



2024 Summary of Companies, Lines of Business, Networks & Benefit Plans

Please use this chart to let your appointment schedulers know how you participate with EmblemHealth and ConnectiCare by checking the networks below covered by your contract(s). To easily determine if a provider is in-network for a member, use the **Check Provider Network Status** look-up tool in the Member Management section of the provider portal.

Provider:
Service Address:

Key: ABA = applied behavior analysis; ER = emergency room; fka = formerly known as; IN = in-network; MH = mental health; N/A = not applicable; OON = out-of-network; OTC = over the counter; MOOP = maximum out-of-pocket; PCP = primary care provider; SUD = substance use disorder; 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.

2024 Company	2024 Provider Network/Program	2024 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 Plan (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: \$0/\$0 Urgent Care Copay: \$50 City MD Urgent Care: \$100 ProHEALTH Urgent Care: \$100 High-Tech¹ Radiology Copay: \$50 outside of New York State and for specific facilities inside NYS ² \$100 all other New York State facilities. MOOP: \$4,550/\$9,100 Coinsurance: None <i>[^]Benefit applies. Specialist copay to dual PCP/specialists. ¹Full list of services includes but is not limited to 3DI, CT scan, MRA, MRI, nuclear medicine, PET scan. ²\$50 copays for RadNet, Memorial Sloan Kettering, Hospital for Special Surgery, NewYork-Presbyterian Health System, Zwanger-Pesiri Radiology Group, ACPNY, and AdvantageCare Bronx.</i>	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No

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EmblemHealth Plan, Inc., fka Group Health Plan (GHI)	Commercial: <input type="checkbox"/> National Network <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network ¹ , and First Health Network ²) <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>	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
		EmblemHealth EPO <i>No PCP or referrals required.</i>	Deductibles: N/A Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: No
		EmblemHealth PPO <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Various Coinsurance: OON only	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: No
		EmblemHealth ConsumerDirect EPO <i>No PCP or referrals required.</i>	Deductibles: Various (includes Rx) Copay: No MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: No
		EmblemHealth ConsumerDirect PPO <i>No PCP or referrals required.</i>	Deductibles: Various (includes Rx) Copay: No MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York 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: Various Coinsurance: Yes	OON Coverage: No Service Area: New York 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: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: No

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EmblemHealth Plan, Inc., fka Group Health Plan (GHI)	Commercial: <input type="checkbox"/> Network Access Network	Network Access Plan <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: EPO: Various PPO: Various	OON Coverage: No Service Area: Various EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Network Access Network (Professional Services) <input type="checkbox"/> Medicare Choice PPO Network (Facility Services)	ArchCare Advantage HMO SNP <i>No PCP or referrals required.</i> <i>EmblemHealth does not adjudicate ArchCare's claims. EmblemHealth leases its networks to, and prices claims for, ArchCare based on the applicable network's contracted rates.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No 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)	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network ¹ , and First Health Network ²) <i>The Bridge Program gives members access to multiple networks. Members must follow the same administrative guidelines as members with plans under EmblemHealth Insurance Company. Certain client- specific exceptions may apply.</i>	Bridge ASO <i>No PCP or referrals required.</i> <i>Please refer to the member's ID card to see if the benefit plan accesses the Bridge Program.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: EPO: No PPO: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		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: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth PPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
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: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network	EmblemHealth Millennium 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 8 county EH/CCI Reciprocity: No
		EmblemHealth Millennium Gold (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$600/\$1,200 Copay: \$25/\$40/\$150 MOOP: Up to \$5,900/\$10,800 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Millennium Silver (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$2,000/\$4,200 Copay: 1 visit \$30 [^] , then \$30/1 visit \$65 [^] , then \$65/\$500 MOOP: Up to \$9,450/\$18,900 Coinsurance: None <i>[^]Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Millennium Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$9,450/\$18,900 Copay: 0%* MOOP: \$9,450/\$18,900 Coinsurance: Yes <i>*3 free visits for any combination of PCP, ABA, MH/SUD.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Select Care	HIP Prime HMO (Large Group) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Platinum Premier (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$100 Rx deductible \$100 Copay: \$10 [^] /\$35 [^] /20% MOOP: Up to \$2,300/\$4,600 Coinsurance: Yes <i>[^]3 free PCP visits.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Gold Premier (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$500/\$1,000 Rx deductible \$150 Copay: \$25 [^] /\$50 [^] /30% MOOP: Up to \$7,800/\$15,600 Coinsurance: Yes <i>[^]3 free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver Premier (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$5,600/\$11,200 Rx deductible \$250 Copay: \$35 [^] /\$75 [^] /40% MOOP: Up to \$9,400/\$18,800 Coinsurance: Yes <i>[^]1 free PCP visit. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	EmblemHealth Bronze Premier (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$5,500/\$11,000 Copay: 50%^ MOOP: Up to \$8,700/\$17,400 Coinsurance: None ^3 free PCP visits.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Plus H.S.A. (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$7,400/\$14,800 Copay: 50% MOOP: Up to \$8,000/\$16,000 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Prime Network	Child Health Plus <i>No referrals required. PCP 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: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		HIP HMO Preferred (New York City Plan) <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: New York EH/CCI Reciprocity: Yes, Choice Network
		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: New York EH/CCI Reciprocity: Yes, Choice Network
		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: New York EH/CCI Reciprocity: Yes, Choice Network
		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: New York EH/CCI Reciprocity: Yes, Choice Network
		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: New York EH/CCI Reciprocity: Yes, Choice Network

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	HIP Prime POS (New York City Plan) <i>PCP and referrals needed.</i>	Deductibles: IN: N/A OON: \$750/\$2,250 Copay: \$10/\$15/\$100 MOOP: \$3,000/\$9,000 Coinsurance: 30% OON only	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		HIP Access I (Prime Network, Choice Network in CT, QualCare in NJ, and First Health Network outside tristate area.) <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: New York EH/CCI Reciprocity: Yes, Choice Network
		HIP Access 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: New York EH/CCI Reciprocity: Yes, Choice Network
		GHI HMO (New York City Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$15/\$15/\$35 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		Vytra HMO (New York City Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$5/\$5/\$25 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Platinum Premier-P (Small Group)⁴ <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Rx deductible \$0 Copay: \$15 [^] /\$35/\$400 MOOP: Up to \$2,500/\$5,000 Coinsurance: Yes <i>^{^3} free visits for any combination of PCP, ABA, MH/SUD.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Gold Premier-P (Small Group)⁴ <i>No referrals required. PCP needed.</i>	Deductibles: \$500/\$1,000 Rx deductible \$0 Copay: \$25 [^] /\$50 [^] /\$800 MOOP: Up to \$7,500/\$15,000 Coinsurance: Yes <i>^{^3} free visits for any combination of PCP, ABA, MH/SUD. Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	EmblemHealth Silver Premier-P (Small Group)⁴ <i>No referrals required. PCP needed.</i>	Deductibles: \$4,800/\$9,600 Rx deductible \$0 Copay: \$35 [^] /\$75 [^] /\$1,000 MOOP: Up to \$8,800/\$17,600 Coinsurance: Yes [^] 1 free visit for any combination of PCP, ABA, MH/SUD. <i>Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Silver Plus H.S.A. (Small Group)⁴ <i>No referrals required. PCP needed.</i>	Deductibles: \$3,500/\$7,000 Copay: \$30/\$50/40% MOOP: Up to \$7,000/\$14,000 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Bronze Premier-P (Small Group)⁴ <i>No referrals required. PCP needed.</i>	Deductibles: \$6,300/\$12,600 Copay: 50% [^] MOOP: Up to \$9,100/\$18,200 Coinsurance: Yes [^] 1 free visit for any combination of PCP, ABA, MH/SUD.	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, but only until the plan's renewal date.
	Commercial: <input type="checkbox"/> Select Care	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: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes – Inpatient	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Select Care 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 20 county EH/CCI Reciprocity: No
		EmblemHealth Select Care Gold (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$600/\$1,200 Copay: \$25/\$40/\$150 MOOP: Up to \$5,900/\$10,800 Coinsurance: None	OON Coverage: No Service Area: NY 20 county EH/CCI Reciprocity: No
		EmblemHealth Select Care Silver (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$2,000/\$4,200 Copay: 1 visit \$30 [^] , then \$30/1 visit \$65 [^] , then \$65/\$500 MOOP: Up to \$9,450/\$18,900 Coinsurance: None [^] Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).	OON Coverage: No Service Area: NY 20 county EH/CCI Reciprocity: No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care	EmblemHealth Select Care Silver CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,925/\$3,850 Copay: 1 visit \$30 [^] , then \$30/1 visit \$65 [^] , then \$65/\$275 MOOP: \$7,550/\$15,100 Coinsurance: None <i>[^]Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 20 county EH/CCI Reciprocity: No
		EmblemHealth Select Care Silver CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$275/\$550 Copay: 1 visit \$15 [^] , then \$15/1 visit \$35 [^] , then \$35 [^] /\$75 MOOP: \$3,150/\$6,300 Coinsurance: None <i>[^]Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 20 county EH/CCI Reciprocity: No
		EmblemHealth Select Care 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 20 county EH/CCI Reciprocity: No
		EmblemHealth Select Care Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$4,600/\$9,200 Copay: 3 visits \$50 [^] , then \$50/3 visits \$75 [^] , then \$75/\$500 MOOP: Up to \$9,450/\$18,900 Coinsurance: None <i>[^]Benefit is not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 20 county EH/CCI Reciprocity: No
		EmblemHealth Select Care Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$9,450/\$18,900 Copay: 0%* MOOP: \$9,450/\$18,900 Coinsurance: Yes <i>*3 free visits for any combination of PCP, ABA, MH/SUD.</i>	OON Coverage: No Service Area: NY 20 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Plus H.S.A. (Small Group) ⁴ <i>No referrals required. PCP needed.</i>	Deductibles: \$6,750/\$13,500 Copay: 50% MOOP: Up to \$7,500/\$15,000 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network

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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>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions)* MOOP: Rx \$50 quarterly* Coinsurance: None <i>*As of April 1, 2023, prescriptions are covered by NYRx, the Medicaid Pharmacy Program, not EmblemHealth.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older) <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions)* MOOP: Rx \$50 quarterly* Coinsurance: None <i>*As of April 1, 2023, prescriptions are covered by NYRx, the Medicaid Pharmacy Program, not EmblemHealth.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 1 (BHP) <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$360 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 2 <i>No referrals required. PCP 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>No referrals required. PCP 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>No referrals required. PCP 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 \$8,850 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		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 ConnectiCare's Choice Network for most services.

2024 Company	2024 Provider Network/Program	2024 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	EmblemHealth VIP Dual (HMO D-SNP – Individual Medicare plan. Special needs plan limited to individuals with both Medicare and full Medicaid coverage.) <i>No referrals required. PCP needed.</i> \$600 per month OTC and Healthy Food benefit outside of New York City. Some EmblemHealth VIP Dual members will also be enrolled in either Enhanced Care (Medicaid) or Enhanced Care Plus (HARP) plans.	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$8,850 Coinsurance: \$0 Individuals with full Medicaid coverage are not required to pay cost-sharing. Providers must follow coordination of benefits policies and bill members' Medicaid or Medicaid plan. Providers may not balance bill members. Integrated Benefit Dual members have \$0 cost-sharing and receive Medicaid and Medicare benefits. EmblemHealth will provide primary and secondary payment to providers for covered services.	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No
		EmblemHealth VIP Gold (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$100 MOOP: \$8,850 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		EmblemHealth VIP Gold Plus (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$100 MOOP: \$8,850 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		EmblemHealth VIP Rx Saver (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$100 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 10 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		Medicare: <input type="checkbox"/> VIP Reserve Network	EmblemHealth VIP Dual Reserve (HMO D-SNP) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0–\$8,850 Coinsurance: \$0 Plan includes a \$20 per month OTC and healthy food benefit. Individuals with full Medicaid coverage. Providers must follow coordination of benefits policies and bill members' Medicaid or Medicaid plan. Providers may not balance bill members.

2024 Company	2024 Provider Network/Program	2024 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)	Commercial: <input type="checkbox"/> Millennium Network	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes – Inpatient	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Gold EPO Virtual-M (Small Group)⁴ <i>No PCP or referrals required.</i>	Deductibles: \$1,700/\$3,400 Copay: \$40 [^] /\$60 [^] /40% MOOP: Up to \$8,200/\$16,400 Coinsurance: Yes <i>[^]Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Prime Network	EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network

2024 Company	2024 Provider Network/Program	2024 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"/> <u>Bridge Program</u> (Prime Network, National Network, Choice Network, QualCare Network ¹ , and First Health Network ²) <i>The <u>Bridge Program</u> gives members access to multiple networks. Member ID card will indicate if benefit plan is accessing the <u>Bridge Program</u>.</i>	EmblemHealth Platinum PPO-N (Small Group) ⁴ <i>No PCP or referrals required.</i>	Deductibles: IN: \$0/\$0 OON: \$3,000/\$6,000 Copay: IN: \$15 [^] /\$35/20% MOOP: IN: Up to \$2,500/\$5,000 OON: \$5,500/\$11,000 Coinsurance: Yes <i>[^]3 free visits for any combination of PCP, ABA, MH/SUD.</i>	OON Coverage: Yes Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Gold PPO-N (Small Group) ⁴ <i>No PCP or referrals required.</i>	Deductibles: IN: \$1,500/\$3,000 OON: \$3,800/ \$7,600 Copay: IN: \$25 [^] /\$40 [^] /30% MOOP: IN: Up to \$6,200/\$12,400 ONN: \$8,000/\$16,000 Coinsurance: Yes <i>[^]3 free visits for any combination of PCP, ABA, MH/ SUD. Benefit is not subject to deductible.</i>	OON Coverage: Yes Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth Gold EPO Virtual-N (Small Group) ⁴ <i>No PCP or referrals required.</i>	Deductibles: \$750/\$1,500 Copay: \$40 [^] /\$60 [^] /40% MOOP: Up to \$8,000/\$16,000 Coinsurance: Yes <i>[^]Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network

2024 Company	2024 Provider Network/Program	2024 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc. (CCI)	Commercial: <input type="checkbox"/> Choice Network	Choice HMO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
	<input type="checkbox"/> Passage Network	Passage HMO <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network, excluding PCPs
	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Plan 1 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$10/\$30/\$100 MOOP: \$3,850 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) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$10/\$100 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) <i>No referrals required.</i>	Deductibles: \$195 Copay: \$0/\$35/\$100 MOOP: \$8,850 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 Flex Plan 2 (HMO-POS) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$15–\$50/\$35–\$50/\$100 MOOP: \$6,350–\$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.

2024 Company	2024 Provider Network/Program	2024 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc. (CCI) (continued)	Medicare (continued): <input type="checkbox"/> Choice Network	ConnectiCare Flex Plan 3 (HMO-POS) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$5–35%/\$50–35%/\$100 MOOP: \$6,350–\$10,000 Coinsurance: Up to 35%	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) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$35/\$100 MOOP: \$8,850 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
ConnectiCare Insurance Company, Inc. (CICI)	Commercial: <input type="checkbox"/> Choice Network	Choice EPO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
		Compass EPO (Limited to Connecticut) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Flex Network (Includes Choice Network, full Prime Network, and First Health Network ³)	Flex POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
	Commercial: <input type="checkbox"/> Passage Network	Passage EPO <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network, excluding PCPs
	Commercial: <input type="checkbox"/> Bridge Program (Choice Network, Prime Network, National Network, QualCare Network ¹ , and First Health Network ²) <i>The Bridge Program gives members access to multiple networks.</i>	Bridge EPO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network and National Network

2024 Company	2024 Provider Network/Program	2024 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare Insurance Company, Inc. (CICI) (continued)	Commercial: <input type="checkbox"/> Value Network	Value EPO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
		Value POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Dual (HMO D-SNP) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$8,850 Coinsurance: \$0 Plan includes a \$60-per-month OTC and healthy food benefit. Members with full Medicaid coverage. Providers must follow coordination of benefits policies and bill Medicaid. Providers may not balance bill members.	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
		ConnectiCare Choice Dual Vista (HMO D-SNP) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$8,850 Coinsurance: \$0 Plan includes a \$150-per-month OTC and healthy food benefit. Members with full Medicaid coverage. Providers must follow coordination of benefits policies and bill Medicaid. Providers may not balance bill members.	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
ConnectiCare of Massachusetts, Inc. (CMI)	Commercial: <input type="checkbox"/> Choice Network	Choice HMO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: MA 4 counties EH/CCI Reciprocity: Yes, Prime Network
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: MA 4 counties EH/CCI Reciprocity: Yes, Prime Network
ConnectiCare Benefits, Inc. (CBI)	Commercial: <input type="checkbox"/> Choice Network (CBI Choice Only Network)	Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: No
		Covered Connecticut Program <i>No PCP or referrals required.</i>	Member has no cost-sharing. State pays deductible/copay/MOOP.	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: No

Service Area Key*:

Kings = Brooklyn
New York = Manhattan
Richmond = Staten Island
Tristate = New York, New Jersey, and Connecticut
NY 3 county = Nassau, Suffolk, and Queens
NY 4 county = Orange, Rockland, Westchester, and Nassau
NY Medicare 4 county = Bronx, Manhattan, Queens, and Brooklyn
NY 5 county = New York, Bronx, Kings, Queens, and Richmond
NY 8 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, and Westchester

NY 9 county = Nassau, Suffolk, Westchester, Orange, Rockland, Dutchess, Ulster, Sullivan, and Putnam
NY 10 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Westchester, Orange, and Rockland
NY 12 county = New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam
NY 14 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, and Putnam
NY 24 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, Putnam, Albany, Broome, Columbia, Delaware,

Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington
NY 28 county = Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester
MA 4 county = Berkshire, Hampden, Hampshire, and Franklin
National = All U.S. 50 states and territories
CT = Connecticut

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

Extended Networks' Coverage Area Key*:

¹ QualCare = New Jersey only

² First Health Network = All states **except**:

- Connecticut
- MA 4 county (Berkshire, Hampden, Hampshire, and Franklin)
- New Jersey
- NY 28 county (Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester)

³ First Health Network (for ConnectiCare Insurance Company, Inc.) = All states **except**:

- Connecticut
- MA 4 county (Berkshire, Hampden, Hampshire, and Franklin)
- NY 28 county (Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester)

*Where members' benefit plans give them access to our extended network providers, this Key defines the geographic areas where they are considered in-network for such plans.

⁴ 2024 Commercial Small Group Plan

Members with commercial benefit plans that are sold in 2023 will continue to have the same network and covered benefits until their plan renewal date in 2024.