

2025 Summary of Companies, Lines of Business, Networks, and Benefit Plans

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

Provider:
Service Address:

Key: ABA = applied behavior analysis; ER = emergency room; IN = in-network; MH = mental health; N/A = not applicable; OON = out-of-network; OTC = over the counter; MOOP = maximum out-of-pocket; PCP = primary care provider; SUD = substance use disorder; EH/CCI reciprocity = members may receive care from providers in both EmblemHealth and ConnectiCare’s networks as noted. Service Areas = where benefit plans may be sold, not where care may be received.

2025 Company	2025 Provider Network/Program	2025 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity WellSpark Program ¹
EmblemHealth Plan, Inc.	Commercial: <input type="checkbox"/> GHI 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-Tech[†] Radiology Copay: \$50 outside of New York State and for specific facilities inside NYS** \$100 all other New York State facilities. MOOP: \$4,550/\$9,100 Coinsurance: None <i>*Benefit applies. Specialist copay to dual PCP/specialists. **Full list of services includes but is not limited to 3DI, CT scan, MRA, MRI, nuclear medicine, PET scan. ***\$50 copays for RadNet, Memorial Sloan Kettering, Hospital for Special Surgery, NewYork-Presbyterian Health System, Zwanger-Pesiri Radiology Group, ACPNY, and AdvantageCare Bronx.</i>	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: No WellSpark: No

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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EmblemHealth Plan, Inc. (continued)	Commercial: <input type="checkbox"/> National Network <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network ² , and First Health Network ³) <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: New York EH/CCI Reciprocity: Yes WellSpark: No
		EmblemHealth EPO <i>No PCP or referrals required.</i>	Deductibles: N/A Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth PPO <i>No PCP or referrals required.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: Various Coinsurance: OON only	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth ConsumerDirect EPO <i>No PCP or referrals required.</i>	Deductibles: Various (includes Rx) Copay: No MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth ConsumerDirect PPO <i>No PCP or referrals required.</i>	Deductibles: Various (includes Rx) Copay: No MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth InBalance EPO <i>No PCP or referrals required.</i>	Deductibles: Various on-facility/non-preventive surgical services Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth InBalance PPO <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		Commercial: <input type="checkbox"/> Network Access Network	Network Access <i>No PCP or referrals required.</i> <i>EmblemHealth does not adjudicate claims. EmblemHealth leases its network to and prices claims for Network Access clients based on the network's contracted rates.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: EPO: Various PPO: Various

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EmblemHealth Plan, Inc. (continued)	Commercial: <input type="checkbox"/> Network Access Network (Professional Services) <input type="checkbox"/> Medicare Choice PPO Network (Facility Services)	ArchCare Senior Life HMO PACE <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 WellSpark: 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: New York EH/CCI Reciprocity: No WellSpark: No
EmblemHealth Insurance Company	Commercial: <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network ² , and First Health Network ³) <i>The Bridge Program gives members access to multiple networks. Members must follow the same administrative guidelines as members with plans under EmblemHealth Insurance Company. Certain client- specific exceptions may apply.</i>	Bridge ASO <i>No PCP or referrals required.</i> <i>Please refer to the member's ID card to see if the benefit plan accesses the Bridge Program.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: EPO: No PPO: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth EPO Value (EmblemHealth/ConnectiCare Employee Benefit Plan) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: 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: New York EH/CCI Reciprocity: Yes WellSpark: 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: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Yes
		EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Yes
		EmblemHealth Millennium Platinum (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$15/\$35/\$100 MOOP: \$2,000/\$4,000 Coinsurance: Yes	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Millennium Gold (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$600/\$1,200 Copay: \$25/\$40/\$150 MOOP: \$7,900/\$15,800 Coinsurance: Yes	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Millennium Network (continued)	EmblemHealth Millennium Silver (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$2,100/\$4,200 Copay: 1 visit \$30*, then \$30/1 visit \$65*, then \$65/\$500 MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Millennium Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$3,800/\$7,600 Copay: 3 visits \$50*, then \$50/3 visits \$75*, then \$75/\$500 MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Millennium Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$9,200/\$18,400 Copay: 0%* MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*Three (3) free visits for any combination of PCP and/or MH/SUD.</i>	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Millennium Silver CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,855/\$3,710 Copay: 1 visit \$30*, then \$30/1 visit \$65*, then \$65/\$275 MOOP: \$7,350/\$14,700 Coinsurance: Yes <i>*Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Millennium Silver CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$350/\$700 Copay: 1 visit \$15*, then \$15/1 visits \$35*, then \$35/\$75 MOOP: \$3,050/\$6,100 Coinsurance: Yes <i>*Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Millennium Silver CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$10/\$20/\$50 MOOP: \$1,075/\$2,150 Coinsurance: Yes	OON Coverage: No Service Area: NY 9 county ⁴ EH/CCI Reciprocity: No WellSpark: Yes

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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: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Yes
		EmblemHealth HMO Plus (Large Group) <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Yes
		EmblemHealth Platinum Premier (Small Group⁷) <i>No referrals required. PCP needed.</i>	Deductibles: \$250/\$500/Rx deductible \$100 Copay: \$10*/\$35*/20% MOOP: \$2,550/\$5,100 Coinsurance: Yes <i>*Three (3) free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: Yes Service Area: NY 28 county EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Gold Premier (Small Group⁷) <i>No referrals required. PCP needed.</i>	Deductibles: \$500/\$1,000 Rx deductible \$150 Copay: \$25*/\$50*/30% MOOP: \$8,000/\$16,000 Coinsurance: Yes <i>*Three (3) free PCP visits. Benefit is not subject to deductible.</i>	OON Coverage: Yes Service Area: NY 28 county EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Silver Premier (Small Group⁷) <i>No referrals required. PCP needed.</i>	Deductibles: \$5,800/\$11,600 Rx deductible \$250 Copay: \$35*/\$75*/40% MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*One (1) free PCP visit. Benefit is not subject to deductible.</i>	OON Coverage: Yes Service Area: NY 28 county EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Silver Plus H.S.A. (Small Group⁷) <i>No referrals required. PCP needed.</i>	Deductibles: \$3,100/\$6,200 Copay: \$30/\$50/40% MOOP: \$7,800/\$15,600 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Bronze Premier (Small Group⁷) <i>No referrals required. PCP needed.</i>	Deductibles: \$7,600 /\$15,200 Copay: 50%* MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*One (1) free PCP visit.</i>	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Bronze Plus H.S.A. (Small Group⁷) <i>No referrals required. PCP needed.</i>	Deductibles: \$7,800/\$15,600 Copay: 50% MOOP: \$8,200/\$16,400 Coinsurance: Yes	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: No WellSpark: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network	Child Health Plus <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: No MOOP: N/A Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes (age 18+)
		HIP Prime HMO <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Various Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Yes
		HIP HMO Preferred (New York City Plan) <i>PCP and referrals needed.</i>	Deductibles: No Copay: \$10/\$10/\$150 ACPNY \$0/\$0/\$150 MOOP: \$7,150/\$14,300 Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Yes
		EmblemHealth HMO Plus <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Yes
		EmblemHealth HMO Preferred Plus <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Yes
		HIP Prime POS <i>PCP and referrals needed.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Various
		EmblemHealth HMO Preferred Plus <i>PCP and referrals needed.</i>	Deductibles: Various Copay: Various MOOP: \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Yes
		HIP Prime POS (New York City Plan) <i>PCP and referrals needed.</i>	Deductibles: IN: N/A OON: \$750/\$2,250 Copay: \$10/\$15/\$100 MOOP: \$3,000/\$9,000 Coinsurance: 30% OON only	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: No
		HIP Access I (Prime Network, Choice Network in CT, QualCare in NJ, and First Health Network outside tristate area.) <i>No referrals required. PCP needed.</i>	Deductibles: N/A Copay: Various MOOP: \$8,150/\$16,300 Coinsurance: None	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Yes
		HIP Access II <i>No referrals required. PCP needed.</i>	Deductibles: IN: N/A OON: Various Copay: Various MOOP: \$8,150/\$16,300 Coinsurance: OON only	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Prime Network (continued)	GHI HMO (New York City Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$15/\$15/\$35 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes, Choice Network WellSpark: No
		Vytra HMO (New York City Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: \$5/\$5/\$25 MOOP: N/A Coinsurance: N/A	OON Coverage: No Service Area: NY 28 county EH/CCI Reciprocity: Yes, Choice Network WellSpark: 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: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes – Inpatient	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth Select Care Platinum (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$15/\$35/\$100 MOOP: \$2,000/\$4,000 Coinsurance: Yes <i>*Benefit is not subject to deductible.</i>	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Select Care Gold (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$600/\$1,200 Copay: \$25/\$40/\$150 MOOP: \$7,900/\$15,800 Coinsurance: Yes	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Select Care Silver (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$2,100/\$4,200 Copay: 1 visit \$30*, then \$30/1 visit \$65*, then \$65/\$500 MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Select Care Silver CSR 1 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$1,855/\$3,710 Copay: 1 visit \$30*, then \$30/1 visit \$65*, then \$65/\$275 MOOP: \$7,350/\$14,700 Coinsurance: Yes <i>*Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Commercial: <input type="checkbox"/> Select Care Network (continued)	EmblemHealth Select Care Silver CSR 2 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$350/\$700 Copay: 1 visit \$15*, then \$15/1 visit \$35*, then \$35/\$75 MOOP: \$3,050/\$6,100 Coinsurance: Yes <i>*Benefits not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Select Care Silver CSR 3 (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$0 Copay: \$10/\$20/\$50 MOOP: \$1,075/\$2,150 Coinsurance: Yes	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Select Care Bronze (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$3,800/\$7,600 Copay: 3 visits \$50*, then \$50/3 visits \$75*, then \$75/\$500 MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*Benefit is not subject to deductible (combined PCP, specialist, ABA, MH/SUD).</i>	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes
		EmblemHealth Select Care Catastrophic (Individual On/Off Exchange) <i>PCP and referrals needed.</i>	Deductibles: \$9,200/\$18,400 Copay: 0%* MOOP: \$9,200/\$18,400 Coinsurance: Yes <i>*Three (3) free visits for any combination of PCP and/or MH/SUD.</i>	OON Coverage: No Service Area: NY 19 county ⁵ EH/CCI Reciprocity: No WellSpark: Yes
	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, unless homeless.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions)* MOOP: Rx \$50 quarterly* Coinsurance: None <i>*Prescriptions are covered by NYRx, the Medicaid Pharmacy Program, not EmblemHealth.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes (age 18+)
		EmblemHealth Enhanced Care Plus (HARP for Medicaid-eligible individuals aged 21 and older) <i>No referrals required. PCP needed, unless homeless.</i>	Deductibles: N/A Copay: Rx \$1/\$3 (with exceptions)* MOOP: Rx \$50 quarterly* Coinsurance: None <i>*Prescriptions are covered by NYRx, the Medicaid Pharmacy Program, not EmblemHealth.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes
		Essential Plan 200-250 <i>No referrals required.</i>	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$2,000 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes
		Essential Plan 1 <i>No referrals required.</i>	Deductibles: N/A Copay: \$15/\$25/\$75 MOOP: \$360 Coinsurance: Yes, for certain services	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes
		Essential Plan 2 <i>No referrals required.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes

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Health Insurance Plan of Greater New York (HIP) (continued)	Medicaid/Commercial: <input type="checkbox"/> Enhanced Care Prime Network (continued)	Essential Plan 3 <i>No referrals required.</i>	Deductibles: N/A Copay: \$0 MOOP: \$200 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes
		Essential Plan 4 <i>No referrals required.</i>	Deductibles: N/A Copay: \$0 MOOP: \$0 Coinsurance: None	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: Yes
	Medicare: <input type="checkbox"/> VIP Prime Network	EmblemHealth VIP Premier (HMO) (Group Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: Up to \$8,850 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No WellSpark: No
		EmblemHealth VIP Rx Carve-Out (HMO) (Group Plan) <i>PCP and referrals needed.</i>	Deductibles: N/A Copay: Various MOOP: \$3,400 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No WellSpark: No
	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>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$9,350 Coinsurance: \$0 <i>Individuals with full Medicaid coverage are not required to pay cost-sharing. Providers must follow coordination of benefits policies and bill members' Medicaid or Medicaid plan. Providers may not balance bill members. OTC: \$20 per month in NYC 4 counties, \$60 per month in Richmond and outside of New York City.</i>	OON Coverage: No Service Area: NY 24 county EH/CCI Reciprocity: No WellSpark: No
		EmblemHealth VIP Dual Enhanced (HMO D-SNP) Integrated Benefits for Dual Eligibles. Members are also enrolled in either Enhanced Care (Medicaid) or Enhanced Care Plus (HARP) plans. <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$9,350 Coinsurance: \$0 <i>Members have \$0 cost-sharing and receive Medicaid and Medicare benefits. EmblemHealth will provide primary and secondary payment to providers for covered services. OTC: \$20 per month in NYC 4 counties, \$60 per month in Richmond and outside of New York City.</i>	OON Coverage: No Service Area: NY 8 county EH/CCI Reciprocity: No WellSpark: No
		EmblemHealth VIP Gold (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$110 MOOP: \$8,850 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 8 county (excluding Richmond) EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services. WellSpark: Yes

2025 Company	2025 Provider Network/Program	2025 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity WellSpark Program ¹
Health Insurance Plan of Greater New York (HIP) (continued)	Medicare: VIP Bold Network	EmblemHealth VIP Gold Plus (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$110 MOOP: \$8,850 Coinsurance: Up to 20%	OON Coverage: No Service Area: NY 14 county EH/CCI Reciprocity: Yes. Members may access ConnectiCare's Choice Network for most services. WellSpark: No
		EmblemHealth VIP Rx Saver (HMO) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$25/\$110 MOOP: \$6,000 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. WellSpark: No
	Medicare: <input type="checkbox"/> VIP Reserve Network	EmblemHealth VIP Dual Reserve (HMO D-SNP) <i>No referrals required. PCP needed.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0-\$9,350 Coinsurance: \$0 Plan includes a \$20 per month OTC. Individuals with full Medicaid coverage. Providers must follow coordination of benefits policies and bill members' Medicaid or Medicaid plan. Providers may not balance bill members.	OON Coverage: No Service Area: NY Medicare 4 county EH/CCI Reciprocity: No WellSpark: No
EmblemHealth Insurance Company	Commercial: <input type="checkbox"/> Millennium Network	EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes – Inpatient	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
		EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various
	Commercial: <input type="checkbox"/> Prime Network	EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i>	Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Various Coinsurance: Yes	OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various

2025 Company	2025 Provider Network/Program	2025 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity WellSpark Program ¹
EmblemHealth Insurance Company (continued)	<p>Commercial:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bridge Program (Prime Network, National Network, Choice Network, QualCare Network², and First Health Network³) <p>The Bridge Program gives members access to multiple networks.</p> <p>Member ID card will indicate if benefit plan is accessing the Bridge Program.</p>	<p>EmblemHealth EPO Value (Large Group) <i>No PCP or referrals required.</i></p>	<p>Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes. Inpatient</p>	<p>OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various</p>
		<p>EmblemHealth EPO Value HDHP (Large Group) <i>No PCP or referrals required.</i></p>	<p>Deductibles: Various Copay: Various MOOP: Various Coinsurance: Yes</p>	<p>OON Coverage: No Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various</p>
		<p>EmblemHealth PPO Value (Large Group) <i>No PCP or referrals required.</i></p>	<p>Deductibles: IN: Various on-facility/non-preventive surgical services OON: Various Copay: Various MOOP: Various Coinsurance: Yes</p>	<p>OON Coverage: Yes Service Area: New York EH/CCI Reciprocity: Yes WellSpark: Various</p>

2025 Company	2025 Provider Network/Program	2025 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc. (CCI)	Commercial: <input type="checkbox"/> Choice Network	Choice HMO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Plan 1 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$10/\$30/\$140 MOOP: \$4,150 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Choice Plan 2 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$10/\$100 MOOP: \$6,000 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Choice Plan 3 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$35/\$110 MOOP: \$6,750 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 2 (HMO-POS) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$15–\$50/\$35–\$50/\$125 MOOP: \$6,350–\$10,000 Coinsurance: Up to 40%	OON Coverage: Yes, for most services Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
		ConnectiCare Flex Plan 3 (HMO-POS) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$5–40%/\$50–40%/\$125 MOOP: \$6,350–\$10,000 Coinsurance: Up to 40%	OON Coverage: Yes, for most services Service Area: CT EH/CCI Reciprocity: Yes. Members may access EmblemHealth VIP Bold Network for most services.
	Medicare: <input type="checkbox"/> Medicare Passage Network	ConnectiCare Passage Plan 1 (HMO) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$35/\$110 MOOP: \$6,500 Coinsurance: Up to 20%	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No

2025 Company	2025 Provider Network/Program	2025 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare, Inc. (CCI) (continued)	Commercial: <input type="checkbox"/> Choice Network	Choice EPO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
	Commercial: <input type="checkbox"/> Flex Network (Includes Choice Network, full Prime Network, and First Health Network ⁶)	Flex POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: Yes, Prime Network
ConnectiCare Insurance Company, Inc. (CICI) (continued)	Commercial: <input type="checkbox"/> Bridge Program (Choice Network, Prime Network, National Network, QualCare Network ² , and First Health Network ³) <i>The Bridge Program gives members access to multiple networks.</i>	Bridge EPO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: CT EH/CCI Reciprocity: Yes, Prime Network and National Network
		Commercial: <input type="checkbox"/> Value Network	Value EPO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various
	Medicare: <input type="checkbox"/> Choice Network	ConnectiCare Choice Dual (HMO D-SNP) <i>No referrals required.</i>	Deductibles: \$0 Copay: \$0/\$0/\$0 MOOP: \$0–\$9,350 Coinsurance: \$0 Plan includes a \$60-per-month OTC. Members with full Medicaid coverage. Providers must follow coordination of benefits policies and bill Medicaid. Providers may not balance bill members.	OON Coverage: No Service Area: CT EH/CCI Reciprocity: No

2025 Company	2025 Provider Network/Program	2025 Member Benefit Plan	Deductible (Individual/Family) Copay (PCP/Specialist/ER) MOOP (Individual/Family) Coinsurance	OON Coverage Service Area EH/CCI Reciprocity
ConnectiCare of Massachusetts, Inc. (CMI) (No new plans being sold as of Jan. 1, 2025. Existing members only.)	Commercial: <input type="checkbox"/> Choice Network	Choice HMO <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: No Service Area: MA 4 counties EH/CCI Reciprocity: Yes, Prime Network
		Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: MA 4 counties EH/CCI Reciprocity: Yes, Prime Network
ConnectiCare Benefits, Inc. (CBI)	Commercial: <input type="checkbox"/> Choice Network (CBI Choice Only Network)	Choice POS <i>No PCP or referrals required.</i>	Deductibles: Various Copay: Various MOOP: Various Coinsurance: Various	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: No
		Covered Connecticut Program <i>No PCP or referrals required.</i>	Member has no cost-sharing. State pays deductible/copay/MOOP.	OON Coverage: Yes Service Area: CT EH/CCI Reciprocity: No

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

New York = New York State

Tristate = New York, New Jersey, and Connecticut

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

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

NY 9 county = Bronx, Kings, New York, Queens, Richmond, Rockland, Nassau, Suffolk, and Westchester

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

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

NY 19 county = Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Orange, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, and Washington

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

NY 24 county = Bronx, Kings, New York, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster, Putnam, Albany, Broome, Columbia, Delaware, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington

NY 28 county = Albany, Bronx, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, and Westchester

MA 4 county = Berkshire, Hampden, Hampshire, and Franklin

CT = Connecticut

¹WellSpark Program

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

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

Extended Networks' Coverage Area Key (Where members' benefit plans give them access to our extended network providers, this Key defines the geographic areas where they are considered in-network for such plans.):

²QualCare = New Jersey only

³First 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)

⁶First 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)

Millennium and Select Care Networks

⁴EmblemHealth Individual and Family plans (on and off-exchange) are sold throughout a 28-county service area. However, members living in the Millennium service area have in-network access to Millennium network providers.

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

⁷2025 Commercial Small Group Plans

Members with commercial benefit plans that are sold in 2024 will continue to have the same network and covered benefits until their plan renewal date in 2025.

