

## 2023 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.

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

**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; 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.

2023 Company	2023 Provider Network/Program	2023 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
<b>EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI)</b>	<b>Commercial:</b> <input type="checkbox"/> CBP Network (Member ID cards may show: CBP, EPO, EPO1, EPO2, PPO, PPO1, or PPO4)	<b>GHI CBP Plan (New York City Plan)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> IN: N/A OON: \$200/\$500 <b>Copay:</b> \$15 <sup>^</sup> /\$30/\$150 ACPNY: \$0/\$0 <b>Urgent Care Copay:</b> \$50 <b>City MD Urgent Care:</b> \$100 (starting 4/1/2023) <b>ProHEALTH Urgent Care:</b> \$100 <b>High-Tech<sup>1</sup> Radiology Copay:</b> (after 11/1/2022) Tier 1: \$50 (Preferred Facilities <sup>2</sup> ) Tier 2: \$100 (Non-Preferred Facilities in New York State; copay remains \$50 outside of NYS.) <b>MOOP:</b> \$4,550/\$9,100 <b>Coinsurance:</b> None <sup>^</sup> Benefit applies Specialist copay to dual PCP/ Specialists. <sup>1</sup> Full list of services includes but is not limited to 3DI, CT Scan, MRA, MRI, Nuclear Medicine, PET Scan. <sup>2</sup> Preferred facilities are RadNet, Memorial Sloan Kettering, Hospital for Special Surgery, ACPNY, and BronxDocs. Beginning 4/1/2023, this list includes Zwanger-Pesiri Radiology Group.	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No

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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (continued)	<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> National <b>EH/CCI Reciprocity:</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> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth PPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> 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> National <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth ConsumerDirect EPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various (includes Rx) <b>Copay:</b> No <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth ConsumerDirect PPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various (includes Rx) <b>Copay:</b> No <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth InBalance EPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various on-facility/non-preventive surgical services <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth InBalance PPO</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> IN: Various on-facility/non-preventive surgical services OON: Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No

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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (continued)	<b>Commercial:</b> <input type="checkbox"/> Network Access Network	<b>Network Access Plan</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> 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>Commercial:</b> <input type="checkbox"/> Network Access Network (Professional Services) <input type="checkbox"/> Medicare Choice PPO Network (Facility Services)	<b>ArchCare Advantage HMO SNP</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>Medicare:</b> <input type="checkbox"/> Medicare Choice PPO Network	<b>EmblemHealth Group Access Rx (PPO)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15-\$35/\$15-\$35/\$50-\$75 <b>MOOP:</b> \$3,400-\$5,100 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> No
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC)	<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>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> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth EPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth PPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
Health Insurance Plan of Greater New York (HIP)	<b>Commercial:</b> <input type="checkbox"/> Millennium Network	<b>HIP Prime HMO (Large Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth HMO Plus (Large Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network	<b>EmblemHealth Platinum Premier-M (Small Group)<sup>4</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15^/\$35/\$400 <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None <i>^3 free PCP visits.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Platinum Value-M (Small Group)<sup>4</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> \$15^/\$35^/\$400 <b>MOOP:</b> Up to \$2,500/\$5,000 <b>Coinsurance:</b> None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Gold Premier-M (Small Group)<sup>5</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$450/\$900 Rx deductible \$0 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$6,000/\$12,000 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Gold Value-M (Small Group)<sup>5</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$2,500/\$5,000 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$7,000/\$14,000 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Premier-M (Small Group)<sup>6</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$3,800/\$7,600 Rx deductible \$0 <b>Copay:</b> \$35^/\$65^/\$40% <b>MOOP:</b> Up to \$8,000/\$16,000 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Value-M (Small Group)<sup>6</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$7,000/\$14,000 <b>Copay:</b> \$10^/\$55^/\$0 <b>MOOP:</b> Up to \$7,000/\$14,000 <b>Coinsurance:</b> None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Bronze Premier-M (Small Group)<sup>7</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$5,500/\$11,000 <b>Copay:</b> 50%^ <b>MOOP:</b> Up to \$8,700/\$17,400 <b>Coinsurance:</b> Yes <i>^3 free PCP visits.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Bronze Value-M (Small Group)<sup>7</sup></b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$8,550/\$17,100 <b>Copay:</b> 0%^ <b>MOOP:</b> Up to \$8,550/\$17,100 <b>Coinsurance:</b> Yes <i>^3 free PCP visits.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network	<b>HIP Prime HMO (Large Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth HMO Plus (Large Group)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Platinum Premier-S (Small Group)<sup>4</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 Rx deductible \$0 <b>Copay:</b> \$15^/\$35/\$400 <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None ^3 free PCP visits.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Platinum Value-S (Small Group)<sup>4</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> \$15^/\$35^/\$400 <b>MOOP:</b> Up to \$2,500/\$5,000 <b>Coinsurance:</b> None ^3 free PCP visits. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Gold Premier-S (Small Group)<sup>5</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$450/\$900 Rx deductible \$0 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$6,000/\$12,000 <b>Coinsurance:</b> Yes ^3 free PCP visits. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Gold Value-S (Small Group)<sup>5</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$2,500/\$5,000 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$7,000/\$14,000 <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> No
		<b>EmblemHealth Silver Premier-S (Small Group)<sup>6</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$3,800/\$7,600 Rx deductible \$0 <b>Copay:</b> \$35^/\$65^/\$40% <b>MOOP:</b> Up to \$8,000/\$16,000 <b>Coinsurance:</b> Yes ^3 free PCP visits. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver Value-S (Small Group)<sup>6</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$7,000/\$14,000 <b>Copay:</b> \$10^/\$55^/\$0 <b>MOOP:</b> Up to \$7,000/\$14,000 <b>Coinsurance:</b> None ^3 free PCP visits. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No

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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-S (Small Group)<sup>7</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$5,500/\$11,000 <b>Copay:</b> 50%^ <b>MOOP:</b> Up to \$8,700/\$17,400 <b>Coinsurance:</b> None <sup>^</sup> 3 free PCP visits.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Bronze Value-S (Small Group)<sup>7</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$8,550/\$17,100 <b>Copay:</b> 0%^ <b>MOOP:</b> Up to \$8,550/\$17,100 <b>Coinsurance:</b> Yes <sup>^</sup> 3 free PCP visits.	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
	<b>Commercial:</b> <input type="checkbox"/> Prime Network	<b>Child Health Plus</b> <i>No PCP referrals required.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> No <b>MOOP:</b> N/A <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>HIP Prime HMO</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>HIP HMO Preferred (City of NY)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> No <b>Copay:</b> \$10/\$10/\$150 ACPNY \$0/\$0/\$150 <b>MOOP:</b> \$7,150/\$14,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth HMO Plus</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth HMO Preferred Plus</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>HIP Prime POS</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth HMO Preferred Plus</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>HIP Prime POS</b>	<b>Deductibles:</b> <b>IN:</b> N/A <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> OON only	<b>OON Coverage:</b> Yes <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: Prime Network (continued)	<b>HIP Prime POS (City of NY)</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> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>HIP Access I</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>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> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>GHI HMO (City of NY)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> \$15/\$15/\$35 <b>MOOP:</b> N/A <b>Coinsurance:</b> N/A	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>Vytra HMO (City of NY)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> \$5/\$5/\$25 <b>MOOP:</b> N/A <b>Coinsurance:</b> N/A	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Platinum Premier-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 Rx deductible \$0 <b>Copay:</b> \$15^/\$35/\$400 <b>MOOP:</b> Up to \$2,500/\$5,000 <b>Coinsurance:</b> Yes  ^3 free visits for any combination of PCP, ABA, MH/SUD.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Platinum Value-P (Small Group)<sup>4</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> \$15^/\$35^/\$400 <b>MOOP:</b> Up to \$2,500/\$5,000 <b>Coinsurance:</b> Yes  ^3 free PCP visits. Benefit is not subject to deductible.	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Gold Premier-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$500/\$1,000 Rx deductible \$0 <b>Copay:</b> \$25^/\$50^/\$800 <b>MOOP:</b> Up to \$7,500/\$15,000 <b>Coinsurance:</b> Yes  ^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> Tristate <b>EH/CCI Reciprocity:</b> Yes



2023 Company	2023 Provider Network/Program	2023 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: Prime Network (continued)	<b>EmblemHealth Gold Value-P (Small Group)<sup>5</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$2,500/\$5,000 <b>Copay:</b> \$25^/\$40^/\$800 <b>MOOP:</b> Up to \$7,000/\$14,000 <b>Coinsurance:</b> Yes <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Silver Premier-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$4,800/\$9,600 Rx deductible \$0 <b>Copay:</b> \$35^/\$75^/\$1,000 <b>MOOP:</b> Up to \$8,800/\$17,600 <b>Coinsurance:</b> Yes <i>^1 free visit for any combination of PCP, ABA, MH/SUD. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Silver Value-P (Small Group)<sup>6</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$7,000/\$14,000 <b>Copay:</b> \$10^/\$55^/\$0 <b>MOOP:</b> Up to \$7,000/\$14,000 <b>Coinsurance:</b> None <i>^3 free PCP visits. Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth 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 \$7,000/\$14,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Bronze Premier-P (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$6,300/\$12,600 <b>Copay:</b> 50%^ <b>MOOP:</b> Up to \$9,100/\$18,200 <b>Coinsurance:</b> Yes <i>^1 free visit for any combination of PCP, ABA, MH/SUD.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Platinum (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15/\$35/\$100 <b>MOOP:</b> Up to \$2,000/\$4,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Gold (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$600/\$1,200 <b>Copay:</b> \$25/\$40/\$150 <b>MOOP:</b> Up to \$4,750/\$9,500 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$1,750/\$3,500 <b>Copay:</b> 1 visit \$30^, then \$30/1 visit \$65^, then \$65/\$500 <b>MOOP:</b> Up to \$9,100/\$18,200 <b>Coinsurance:</b> None <i>^Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No



2023 Company	2023 Provider Network/Program	2023 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: Prime Network (continued)	<b>EmblemHealth Silver CSR 1 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$1,625/\$3,250 <b>Copay:</b> 1 visit \$30^, then \$30/1 visit \$65^, then \$65/\$275 <b>MOOP:</b> \$7,250/\$14,500 <b>Coinsurance:</b> None  <i>^Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver CSR 2 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$250/\$500 <b>Copay:</b> 1 visit \$15^, then \$15/1 visit \$35^, then \$35^/\$75 <b>MOOP:</b> \$2,800/\$5,600 <b>Coinsurance:</b> None  <i>^Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Silver CSR 3 (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$10/\$20/\$50 <b>MOOP:</b> \$1,000/\$2,000 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Bronze (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$4,700/\$9,400 <b>Copay:</b> 3 visits \$50^ then \$50/3 visits \$75^ then \$75/\$500 <b>MOOP:</b> Up to \$8,700/\$17,400 <b>Coinsurance:</b> Yes  <i>^Benefit is not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Catastrophic (Individual On/Off Exchange)</b> <i>PCP and referrals needed.</i>	<b>Deductibles:</b> \$9,100/\$18,200 <b>Copay:</b> 0%^ <b>MOOP:</b> \$9,100/\$18,200 <b>Coinsurance:</b> Yes  <i>^3 free visits for any combination of PCP, ABA, MH/SUD.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 28 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Bronze Value-P (Small Group)<sup>7</sup></b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$8,550/\$17,100 <b>Copay:</b> 0%^ <b>MOOP:</b> Up to \$8,550/\$17,100 <b>Coinsurance:</b> Yes  <i>^3 free PCP visits.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Bronze Plus H.S.A. (Small Group)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> 6,750/\$13,500 <b>Copay:</b> 50% <b>MOOP:</b> Up to \$7,500/\$15,000 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> Tristate <b>EH/CCI Reciprocity:</b> Yes

2023 Company	2023 Provider Network/Program	2023 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
Health Insurance Plan of Greater New York (HIP) (continued)	<b>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	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older)</b> <i>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	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
		<b>Essential Plan 1 (BHP)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> \$15/\$25/\$75 <b>MOOP:</b> \$2,000 <b>Coinsurance:</b> Yes, for certain services	<b>OON Coverage:</b> No <b>Service Area:</b> NY 12 county <b>EH/CCI Reciprocity:</b> No
		<b>Essential Plan 2</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0 <b>MOOP:</b> \$200 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 12 county <b>EH/CCI Reciprocity:</b> No
		<b>Essential Plan 3</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0 <b>MOOP:</b> \$200 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 12 county <b>EH/CCI Reciprocity:</b> No
		<b>Essential Plan 4</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> \$0 <b>MOOP:</b> \$0 <b>Coinsurance:</b> None	<b>OON Coverage:</b> No <b>Service Area:</b> NY 12 county <b>EH/CCI Reciprocity:</b> No
	<b>Medicare:</b> <input type="checkbox"/> VIP Prime Network	<b>EmblemHealth VIP Premier (HMO) (Group Plan)</b> <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> Up to \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> Yes. Members may access ConnectiCare's Choice Network for most services.
		<b>EmblemHealth VIP Rx Carve-Out (HMO) (Group Plan)</b> <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	<b>Deductibles:</b> N/A <b>Copay:</b> Various <b>MOOP:</b> \$3,400 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 24 county <b>EH/CCI Reciprocity:</b> Yes. Members may access ConnectiCare's Choice Network for most services.

2023 Company	2023 Provider Network/Program	2023 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	<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> <i>\$60 to \$130 per month OTC and Healthy Food benefit.</i> <i>Some EmblemHealth VIP Dual members will also be enrolled in either Enhanced Care (Medicaid) or Enhanced Care Plus (HARP) plans.</i>	<b>Deductibles:</b> \$0 (Provider must bill Medicaid/plan) <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$8,300 <b>Coinsurance:</b> \$0 Individuals with full Medicaid coverage are not required to pay cost-sharing. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.  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>EmblemHealth VIP Gold (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$25/\$95 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> Yes. Members may access ConnectiCare's Choice Network for most services.
		<b>EmblemHealth VIP Gold Plus (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$95 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 14 county <b>EH/CCI Reciprocity:</b> Yes. Members may access ConnectiCare's Choice Network for most services.
		<b>EmblemHealth VIP Rx Saver (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5/\$40/\$95 <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>EmblemHealth VIP Essential (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$45/\$95 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county (excludes Dutchess and Putnam) <b>EH/CCI Reciprocity:</b> Yes. Members may access ConnectiCare's Choice Network for most services.
	Medicare: <input type="checkbox"/> VIP Reserve Network	<b>EmblemHealth VIP Reserve Classic (HMO)</b> <i>No referrals required. PCP needed.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$25/\$95 <b>MOOP:</b> \$0–\$7,550 <b>Coinsurance:</b> 20%	<b>OON Coverage:</b> No <b>Service Area:</b> NY Medicare 4 county <b>EH/CCI Reciprocity:</b> No
		<b>EmblemHealth VIP Dual Reserve (HMO D-SNP)</b> <i>No referrals required. PCP needed.</i> <i>\$150 per month OTC and Healthy Food benefits.</i>	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$0/\$0 <b>MOOP:</b> \$0–\$8,300 <b>Coinsurance:</b> \$0 Individuals with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	<b>OON Coverage:</b> No <b>Service Area:</b> NY Medicare 4 county <b>EH/CCI Reciprocity:</b> No

2023 Company	2023 Provider Network/Program	2023 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)	<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> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth EPO Value HDHP (Large Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth PPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> <b>IN:</b> Various on-facility/non-preventive surgical services <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth Gold EPO Virtual-M (Small Group)<sup>8</sup></b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> \$1,700/\$3,400 <b>Copay:</b> \$40^/\$60^/40% <b>MOOP:</b> Up to \$8,200/\$16,400 <b>Coinsurance:</b> Yes <i>^Benefit is not subject to deductible.</i>	<b>OON Coverage:</b> No <b>Service Area:</b> NY 8 county <b>EH/CCI Reciprocity:</b> No
	<b>Commercial:</b> <input type="checkbox"/> Select Care Network	<b>EmblemHealth PPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> <b>IN:</b> Various on-facility/non-preventive surgical services <b>OON:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth EPO Value (Large Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth EPO Value HDHP (Large Group)</b> <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
	<b>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> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes

2023 Company	2023 Provider Network/Program	2023 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)	<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)</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 ^3 free visits for any combination of PCP, ABA, MH/SUD.	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		<b>EmblemHealth Gold PPO-N (Small Group)</b>  <i>No PCP or referrals required.</i>	<b>Deductibles:</b> 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 ONN: \$8,000/\$16,000 <b>Coinsurance:</b> Yes ^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> National <b>EH/CCI Reciprocity:</b> Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		<b>EmblemHealth Gold EPO Virtual-N (Small Group)</b>  <i>No PCP or referrals required.</i>	<b>Deductibles:</b> \$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> National <b>EH/CCI Reciprocity:</b> Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC) (continued)	<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 EPO Value (Large Group)</b>  <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes. Inpatient	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth EPO Value HDHP (Large Group)</b>  <i>No PCP or referrals required.</i>	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> No <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes
		<b>EmblemHealth PPO Value (Large Group)</b>  <i>No PCP or referrals required.</i>	<b>Deductibles:</b> IN: Various on-facility/non-preventive surgical services OON: Various <b>Copay:</b> Various <b>MOOP:</b> Up to \$8,150/\$16,300 <b>Coinsurance:</b> Yes	<b>OON Coverage:</b> Yes <b>Service Area:</b> National <b>EH/CCI Reciprocity:</b> Yes

2023 Company	2023 Provider Network/Program	2023 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc.	<b>Commercial:</b> <input type="checkbox"/> Choice Network (includes full Prime Network)	Choice HMO	<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
		Choice POS	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
	<input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	Passage HMO	<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
		Passage POS	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
	<b>Medicare:</b> <input type="checkbox"/> Choice Network	ConnectiCare Choice Plan 1 (HMO)	<b>Deductibles:</b> \$0 <b>Copay:</b> \$10/\$30/\$95 <b>MOOP:</b> \$3,400 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Choice Plan 2 (HMO)	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$10/\$95 <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.
		ConnectiCare Choice Plan 3 (HMO)	<b>Deductibles:</b> \$195 <b>Copay:</b> \$0/\$45/\$95 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 1 (HMO-POS)	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15–\$40/\$30–\$40/\$95 <b>MOOP:</b> \$5,300–\$10,000 <b>Coinsurance:</b> Up to 40%	<b>OON Coverage:</b> Yes for most services <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 2 (HMO-POS)	<b>Deductibles:</b> \$0 <b>Copay:</b> \$15–\$50/\$35–\$50/\$95 <b>MOOP:</b> \$6,000–\$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.

2023 Company	2023 Provider Network/Program	2023 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc. (continued)	<b>Medicare:</b> <input type="checkbox"/> Choice Network (Continued)	ConnectiCare Flex Plan 3 (HMO-POS)	<b>Deductibles:</b> \$0 <b>Copay:</b> \$5–35%/\$50–35%/\$95 <b>MOOP:</b> \$5,500–\$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>Medicare:</b> <input type="checkbox"/> Medicare Passage Network	ConnectiCare Passage Plan 1 (HMO)	<b>Deductibles:</b> \$0 <b>Copay:</b> \$0/\$45/\$95 <b>MOOP:</b> \$7,550 <b>Coinsurance:</b> Up to 20%	<b>OON Coverage:</b> No <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> No
ConnectiCare Insurance Company, Inc.	<b>Commercial:</b> <input type="checkbox"/> Choice Network (includes full Prime Network)	Choice EPO	<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
		Choice POS	<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
		Compass Choice EPO (limited to Connecticut)	<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>Commercial:</b> <input type="checkbox"/> Flex Network (includes Choice Network, full Prime Network, and First Health Network <sup>3</sup> )	Flex POS	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
	<b>Commercial:</b> <input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	Passage EPO	<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
		Passage POS	<b>Deductibles:</b> Various <b>Copay:</b> Various <b>MOOP:</b> Various <b>Coinsurance:</b> Various	<b>OON Coverage:</b> Yes <b>Service Area:</b> CT <b>EH/CCI Reciprocity:</b> Yes
	<b>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>	Bridge EPO	<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



2023 Company	2023 Provider Network/Program	2023 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. (continued)	Medicare: Choice Network	ConnectiCare Choice Dual (HMO D-SNP) <i>\$60 per month OTC and Healthy Food benefit.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0–\$8,300 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–\$8,300 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 Choice Dual Vista (HMO D-SNP)	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$8,300 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 of Massachusetts, Inc. (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
ConnectiCare Benefits, Inc. (CBI)	Commercial: <input type="checkbox"/> Choice Network (CBI Choice Only Network)	Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Connecticut Covered	Member has no cost-share. State pays deductible/copay/MOOP.	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
	Commercial: <input type="checkbox"/> Passage Network (CBI Passage Only Network)	Passage POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes

**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\*:**

<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)

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

**2023 Commercial Small Group Plan Auto-Renewals**

Members with commercial benefit plans that are sold in 2022 will continue to have the same network and covered benefits until their plan renewal date in 2023. Upon renewal, members in plans noted in the table will automatically move to these corresponding plans with new cost-sharing requirements:

<sup>4</sup> HIP-Commercial-Prime Network-Platinum Premier-P (Small Group)

<sup>5</sup> HIP-Commercial-Prime Network-EmblemHealth Gold Premier-P (Small Group)

<sup>6</sup> HIP-Commercial-Prime Network-EmblemHealth Silver Premier-P (Small Group)

<sup>7</sup> HIP-Commercial-Prime Network-EmblemHealth Bronze Premier-P (Small Group)

<sup>8</sup> HIPIC-Commercial-Bridge Program-EmblemHealth Gold EPO Virtual-N (Small Group)