)	<b>Commercial:</b> <input type="checkbox"/> Millennium Network (continued)	<b>EmblemHealth PPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<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> Yes
		<b>EmblemHealth Gold EPO Virtual- M (Small Group)</b>	<b>Deductibles:</b> \$1,700/\$3,400 <b>Copay:</b> \$40^/\$60^/40% <b>MOOP:</b> Up to \$8,200/\$16,400 <b>Coinsurance:</b> Yes <i>^Benefit is not subject to deductible</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
	<b>Commercial:</b> <input type="checkbox"/> Select Care Network	<b>EmblemHealth EPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth EPO Value HDHP (Large Group)</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth PPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<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> Yes
	<b>Commercial:</b> <input type="checkbox"/> Prime Network	<b>EmblemHealth EPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth EPO Value HDHP (Large Group)</b> <i>No PCP or referrals required.</i>	<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
		<b>HIP Prime PPO (Large Group)</b> <i>No PCP or referrals required.</i>	<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

2021 Company	2021 Provider Network/Program	2021 Member Benefit Plan	Deductible (Individual/Family) Copoly (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
<b>EmblemHealth Insurance Company fka HIP Insurance Company of New York (HIPIC) (continued)</b>	<b>Commercial:</b> <input type="checkbox"/> Prime Network	<b>HIP Select PPO (Large Group)</b> <i>No PCP or referrals required.</i>	<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>EmblemHealth PPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<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> Yes
		<b>EmblemHealth Platinum PPO-N (Small Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> <b>IN: \$0/\$0</b> <b>OON: \$2,600/\$5,200</b> Copay: <b>IN: \$15^/\$35/\$750</b> MOOP: <b>IN: Up to \$2,500/\$5,000</b> <b>OON: \$5,000/\$10,000</b> <b>Coinsurance:</b> Yes <i>^3 free PCP visits</i>	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		<b>EmblemHealth Gold PPO-N (Small Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> <b>IN:</b> \$1,300/\$2,600 <b>OON:</b> \$3,500/ \$7000 <b>Copay:</b> <b>IN:</b> \$25^/\$40^/\$1000 <b>MOOP:</b> <b>IN:</b> Up to \$5,500/\$11,000 <b>ONN:</b> \$7,500/\$15,000 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible</i>	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		<b>EmblemHealth Gold EPO Virtual-N (Small Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> \$500/\$1,000 <b>Copay:</b> \$40^/\$60^/40% <b>MOOP:</b> Up to \$7,800/\$15,600 <b>Coinsurance:</b> Yes <i>^Benefit is not subject to deductible</i>	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.

2021 Company	2021 Provider Network/Program	2021 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
<b>EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC)</b>  <b>EmblemHealth Plan, Inc. fka Group Health Incorporated (GHI)</b>  <b>ConnectiCare</b>  <b>QualCare</b>  <b>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.</i>  <i>Member ID card will indicate if benefit plan is accessing Bridge Program.</i>	<b>EmblemHealth EPO Value (Large Group)</b>  <i>No PCP or referrals required</i>	<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
		<b>EmblemHealth EPO Value HDHP (Large Group)</b>  <i>No PCP or referrals required.</i>	<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
		<b>EmblemHealth PPO Value (Large Group)</b>  <i>No PCP or referrals required</i>	<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> Yes



2021 Company	2021 Provider Network/Program	2021 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc.	<b>Commercial:</b> <input type="checkbox"/> Choice Network (includes full Prime Network)	<b>Choice HMO</b>	<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
		<b>Choice POS</b>	<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
	<input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	<b>Passage HMO</b>	<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
		<b>Passage POS</b>	<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
ConnectiCare, Inc.	<b>Medicare:</b> <input type="checkbox"/> Choice Network	<b>ConnectiCare Choice Plan 1 (HMO)</b>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$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 Bold Network for most services.
		<b>ConnectiCare Choice Plan 2 (HMO)</b>	<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 Bold Network for most services.
		<b>ConnectiCare Choice Plan 3 (HMO)</b>	<b>Deductibles:</b> \$250 <b>Copay:</b> \$10/\$45/\$90 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> Yes for most services <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Bold Network for most services.
		<b>ConnectiCare Flex Plan 1 (HMO-POS)</b>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15-\$40/\$30-\$40/\$90 <b>MOOP:</b> \$5,300-\$10,000 <b>Coinsurance:</b> Up to 40%	<b>Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Bold Network for most services.
		<b>ConnectiCare Flex Plan 2 (HMO-POS)</b>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15-\$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 Bold Network for most services.

		<b>ConnectiCare Flex Plan 3 (HMO-POS)</b>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5-50%/\$50-50%/\$90 <b>MOOP:</b> \$5,500-\$10,000 <b>Coinsurance:</b> Up to 50%	<b>OON Coverage:</b> Yes for most services <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Bold Network for most services.
		<b>ConnectiCare Choice Part B Saver (HMO)</b>	<b>Deductibles:</b> \$1,000 <b>Copay:</b> \$25/\$50/\$90 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> Yes for most services <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes Members may access EmblemHealth VIP Bold Network for most services.
	<b>Medicare:</b> <input type="checkbox"/> Medicare Passage Network	<b>ConnectiCare Passage Plan 1 (HMO)</b>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$25/\$50/\$90 <b>MOOP:</b> \$7,550 <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)	<b>Choice EPO</b>	<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
		<b>Choice POS</b>	<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>Flex POS</b>	<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>Passage EPO</b>	<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
		<b>Passage POS</b>	<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>Compass Choice EPO</b>	<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> No
		<b>Bridge EPO</b>	<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>ConnectiCare Insurance Company, Inc.</b>	<b>Medicare:</b> <input type="checkbox"/> Choice Network	<b>ConnectiCare Choice Dual (HMO D-SNP)</b>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0-\$7,550 <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
		<b>ConnectiCare Choice Dual Basic (HMO D-SNP)</b>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0-\$7,550 <b>Coinsurance:</b> \$0 Members with full Medicaid coverage and QMB. 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
<b>ConnectiCare of Massachusetts (CMI)</b>	<b>Commercial:</b> <input type="checkbox"/> Choice Network (includes full Prime Network)	<b>Choice HMO</b>	<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
		<b>Choice POS</b>	<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 Medicare 4 county = Bronx, Manhattan, Queens, and Brooklyn

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