



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.

Provider
Service Address:

Key: ABA = Applied Behavior Analysis; ER = emergency room; fka = formerly known as; IN = in-network; MH = Mental Health; N/A = not applicable; OON = out-of-network; 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
EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI)	Commercial: <input type="checkbox"/> CBP Network (Member ID cards may show: CBP, EPO, EPO1, EPO2, PPO, PPO1, or PPO4)	GHI CBP Plan (New York City Plan) <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: \$200/\$500 Copay: \$15^/\$30/\$150 ACPNY: \$0/\$0 Urgent Care Copay: \$50 City MD Urgent Care: \$100 ProHEALTH Urgent Care: \$100 High-Tech¹ Radiology Copay: \$50 outside of New York State and for specific facilities inside NYS ² \$100 all other New York State facilities. MOOP: \$4,550/\$9,100 Coinsurance: None <i>^Benefit applies Specialist copay to dual PCP/ Specialists.</i> <i>¹Full list of services includes but is not limited to 3DI, CT Scan, MRA, MRI, Nuclear Medicine, PET Scan.</i> <i>²\$50 copays for RadNet, Memorial Sloan Kettering, Hospital for Special Surgery, NewYork-Presbyterian Health System, Zwanger-Pesiri Radiology Group, ACPNY, and BronxDocs.</i>	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No

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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (continued)	Commercial: <input type="checkbox"/> National Network <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network, ¹ and First Health Network ²) <i>The Bridge Program gives members access to multiple networks.</i> <i>Please refer to the member's ID card to see if the benefit plan accesses the Bridge Program.</i>	DC37 Med-Team (New York City Plan) <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: \$1,000/\$3,000 Copay: \$25/\$25/\$150 MOOP: \$7,150/\$14,300 Coinsurance: 30% OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		EmblemHealth EPO <i>No PCP or referrals required.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: National EH/CCI Reciprocity: No
		EmblemHealth PPO <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		EmblemHealth ConsumerDirect EPO <i>No PCP or referrals required.</i>	Deductibles: Various (includes Rx) Copay: No MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: No
		EmblemHealth ConsumerDirect PPO <i>No PCP or referrals required.</i>	Deductibles: Various (includes Rx) Copay: No MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
		EmblemHealth InBalance EPO <i>No PCP or referrals required.</i>	Deductibles: Various on-facility/non-preventive surgical services Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: No
		EmblemHealth InBalance PPO <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No

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EmblemHealth Plan, Inc., fka Group Health Incorporated (GHI) (continued)	Commercial: <input type="checkbox"/> Network Access Network	Network Access Plan <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: EPO: Various PPO: Various	OON Coverage: No Service Area: Various EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Network Access Network (Professional Services) <input type="checkbox"/> Medicare Choice PPO Network (Facility Services)	ArchCare Advantage HMO SNP <i>No PCP or referrals required.</i> <i>EmblemHealth does not adjudicate ArchCare's claims. EmblemHealth leases its networks to, and prices claims for, ArchCare based on the applicable network's contracted rates.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: Various EH/CCI Reciprocity: No
	Medicare: <input type="checkbox"/> Medicare Choice PPO Network	EmblemHealth Group Access Rx (PPO) <i>No PCP or referrals required.</i>	Deductibles: \$0 Copay: \$15-\$35/\$15-\$35/\$50-\$75 MOOP: \$3,400-\$5,100 Coinsurance: Up to 20%	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: No
EmblemHealth Insurance Company, fka HIP Insurance Company of New York (HIPIC)	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network, ¹ and First Health Network ²) <i>The Bridge Program gives members access to multiple networks. Members must follow the same administrative guidelines as members with plans under EmblemHealth Insurance Company. Certain client- specific exceptions may apply.</i>	Bridge ASO <i>No PCP or referrals required.</i> <i>Please refer to the member's ID card to see if the benefit plan accesses the Bridge Program.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: EPO: No PPO: Yes Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth PPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
Health Insurance Plan of Greater New York (HIP)	Commercial: <input type="checkbox"/> Millennium Network	HIP Prime HMO (Large Group) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

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

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

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

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: Prime Network (continued)	HIP Prime POS (City of NY) <i>PCP and referrals needed.</i>	Deductibles: IN: N/A OON: \$750/\$2,250 Copay: \$10/\$15/\$100 MOOP: \$3,000/\$9,000 Coinsurance: 30% OON only	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		HIP Access I <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		HIP Access II <i>No referrals required. PCP needed.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: Tristate EH/CCI Reciprocity: Yes
		GHI HMO (City of NY) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$15/\$15/\$35 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		Vytra HMO (City of NY) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$5/\$5/\$25 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes
		EmblemHealth Platinum Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Rx deductible \$0 Copay: \$15 [^] /\$35/\$400 MOOP: Up to \$2,500/\$5,000 Coinsurance: Yes [^] 3 free visits for any combination of PCP, ABA, MH/SUD.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Platinum Value-P (Small Group)⁴ <i>No referrals required. PCP needed.</i>	Deductibles: \$250/\$500 Copay: \$15 [^] /\$35 [^] /\$400 MOOP: Up to \$2,500/\$5,000 Coinsurance: Yes [^] 3 free PCP visits. Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Gold Premier-P (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: \$500/\$1,000 Rx deductible \$0 Copay: \$25 [^] /\$50 [^] /\$800 MOOP: Up to \$7,500/\$15,000 Coinsurance: Yes [^] 3 free visits for any combination of PCP, ABA, MH/SUD. Benefit is not subject to deductible.	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes

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

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: Prime Network (continued)	EmblemHealth Silver CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,625/\$3,250 Copay: 1 visit \$30 [^] , then \$30/1 visit \$65 [^] , then \$65/\$275 MOOP: \$7,250/\$14,500 Coinsurance: None <i>[^]Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$250/\$500 Copay: 1 visit \$15 [^] , then \$15/1 visit \$35 [^] , then \$35 [^] /\$75 MOOP: \$2,800/\$5,600 Coinsurance: None <i>[^]Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Silver CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$10/\$20/\$50 MOOP: \$1,000/\$2,000 Coinsurance: None	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$4,700/\$9,400 Copay: 3 visits \$50 [^] then \$50/3 visits \$75 [^] then \$75/\$500 MOOP: Up to \$8,700/\$17,400 Coinsurance: Yes <i>[^]Benefit is not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$9,100/\$18,200 Copay: 0% [^] MOOP: \$9,100/\$18,200 Coinsurance: Yes <i>[^]3 free visits for any combination of PCP, ABA, MH/SUD.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No
		EmblemHealth Bronze Value-P (Small Group)⁷ <i>No referrals required. PCP needed.</i>	Deductibles: \$8,550/\$17,100 Copay: 0% [^] MOOP: Up to \$8,550/\$17,100 Coinsurance: Yes <i>[^]3 free PCP visits.</i>	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: Yes
		EmblemHealth Bronze Plus H.S.A. (Small Group) <i>No referrals required. PCP needed.</i>	Deductibles: 6,750/\$13,500 Copay: 50% MOOP: Up to \$7,500/\$15,000 Coinsurance: Yes	OON Coverage: No Service Area: Tristate EH/CCI Reciprocity: 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)	Medicaid/Commercial: <input type="checkbox"/> Enhanced Care Prime Network	EmblemHealth Enhanced Care (Medicaid Managed Care plan for Medicaid-eligible individuals including Medicaid children's health and behavioral health benefits.) <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions) MOOP: Rx \$50 quarterly Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older) <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions) MOOP: Rx \$50 quarterly Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
		Essential Plan 1 (BHP) <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$2,000 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 12 county EH/CCI Reciprocity: No
		Essential Plan 2 <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 12 county EH/CCI Reciprocity: No
		Essential Plan 3 <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 12 county EH/CCI Reciprocity: No
		Essential Plan 4 <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: \$0 MOOP: \$0 Coinsurance: None	OON Coverage: No Service Area: NY 12 county EH/CCI Reciprocity: No
	Medicare: <input type="checkbox"/> VIP Prime Network	EmblemHealth VIP Premier (HMO) (Group Plan) <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		EmblemHealth VIP Rx Carve-Out (HMO) (Group Plan) <i>PCP and referrals needed, except during COVID-19 State of Emergency.</i>	Deductibles: N/A Copay: Various MOOP: \$3,400 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.

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	EmblemHealth VIP Dual (HMO D-SNP – Individual Medicare plan. Special needs plan limited to individuals with both Medicare and full Medicaid coverage.) <i>No referrals required. PCP needed.</i> <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>	Deductibles: \$0 (Provider must bill Medicaid/plan) Copay: \$0/\$0/\$0 MOOP: \$8,300 Coinsurance: \$0 Individuals with full Medicaid coverage are not required to pay cost-sharing. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members. Integrated Benefit Dual members have \$0 cost-sharing and receive Medicaid and Medicare benefits. EmblemHealth will provide primary and secondary payment to providers for covered services.	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No
		EmblemHealth VIP Gold (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$95 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		EmblemHealth VIP Gold Plus (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$95 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		EmblemHealth VIP Rx Saver (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$5/\$40/\$95 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 10 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
		EmblemHealth VIP Essential (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$45/\$95 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 8 county (excludes Dutchess and Putnam) EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services.
	Medicare: <input type="checkbox"/> VIP Reserve Network	EmblemHealth VIP Reserve Classic (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$95 MOOP: \$0–\$7,550 Coinsurance: 20%	OON Coverage: No Service Area: NY Medicare 4 county EH/CCI Reciprocity: No
		EmblemHealth VIP Dual Reserve (HMO D-SNP) <i>No referrals required. PCP needed.</i> <i>\$150 per month OTC and Healthy Food benefits.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0–\$8,300 Coinsurance: \$0 Individuals with full Medicaid coverage. Providers must bill COB to Medicaid or Medicaid plan and cannot balance bill members.	OON Coverage: No Service Area: NY Medicare 4 county EH/CCI Reciprocity: No

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)	Commercial: <input type="checkbox"/> Millennium Network	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth Gold EPO Virtual-M (Small Group)⁸ <i>No PCP or referrals required.</i>	Deductibles: \$1,700/\$3,400 Copay: \$40^/\$60^/40% MOOP: Up to \$8,200/\$16,400 Coinsurance: Yes <i>^Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Select Care Network	EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
	Commercial: <input type="checkbox"/> Prime Network	EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: 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)	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network, ¹ and First Health Network ²) <i>The Bridge Program gives members access to multiple networks.</i> <i>Member ID card will indicate if benefit plan is accessing the Bridge Program.</i>	EmblemHealth Platinum PPO-N (Small Group) <i>No PCP or referrals required.</i>	Deductibles: IN: \$0/\$0 OON: \$3,000/\$6,000 Copay: IN: \$15^/\$35/20% MOOP: IN: Up to \$2,500/\$5,000 OON: \$5,500/\$11,000 Coinsurance: Yes ^3 free visits for any combination of PCP, ABA, MH/SUD.	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		EmblemHealth Gold PPO-N (Small Group) <i>No PCP or referrals required.</i>	Deductibles: IN: \$1,500/\$3,000 OON: \$3,800/ \$7,600 Copay: IN: \$25^/\$40^/30% MOOP: IN: Up to \$6,200/\$12,400 ONN: \$8,000/\$16,000 Coinsurance: Yes ^3 free visits for any combination of PCP, ABA, MH/SUD. Benefit is not subject to deductible.	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes. Access in New York via EmblemHealth, New Jersey via QualCare, and Connecticut via ConnectiCare.
		EmblemHealth Gold EPO Virtual-N (Small Group) <i>No PCP or referrals required.</i>	Deductibles: \$750/\$1,500 Copay: \$40^/\$60^/40% MOOP: Up to \$8,000/\$16,000 Coinsurance: Yes ^Benefit is not subject to deductible.	OON Coverage: No Service Area: National EH/CCI Reciprocity: 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)	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network, ¹ and First Health Network ²) <i>The Bridge Program gives members access to multiple networks.</i> <i>Member ID card will indicate if benefit plan is accessing the Bridge Program.</i>	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes. Inpatient	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: No Service Area: National EH/CCI Reciprocity: Yes
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Up to \$8,150/\$16,300 Coinsurance: Yes	OON Coverage: Yes Service Area: National EH/CCI Reciprocity: Yes

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

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)	Medicare: <input type="checkbox"/> Choice Network (Continued)	ConnectiCare Flex Plan 3 (HMO-POS)	Deductibles: \$0 Copay: \$5–35%/\$50–35%/\$95 MOOP: \$5,500–\$10,000 Coinsurance: Up to 35%	OON Coverage: Yes for most services Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
	Medicare: <input type="checkbox"/> Medicare Passage Network	ConnectiCare Passage Plan 1 (HMO)	Deductibles: \$0 Copay: \$0/\$45/\$95 MOOP: \$7,550 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
ConnectiCare Insurance Company, Inc.	Commercial: <input type="checkbox"/> Choice Network (includes full Prime Network)	Choice EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Choice POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
		Compass Choice EPO (limited to Connecticut)	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No
	Commercial: <input type="checkbox"/> Flex Network (includes Choice Network, full Prime Network, and First Health Network ³)	Flex POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
	Commercial: <input type="checkbox"/> Passage Network (includes Prime Network except PCPs)	Passage EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes
		Passage POS	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes
	Commercial: <input type="checkbox"/> Bridge Program (Choice Network, Prime Network, National Network, QualCare Network ¹ , and First Health Network ²) <i>The Bridge Program gives members access to multiple networks.</i>	Bridge EPO	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: 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: No
		Connecticut Covered	Member has no cost-share. State pays deductible/copay/MOOP.	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: No
	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: No

Service Area Key*:

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

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

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

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

Extended Networks' Coverage Area Key*:

¹ QualCare = New Jersey Only

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

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

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

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

*Where members' benefit plans give them access to our extended network providers, this Key defines the geographic areas 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:

⁴ HIP-Commercial-Prime Network-Platinum Premier-P (Small Group)

⁵ HIP-Commercial-Prime Network-EmblemHealth Gold Premier-P (Small Group)

⁶ HIP-Commercial-Prime Network-EmblemHealth Silver Premier-P (Small Group)

⁷ HIP-Commercial-Prime Network-EmblemHealth Bronze Premier-P (Small Group)

⁸ HIPIC-Commercial-Bridge Program-EmblemHealth Gold EPO Virtual-N (Small Group)