

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).

Provider:
Service Address:

Key: ER = emergency room; fka = formally 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
EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI)	Commercial: <input type="checkbox"/> CBP Network (Member ID cards may show: CBP, EPO, EPO1, EPO2, PPO, PPO1, or PPO4)	GHI CBP plan (New York City Plan) <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: \$200/\$500 Copay: \$15/\$30/\$150 ACPNY and Monte: \$0/\$0 MOOP: \$4,550/\$9,100 Coinsurance: None	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		DC37 Med-Team (New York City Plan) <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: \$1,000/\$3,000 Copay: \$25/\$25/\$150 MOOP: \$7,150/\$14,300 Coinsurance: 30% OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		Federal Employee Benefit (FEHB) (EPO) <i>No PCP or referrals required.</i>	Deductibles: N/A Copay: \$50/\$50/\$200 MOOP: \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: NY & Northern NJ EH/CCI Reciprocity: No

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

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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (Continued)	Commercial: <input type="checkbox"/> Network Access Network (continued)	ArchCare Advantage HMO SNP <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Various Service Area: Various EH/CCI Reciprocity: No
	Medicare: <input type="checkbox"/> Medicare Choice PPO Network	EmblemHealth Group Access Rx (PPO) <i>No PCP or referrals required.</i>	Deductibles: \$0 Copay: \$15-\$35/\$15-\$35/\$50-\$75 MOOP: \$3,400-\$5,100 Coinsurance: Up to 20%	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC) EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) ConnectiCare QualCare First Health	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network, and First Health Network) <i>The Bridge Program gives members access to multiple networks.</i> <i>Members must follow the same administrative guidelines as members with plans under the EmblemHealth Insurance Company. Certain client-specific exceptions may apply.</i>	Bridge ASO <i>No PCP or referrals required.</i> Please refer to the member's ID card to see if the benefit plan accesses the Bridge Program.	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: EPO: No PPO: Yes Service Area: National EH/CCI Reciprocity: Yes
Health Insurance Plan of Greater New York (HIP)	Commercial: <input type="checkbox"/> Millennium Network	HIP Prime HMO (Large Group) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth Silver Bold (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$6,500/\$13,000 Copay: \$50~\$70/\$0 (3 free PCP visits) MOOP: Up to \$6,500/\$13,000 Coinsurance: None <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network (continued)	EmblemHealth Silver Bold CSR 1 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$5,500 Copay: PCP: 3 free, \$50 before deductible Specialist: \$70 before deductible MOOP: \$5,500 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Silver Bold CSR 2 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,900 Copay: PCP: 3 free, \$50 before deductible Specialist: \$70 before deductible MOOP: \$1,900 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Silver Bold CSR 3 (Individual Direct Pay – On Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$650 Copay: PCP: 3 free, \$50 before deductible Specialist: \$70 before deductible MOOP: \$650 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$15/\$35/\$400 (3 free PCP visits) MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$250/\$500 Copay: \$15^/\$35^/\$400 (3 free PCP visits) MOOP: Up to \$2,500/\$5,000 Coinsurance: None <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Gold Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$450/\$900 Rx deductible \$0 Copay: \$25^/\$40^/\$800 (3 free PCP visits) MOOP: Up to \$5,600/\$11,200 Coinsurance: Yes <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Gold Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$2,300/\$4,600 Copay: \$25^/\$40^/\$800 (3 free PCP visits) MOOP: Up to \$5,300/\$10,600 Coinsurance: Yes <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network (continued)	EmblemHealth Gold EPO Virtual-M (Small Group)	Deductibles: \$1,700/\$3,400 Copay: \$40^/\$60^/40% MOOP: Up to \$8,200/\$16,400 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Silver Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$3,600/\$7,200 Rx deductible \$0 Copay: \$35^/\$65^/40% (3 free PCP visits) MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$6,700/\$13,400 Copay: \$10^/\$55^/\$0 (3 free PCP) MOOP: Up to \$6,700/\$13,400 Coinsurance: None ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Premier-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$5,300/\$10,600 Copay: 50% (3 free PCP visits) MOOP: Up to \$8,450/\$16,900 Co-insurance: Yes	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Value-M (Small Group) <i>PCP and referrals needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0% (3 free PCP) MOOP: Up to \$8,550/\$17,100 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Commercial: <input type="checkbox"/> Select Care Network	HIP Prime HMO (Large Group) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None
	EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i>		Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>		Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
	EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>		Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	EmblemHealth Platinum (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$15/\$35/\$100 MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Gold (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$600/\$1,200 Copay: \$25/\$40/\$150 MOOP: Up to \$4,000/\$8,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Gold Value (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$3,300/\$6,600 Copay: \$45 [^] /\$65 [^] /\$0 (3 free PCP visits) MOOP: Up to \$3,300/\$6,600 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,300/\$2,600 Copay: \$30/\$50/\$300 MOOP: Up to \$8,500/\$17,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,100/\$2,200 Copay: \$30/\$50/\$275 MOOP: \$6,500/\$13,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$250/\$500 Copay: \$15/\$35/\$75 MOOP: \$2,200/\$4,400 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$10/\$20/\$50 MOOP: \$1,000/\$2,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$6,000/\$12,000 Copay: \$35 [^] /\$75 [^] /\$0 (3 free PCP visits) MOOP: Up to \$6,000/\$12,000 Coinsurance: None [^] Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$5,150/\$10,300 Copay: \$35 [^] /\$75 [^] /\$0 MOOP: \$5,150/\$10,300 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	EmblemHealth Silver Value CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,700/\$3,400 Copay: \$35^/\$75^/\$0 MOOP: \$1,700/\$3,400 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$550/\$1,100 Copay: \$35^/\$75^/\$0 MOOP: \$550/\$1,100 Coinsurance: None <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$4,700/\$9,400 Copay: 3 visits \$50^ then \$50/3 visits \$75^ then \$75/50% MOOP: Up to \$8,550/\$17,100 Coinsurance: Yes <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0% (3 free PCP visits) MOOP: \$8,550/\$17,100 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Rx deductible \$0 Copay: \$15/\$35/\$400 (3 free PCP visits) MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Platinum Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$250/\$500 Copay: \$15^/\$35^/\$400 (3 free PCP visits) MOOP: Up to \$2,500/\$5,000 Coinsurance: None <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Gold Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$450/\$900 Rx deductible \$0 Copay: \$25^/\$40^/\$800 (3 free PCP visits) MOOP: Up to \$5,600/\$11,200 Coinsurance: Yes <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Gold Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$2,300/\$4,600 Copay: \$25^/\$40^/\$800 MOOP: Up to \$5,300/\$10,600 Coinsurance: Yes <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	EmblemHealth Silver Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$3,600/\$7,200 Rx deductible \$0 Copay: \$35^/\$65^/40% (3 free PCP visits) MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$6,700/\$13,400 Copay: \$10^/\$55^/\$0 (3 free PCP) MOOP: Up to \$6,700/\$13,400 Coinsurance: None ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Premier-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$5,300/\$10,600 Copay: 50% (3 free PCP visits) MOOP: Up to \$8,450/\$16,900 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Value-S (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0% (3 free PCP) MOOP: Up to \$8,550/\$17,100 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Prime Network	Child Health Plus <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: No MOOP: N/A Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		HIP Prime HMO <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		HIP HMO Preferred (City of NY) <i>PCP and referrals needed.</i>	Deductibles: No Copay: \$10/\$10/\$150 ACPNY \$0/\$0/\$150 MOOP: \$7,150/\$14,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth HMO Plus <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth HMO Preferred Plus <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	HIP Prime POS <i>PCP and referrals needed.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		HIP Prime POS (City of NY) <i>PCP and referrals needed.</i>	Deductibles: IN: N/A OON: \$750/\$2,250 Copay: \$10/\$15/\$100 MOOP: \$3,000/\$9,000 Coinsurance: 30% OON only	OON: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		HIPaccess I <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		HIPaccess II <i>No referrals required. PCP needed.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value HDHP <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		GHI HMO (City of NY) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$15/\$15/\$35 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		Vytra HMO (City of NY) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$5/\$5/\$25 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: NY 3 county EH/CCI Reciprocity: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	Large Group HIP Prime PPO <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		HIP Select PPO <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		Small Group - with access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare. EmblemHealth Platinum PPO-N (Small Group) <i>No referrals required.</i>	Deductibles: IN: \$0/\$0 OON: \$2,500/\$5,000 Copay: IN: \$15/\$35/20% (3 free PCP visits) MOOP: IN: Up to \$2,600/\$5,100 OON: \$5,000/\$10,000 Coinsurance: Yes	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Platinum Premier P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Rx, deductible \$0 Copay: \$15/\$35/\$400 (3 free PCP visits) MOOP: Up to \$2,000/\$4,000 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Platinum Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$250/\$500 Copay: \$15^/\$35^/\$400 (3 free PCP visits) MOOP: Up to \$2,500/\$5,000 Coinsurance: None <i>^ Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Gold PPO-N (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: IN: \$1,300/\$2,600 OON: \$5,500/\$11,000 Copay: IN: \$25^/\$40^/30% (3 free PCP) MOOP: IN: Up to \$3,500/\$7,000 OON: \$7,500/\$15,000 Coinsurance: Yes <i>^ Benefit is not subject to deductible.</i>	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: 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)	Commercial: <input type="checkbox"/> Prime Network (continued)	EmblemHealth Gold Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$450/\$900 Rx, deductible \$0 Copay: \$25^/\$40^/\$800 (3 free PCP visits) MOOP: Up to \$5,600/\$11,200 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Gold Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$2,300/\$4,600 Copay: \$25^/\$40^/\$800 MOOP: Up to \$5,300/\$10,600 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Gold EPO Virtual-N (Small Group) <i>No referrals required.</i>	Deductibles: \$500/\$1,000 Copay: \$40^/\$60^/40% MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Silver Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$3,600/\$7,200 Rx, deductible \$0 Copay: \$35^/\$65^/40% (3 free PCP visits) MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Silver Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$6,700/\$13,400 Copay: \$10^/\$55^/\$0 (3 free PCP) MOOP: Up to \$6,700/\$13,400 Coinsurance: None ^ Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Silver Plus H.S.A. (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$3,000/\$6,000 Copay: \$30/\$50/40% MOOP: Up to \$6,000/\$12,000 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Bronze Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$5,300/\$10,600 Copay: 50% (3 free PCP visits) MOOP: Up to \$8,450/\$16,900 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Bronze Value-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0% (3 free PCP visits) MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Bronze Plus H.S.A. (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$6,300/\$12,600 Copay: 50% MOOP: Up to \$6,900/\$13,800 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

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)	Medicaid/Commercial: <input type="checkbox"/> Enhanced Care Prime Network	EmblemHealth Enhanced Care (Medicaid Managed Care plan for Medicaid-eligible individuals including Medicaid children's health and behavioral health benefits) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions) MOOP: Rx \$50 quarterly Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	SOMOS-managed members do not need referrals.	EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions) MOOP: Rx \$50 quarterly Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 1 (BHP) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$2,000 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 1 Plus <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$2,000 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 2 <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 2 Plus <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 3 <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 4 <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$0 MOOP: \$0 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Medicare: <input type="checkbox"/> VIP Prime Network	EmblemHealth VIP Premier (HMO) (Group Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$7,550 Coinsurance: Up to 20%
		EmblemHealth VIP Rx Carve-Out (HMO) (Group Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: \$3,400 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.

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)	Medicare: <input type="checkbox"/> VIP Bold Network (New for 2021)	EmblemHealth VIP Dual (HMO D-SNP - Individual Medicare plan. Special needs plan limited to individuals with both Medicare and full Medicaid coverage.) <i>No referrals required.</i> <i>PCP needed.</i>	Deductibles: \$0 (Provider must bill Medicaid) Copay: \$0/\$0/\$0 MOOP: \$0 Coinsurance: \$0 Individuals with full Medicaid coverage are not required to pay cost-sharing. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No
		EmblemHealth VIP Gold (HMO) <i>No referrals required.</i> <i>PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes Member may access CCI Choice Network for most services.
		EmblemHealth VIP Gold Plus (HMO) <i>No referrals required.</i> <i>PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.
		EmblemHealth VIP Rx Saver (HMO) <i>No referrals required.</i> <i>PCP needed.</i>	Deductibles: \$0 Copay: \$5/\$35/\$90 MOOP: \$7,550 Coinsurance: Up to 20% Comprehensive dental and fitness benefits with no maximums	OON Coverage: No Service Area: NY 18 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.
		EmblemHealth VIP Part B Saver (HMO) (Optional dental and fitness benefit riders are available at a low cost) <i>No referrals required.</i> <i>PCP needed.</i>	Deductibles: \$1,000 applies to some services Copay: \$25/\$50/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes May access CCI Choice Network for most services.
		EmblemHealth VIP Go (HMO-POS) <i>No referrals required. PCP not required.</i>	Deductibles: \$500 applies to some services Copay: \$10-\$30/\$45-\$65/\$90 MOOP: \$7,550/OON combined \$11,300 Coinsurance: Up to 20%	OON Coverage: Yes. Out-of-network coverage allowed for many benefits Service Area: NY 24 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.
		EmblemHealth VIP Essential (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$45/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.

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)	Medicare: <input type="checkbox"/> VIP Bold Network (continued)	EmblemHealth VIP Value (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$15/\$50/\$90 MOOP: \$6,700 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 12 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.
		EmblemHealth VIP Passport (HMO) (Dental, Vision and Hearing Coverage, Fitness Program (SilverSneakers)) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$5/\$35/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 9 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.
		EmblemHealth VIP Passport NYC (HMO) (Dental, Vision and Hearing Coverage, Fitness Program (Silver Sneakers)) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$10/\$40/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 5 county EH/CCI Reciprocity: Yes Members may access CCI Choice Network for most services.
		EmblemHealth VIP Dual Select (HMO D-SNP) (Dental, Vision and Hearing Coverage, Acupuncture and OTC benefit at \$65 per month/\$780 per year) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 (Providers must bill Medicaid) Copay: \$0/\$0/20% Up to \$90 MOOP: \$0-\$7,550 Coinsurance: \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: No
		EmblemHealth VIP Solutions (HMO D-SNP) (Dental, Vision, Acupuncture and Hearing Coverage) <i>No referrals required. PCP needed.</i>	Deductibles: \$0-\$295 Copay: \$0/\$25/\$90 MOOP: \$0-\$7,550 Coinsurance: Up to 20% Individuals with full or partial Medicaid coverage or QMB. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No
	Medicare: <input type="checkbox"/> VIP Reserve Network (New for 2021)	EmblemHealth VIP Reserve (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$90 MOOP: \$0-\$7,550 Coinsurance: 20%	OON Coverage: No Service Area: NY Medicare 4 county EH/CCI Reciprocity: No

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)	Medicare: <input type="checkbox"/> VIP Reserve Network (New for 2021) (continued)	EmblemHealth VIP Dual Reserve (HMO D-SNP) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0- \$7,550 Coinsurance: \$0 Individuals with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY Medicare 4 county EH/CCI Reciprocity: No
EmblemHealth Insurance Company fka HIP Insurance Company of New York (HIPIC)	Commercial: <input type="checkbox"/> Millennium Network	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
	Commercial: <input type="checkbox"/> Select Care Network	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
	Commercial: <input type="checkbox"/> Prime Network	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: 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
EmblemHealth Insurance Company fka HIP Insurance Company of New York (HIPIC) (continued)	Commercial: <input type="checkbox"/> Prime Network	EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		HIP Prime PPO (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		HIP Select PPO (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC) EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) ConnectiCare QualCare First Health	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network, and First Health Network) <i>The Bridge Program gives members access to multiple networks. Member ID card will indicate if benefit plan is accessing Bridge Program. Members must follow the same administrative guidelines as members with plans under the EmblemHealth Insurance Company. Certain client specific exceptions may apply.</i>	EmblemHealth EPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth PPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		ConnectiCare EPO Hospital Deductible (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
		ConnectiCare EPO HDHP (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes

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.	Commercial: <input type="checkbox"/> Choice Network (includes full Prime Network)	Choice HMO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
	<input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	Passage HMO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Passage POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
ConnectiCare, Inc.	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Plan 1 (HMO)	Deductibles: \$0 Copay: \$10/\$30/\$90 MOOP: \$3,400 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Choice Plan 2 (HMO)	Deductibles: \$0 Copay: \$0/\$10/\$90 MOOP: \$6,000 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Choice Plan 3 (HMO)	Deductibles: \$250 Copay: \$10/\$45/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 1 (HMO-POS)	Deductibles: \$0 Copay: \$15-\$40/\$30-\$40/\$90 MOOP: \$5,300-\$10,000 Coinsurance: Up to 40%	Coverage: No Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 2 (HMO-POS)	Deductibles: \$0 Copay: \$15-\$50/\$35-\$50/\$90 MOOP: \$6,000-\$10,000 Coinsurance: Up to 40%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Bold Network for most services.

		ConnectiCare Flex Plan 3 (HMO-POS)	Deductibles: \$0 Copay: \$5-50%/\$50-50%/\$90 MOOP: \$5,500-\$10,000 Coinsurance: Up to 50%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Choice Part B Saver (HMO)	Deductibles: \$1,000 Copay: \$25/\$50/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes Members may access EmblemHealth VIP Bold Network for most services.
	Medicare: <input type="checkbox"/> Medicare Passage Network	ConnectiCare Passage Plan 1 (HMO)	Deductibles: \$0 Copay: \$25/\$50/\$90 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
ConnectiCare Insurance Company, Inc.	Commercial: <input type="checkbox"/> Choice Network (includes full Prime Network) <input type="checkbox"/> Flex Network (includes full Prime Network) <input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	Choice EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Flex POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Passage EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Passage POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes

	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Dual (HMO D-SNP)	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$7,550 Coinsurance: \$0 Members with full Medicaid coverage. Providers must bill COB to Medicaid and cannot balance bill members.	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
		ConnectiCare Choice Dual Basic (HMO D-SNP)	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$7,550 Coinsurance: \$0 Members with full Medicaid coverage and QMB. Providers must bill COB to Medicaid and cannot balance bill members.	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
ConnectiCare of Massachusetts (CMI)	Commercial: <input type="checkbox"/> Choice Network (includes full Prime Network)	Choice HMO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: MA 4 county EH/CCI Reciprocity: Yes
		Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: MA 4 county EH/CCI Reciprocity: Yes

Service Area Key:

Tristate = New York, New Jersey and Connecticut NY 3 county = Nassau, Suffolk, and Queens

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

NY 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

