

## 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. See [sample member ID Cards](#) in the EmblemHealth Provider Manual and our [Bridge Program](#) page.

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

**Key:** ABA = applied behavior analysis; ER = emergency room; 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 receive care from 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 WellSpark Program <sup>7</sup>
EmblemHealth Plan, Inc.	<b>Commercial:</b> <input type="checkbox"/> GHI 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 <b>Copay:</b> \$15^/\$30/\$150 ACPNY: \$0/\$0 <b>Urgent Care Copay:</b> \$50 <b>City MD Urgent Care:</b> \$100 <b>ProHEALTH Urgent Care:</b> \$100 <b>High-Tech<sup>1</sup> Radiology Copay:</b> \$50 outside of New York State and for specific facilities inside NYS <sup>2</sup> \$100 all other New York State facilities. <b>MOOP:</b> \$4,550/\$9,100 <b>Coinsurance:</b> None <i><sup>^</sup>Benefit applies. Specialist copay to dual PCP/specialists.</i> <i><sup>1</sup>Full list of services includes but is not limited to 3DI, CT scan, MRA, MRI, nuclear medicine, PET scan.</i> <i><sup>2</sup>\$50 copays for RadNet, Memorial Sloan Kettering, Hospital for Special Surgery, NewYork-Presbyterian Health System, Zwanger-Pesiri Radiology Group, ACPNY, and AdvantageCare Bronx.</i>	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> No

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EmblemHealth Plan, Inc.	<b>Commercial:</b> <input type="checkbox"/> National Network <input type="checkbox"/> <a href="#">Bridge Program</a> (Prime Network, National Network, Choice Network, QualCare Network <sup>1</sup> , and First Health Network <sup>2</sup> ) <i>The <a href="#">Bridge Program</a> gives members access to multiple networks.</i> <i>Please refer to the member's ID card to see if the benefit plan accesses the <a href="#">Bridge Program</a>.</i>	<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 <b>Copay:</b> \$25/\$25/\$150 <b>MOOP:</b> \$7,150/\$14,300 <b>Coinsurance:</b> 30% OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> No
		<b>EmblemHealth EPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Various
		<b>EmblemHealth PPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> IN: N/A OON: Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Various
		<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Various
		<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Various
		<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Various
		<b>EmblemHealth InBalance PPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> IN: Various on-facility/non-preventive surgical services OON: Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Various

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EmblemHealth Plan, Inc.	<b>Commercial:</b> <input type="checkbox"/> Network Access Network	<b>Network Access Plan</b> <i>No PCP or referrals required.</i> <i>EmblemHealth does not adjudicate claims. EmblemHealth leases its network to and prices claims for Network Access clients based on the network's contracted rates.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> <b>EPO:</b> Various <b>PPO:</b> Various	<b>OON Coverage:</b> No <b>Service Area:</b> Various <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> No
	<b>Commercial:</b> <input type="checkbox"/> Network Access Network (Professional Services) <input type="checkbox"/> Medicare Choice PPO Network (Facility Services)	<b>ArchCare Senior Life HMO PACE</b> <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>	<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> Various <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</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> New York <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> No
EmblemHealth Insurance Company	<b>Commercial:</b> <input type="checkbox"/> <a href="#">Bridge Program</a> (Prime Network, National Network, Choice Network, QualCare Network <sup>1</sup> , and First Health Network <sup>2</sup> )  <i>The <a href="#">Bridge Program</a> 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>	<b>Bridge ASO</b> <i>No PCP or referrals required.</i> <i>Please refer to the member's ID card to see if the benefit plan accesses the <a href="#">Bridge Program</a>.</i>	<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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
		<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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</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> Various <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</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> Various <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network	<b>EmblemHealth Millennium 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 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Millennium 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 \$5,900/\$10,800 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Millennium Silver (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$2,100/\$4,200 <b>Copay:</b> 1 visit \$30 <sup>^</sup> , then \$30/1 visit \$65 <sup>^</sup> , then \$65/\$500 <b>MOOP:</b> Up to \$9,450/\$18,900 <b>Coinsurance:</b> None <i><sup>^</sup>Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Millennium Bronze (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$4,600/\$9,200 <b>Copay:</b> 3 visits \$50 <sup>^</sup> , then \$50/3 visits \$75 <sup>^</sup> , then \$75/\$500 <b>MOOP:</b> Up to \$9,450/\$18,900 <b>Coinsurance:</b> None <i><sup>^</sup>Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Millennium Catastrophic (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$9,450/\$18,900 <b>Copay:</b> 0%* <b>MOOP:</b> \$9,450/\$18,900 <b>Coinsurance:</b> Yes <i>*Three (3) free visits for any combination of PCP, ABA, MH/SUD.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Millennium Silver CSR 1 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$1,925/\$3,850 <b>Copay:</b> 1 visit \$30 <sup>^</sup> , then \$30/1 visit \$65 <sup>^</sup> , then \$65/\$275 <b>MOOP:</b> \$7,550/\$15,100 <b>Coinsurance:</b> None <i><sup>^</sup>Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Millennium Silver CSR 2 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$275/\$550 <b>Copay:</b> 1 visit \$15 <sup>^</sup> , then \$15/1 visit \$35 <sup>^</sup> , then \$35 <sup>^</sup> /\$75 <b>MOOP:</b> \$3,150/\$6,300 <b>Coinsurance:</b> None <i><sup>^</sup>Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Millennium 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 8 county <sup>5</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes

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	<b>Commercial:</b> <input type="checkbox"/> Select Care	<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> Various <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</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> Various <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Yes
		<b>EmblemHealth Platinum Premier (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$100 Rx deductible \$100 <b>Copay:</b> \$10^/\$35^/20% <b>MOOP:</b> Up to \$2,300/\$4,600 <b>Coinsurance:</b> Yes <i>^Three (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>WellSpark:</b> Yes
		<b>EmblemHealth Gold Premier (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$500/\$1,000 Rx deductible \$150 <b>Copay:</b> \$25^/\$50^/30% <b>MOOP:</b> Up to \$7,800/\$15,600 <b>Coinsurance:</b> Yes <i>^Three (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>WellSpark:</b> Yes
		<b>EmblemHealth Silver Premier (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$5,600/\$11,200 Rx deductible \$250 <b>Copay:</b> \$35^/\$75^/40% <b>MOOP:</b> Up to \$9,400/\$18,800 <b>Coinsurance:</b> Yes <i>^One (1) free PCP visit. 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>WellSpark:</b> Yes
		<b>EmblemHealth Silver Plus H.S.A. (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$3,500/\$7,000 <b>Copay:</b> \$30/\$50/40% <b>MOOP:</b> Up to \$7,500/\$15,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	<b>Commercial:</b> <input type="checkbox"/> Select Care Network (continued)	<b>EmblemHealth Bronze Premier (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$4,600 /\$9,200 <b>Copay:</b> 50%^ <b>MOOP:</b> Up to \$9,450/\$18,900 <b>Coinsurance:</b> None <i>^One (1) free PCP visit.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Bronze Plus H.S.A. (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$7,400/\$14,800 <b>Copay:</b> 50% <b>MOOP:</b> Up to \$8,000/\$16,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Silver Plus H.S.A. (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$3,500/\$7,000 <b>Copay:</b> \$30/\$50/40% <b>MOOP:</b> Up to \$7,500/\$15,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
	<b>Commercial:</b> <input type="checkbox"/> Prime Network	<b>Child Health Plus</b> <i>No referrals required. PCP 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>WellSpark:</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> Various <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Yes
		<b>HIP HMO Preferred (New York City Plan)</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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
		<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> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Yes



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

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 WellSpark Program <sup>7</sup>
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)<sup>4</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$4,800/\$9,600 Rx deductible \$0 <b>Copay:</b> \$35 <sup>^</sup> /\$75 <sup>^</sup> /\$1,000 <b>MOOP:</b> Up to \$8,800/\$17,600 <b>Coinsurance:</b> Yes  <sup>^</sup> One (1) free visit for any combination of PCP, ABA, MH/SUD. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Yes
		<b>EmblemHealth Silver Plus H.S.A. (Small Group)<sup>4</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$3,500/\$7,000 <b>Copay:</b> \$30/\$50/40% <b>MOOP:</b> Up to \$7,000/\$14,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Yes
		<b>EmblemHealth Bronze Premier-P (Small Group)<sup>4</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$6,300/\$12,600 <b>Copay:</b> 50% <sup>^</sup> <b>MOOP:</b> Up to \$9,100/\$18,200 <b>Coinsurance:</b> Yes  <sup>^</sup> One (1) free visit for any combination of PCP, ABA, MH/SUD.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> Yes, but only until the plan's renewal date. <b>WellSpark:</b> Yes
		<b>EmblemHealth Bronze H.S.A. (Small Group)<sup>4</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> 6,750/\$13,500 <b>Copay:</b> 50% MOOP: Up to \$7,500/\$15,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 County <b>EH/CCI Reciprocity:</b> Yes. <b>WellSpark:</b> Yes
	<b>Commercial:</b> <input type="checkbox"/> Select Care	<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
		<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> Various <b>Coinsurance:</b> Yes – Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
		<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
		<b>EmblemHealth Select Care 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 20 county <sup>6</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth Select Care 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 \$5,900/\$10,800 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 20 county <sup>6</sup> <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes



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

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 WellSpark Program <sup>7</sup>
Health Insurance Plan of Greater New York (HIP) (continued)	<b>Medicaid/Commercial:</b> <input type="checkbox"/> Enhanced Care Prime Network	<b>EmblemHealth Enhanced Care</b> (Medicaid Managed Care plan for Medicaid-eligible individuals including Medicaid children's health and behavioral health benefits.) <i>No referrals required. PCP 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 <i>*As of April 1, 2023, prescriptions are covered by NYRx, the Medicaid Pharmacy Program, not EmblemHealth.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> No
		<b>EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older)</b> <i>No referrals required. PCP 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 <i>*As of April 1, 2023, prescriptions are covered by NYRx, the Medicaid Pharmacy Program, not EmblemHealth.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> No
		<b>Essential Plan 1</b> <i>No referrals required.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> \$15/\$25/\$75 <b>MOOP:</b> \$360 <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>WellSpark:</b> Yes
		<b>Essential Plan 2</b> <i>No referrals required.</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>WellSpark:</b> Yes
		<b>Essential Plan 3</b> <i>No referrals required.</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>WellSpark:</b> Yes
		<b>Essential Plan 4</b> <i>No referrals required.</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>WellSpark:</b> Yes
		<b>Essential Plan 200-250</b> <i>No referrals required.</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>WellSpark:</b> Yes
	<b>Medicare:</b> <input type="checkbox"/> VIP Prime Network	<b>EmblemHealth VIP Premier (HMO) (Group Plan)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,850 <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 ConnectiCare's Choice Network for most services. <b>WellSpark:</b> Yes
		<b>EmblemHealth VIP Rx Carve-Out (HMO) (Group Plan)</b> <i>PCP and referrals needed.</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 ConnectiCare's Choice Network for most services. <b>WellSpark:</b> Yes

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 WellSpark Program <sup>7</sup>
Health Insurance Plan of Greater New York (HIP) (continued)	<b>Medicare:</b> <input type="checkbox"/> VIP Bold Network	<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>  \$60 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.	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$8,850 <b>Coinsurance:</b> \$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.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>EmblemHealth VIP Gold (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$25/\$100 <b>MOOP:</b> \$8,850 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> Yes. Members may access ConnectiCare's Choice Network for most services. <b>WellSpark:</b> Yes
		<b>EmblemHealth VIP Gold Plus (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$100 <b>MOOP:</b> \$8,850 <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 ConnectiCare's Choice Network for most services. <b>WellSpark:</b> Yes
		<b>EmblemHealth VIP Rx Saver (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$25/\$100 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 10 county <b>EH/CCI Reciprocity:</b> Yes. Members may access ConnectiCare's Choice Network for most services. <b>WellSpark:</b> Yes
	<b>Medicare:</b> <input type="checkbox"/> VIP Reserve Network	<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–\$8,850 <b>Coinsurance:</b> \$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.	<b>OON Coverage:</b> No <b>Service Area:</b> NY Medicare 4 county <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes

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 WellSpark Program <sup>7</sup>
EmblemHealth Insurance Company	<b>Commercial:</b> <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> Various <b>Coinsurance:</b> Yes – Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
		<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
		<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various
	<b>Commercial:</b> <input type="checkbox"/> Prime Network	<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> Various <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> New York <b>EH/CCI Reciprocity:</b> Yes, Choice Network <b>WellSpark:</b> Various

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

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 WellSpark Program <sup>7</sup>
ConnectiCare, Inc. (CCI)	<b>Commercial:</b> <input type="checkbox"/> Choice Network	<b>Choice HMO</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network <b>WellSpark:</b> Yes
		<b>Choice POS</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network <b>WellSpark:</b> Yes
	<input type="checkbox"/> Passage Network	<b>Passage HMO</b> <i>PCP and referrals needed.</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network, excluding PCPs <b>WellSpark:</b> Yes
	<b>Medicare:</b> <input type="checkbox"/> Choice Network	<b>ConnectiCare Choice Plan 1 (HMO)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$10/\$30/\$100 <b>MOOP:</b> \$3,850 <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>WellSpark:</b> Yes
		<b>ConnectiCare Choice Plan 2 (HMO)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$10/\$100 <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>WellSpark:</b> Yes
		<b>ConnectiCare Choice Plan 3 (HMO)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$195 <b>Copay:</b> \$0/\$35/\$100 <b>MOOP:</b> \$8,850 <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>WellSpark:</b> Yes
		<b>ConnectiCare Flex Plan 2 (HMO-POS)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15–\$50/\$35–\$50/\$100 <b>MOOP:</b> \$6,350–\$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>WellSpark:</b> Yes



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 WellSpark Program <sup>7</sup>
ConnectiCare, Inc. (CCI) (continued)	<b>Medicare</b> (continued): <input type="checkbox"/> Choice Network	<b>ConnectiCare Flex Plan 3 (HMO-POS)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5–35%/\$50–35%/\$100 <b>MOOP:</b> \$6,350–\$10,000 <b>Coinsurance:</b> Up to 35%	<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>WellSpark:</b> Yes
	<b>Medicare:</b> <input type="checkbox"/> Medicare Passage Network	<b>ConnectiCare Passage Plan 1 (HMO)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$35/\$100 <b>MOOP:</b> \$8,850 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
ConnectiCare Insurance Company, Inc. (CICI)	<b>Commercial:</b> <input type="checkbox"/> Choice Network	<b>Choice EPO</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network <b>WellSpark:</b> Various
		<b>Choice POS</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network <b>WellSpark:</b> Various
		<b>Compass EPO (Limited to Connecticut)</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> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Various
	<b>Commercial:</b> <input type="checkbox"/> Flex Network (includes Choice Network, full Prime Network, and First Health Network <sup>3</sup> )	<b>Flex POS</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network <b>WellSpark:</b> Various
	<b>Commercial:</b> <input type="checkbox"/> Passage Network	<b>Passage EPO</b> <i>PCP and referrals needed.</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network, excluding PCPs <b>WellSpark:</b> Various
	<b>Commercial:</b> <input type="checkbox"/> <a href="#">Bridge Program</a> (Choice Network, Prime Network, National Network, QualCare Network <sup>1</sup> , and First Health Network <sup>2</sup> ) <i>The <a href="#">Bridge Program</a> gives members access to multiple networks.</i>	<b>Bridge EPO</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> CT <b>EH/CCI Reciprocity:</b> Yes, Prime Network and National Network <b>WellSpark:</b> Various

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 WellSpark Program <sup>7</sup>
ConnectiCare Insurance Company, Inc. (CICI) (continued)	<b>Commercial:</b> <input type="checkbox"/> Value Network	<b>Value EPO</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> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>Value POS</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> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
	<b>Medicare:</b> <input type="checkbox"/> Choice Network	<b>ConnectiCare Choice Dual (HMO D-SNP)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0–\$8,850 <b>Coinsurance:</b> \$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.	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>ConnectiCare Choice Dual Vista (HMO D-SNP)</b> <i>No referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$8,850 <b>Coinsurance:</b> \$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.	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
ConnectiCare of Massachusetts, Inc. (CMI)	<b>Commercial:</b> <input type="checkbox"/> Choice Network	<b>Choice HMO</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> MA 4 counties <b>EH/CCI Reciprocity:</b> Yes, Prime Network <b>WellSpark:</b> Yes
		<b>Choice POS</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> MA 4 counties <b>EH/CCI Reciprocity:</b> Yes, Prime Network <b>WellSpark:</b> Yes
ConnectiCare Benefits, Inc. (CBI)	<b>Commercial:</b> <input type="checkbox"/> Choice Network (CBI Choice Only Network)	<b>Choice POS</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> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes
		<b>Covered Connecticut Program</b> <i>No PCP or referrals required.</i>	Member has no cost-sharing. State pays deductible/copay/MOOP.	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> No <b>WellSpark:</b> Yes

**Service Area Key (where plans sold, not where care may be received.):**

New York = New York State

Tristate = New York, New Jersey, and Connecticut

NY Medicare 4 county = Bronx, Manhattan, Queens, and Brooklyn

NY 8 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, and Westchester

NY 10 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Westchester, Orange, and Rockland

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

NY 20 county = Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, and Washington

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

CT = Connecticut

**Extended Networks' Coverage Area Key** (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.):

<sup>1</sup>QualCare = New Jersey only

<sup>2</sup>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)

<sup>3</sup>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)

**<sup>4</sup>2024 Commercial Small Group Plans**

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.

**Millennium and Select Care Networks**

<sup>5</sup>EmblemHealth Individual and Family plans (on and off-exchange) are sold throughout a 28-county service area. However, members living in the Millennium service area have in-network access to Millennium network providers.

<sup>6</sup>EmblemHealth Individual and Family plans (on and off-exchange) are sold throughout a 28-county service area. However, members living in the Select Care service area have in-network access to Select Care network providers.

**<sup>7</sup>WellSpark Program**

Members over the age of 18 may use WellSpark's program and resources if offered with their plan. See what is available to your EmblemHealth and ConnectiCare members and encourage them to take advantage of the resources to support their wellness goals.

- [EmblemHealth commercial members](#)
- [ConnectiCare commercial members](#)
- [EmblemHealth Medicare members](#)
- [ConnectiCare Medicare members](#)
- [City of New York Gold HMO Preferred Plan members](#)