



## INSURANCE LIST

1199	Humana Medicare
AARP Health Care Option	Locals and Union Plans
<b>Aetna – ALL PLANS*</b>	Local 147, Local 172/472, Local 475, Local 670
<b>Affinity*<sup>≠</sup></b>	Local 731, Local 825, Local 1115, Local 1150
AgeWell – MC Only (NO LONG TERM CARE)	Local IOUE 1515
American Postal Workers Union (APWU)	<b>MagnaCare Network – ALL GROUPS*</b>
Amida Care	<b>Medicare*</b>
Archcare	<b>Medicare Railroad*</b>
Bricklayers/Pointers, Cleaners & Caulker Fund	MetroPlus
Center Light - 65+ Only	<b>MVP*</b>
<b>Centers Plan* - NO LONG TERM CARE</b>	Oxford Health Plans – FREEDOM PPO ONLY
<b>Clover Health*</b>	Operating Engineers
Elderplan	Palmetto GBA/Railroad
Emblem GHI – All plans	CNA Insurance, CUNA Insurance, Guardian
Emblem Healthcare Partners - Network Cohort1 ONLY	Pointers Cleaners & Caulkers
Emblem HIP CMO/Montifiore	Principal Mutual Life Insurance Company
Empire Blue Cross/Blue Shield - PPO ONLY	Qualcare
<b>Empire Blue Cross Health Plus / Amerigroup*</b>	Select Health
Empire Plan / United Healthcare	TriCare / Champus
<b>NY State Employees</b>	Unicare
<b>Con Edison Co. (PPO)</b>	<b>Unions – All MagnaCare Administered*</b>
<b>Fidelis Care*<sup>∅</sup> <sup>≠</sup> (Medicaid, FIDA)</b>	United Healthcare – ALL PPO PLANS (EXCEPT UHCC)
<b>Fidelis Care* Medicare (w/MedicareRx logo)</b>	Union Labor Life
Great – West Healthcare	<b>VNS Care*</b>
<b>Hamaspik – NO MLTC</b>	<b>WellCare NY* - NY PLANS ONLY</b>
<b>HealthFirst*</b>	

\* In-Network Preferred Laboratory | <sup>∅</sup> Insurance does NOT REIMBURSE for Urine Drug Screen/Confirmation  
<sup>≠</sup> Insurance does NOT REIMBURSE for FilmArray GI Panel & Respiratory Pathogens Panel

**We DO NOT accept the following plans:**

Alphacare	Cigna	Horizon Blue Cross/Blue Shield	Oxford Liberty
AmeriHealth	ElderServe	Humana Medicaid	United Health Care
Care Connect	Empire Blue Cross/Blue Shield (HMO, EPO, POS)	Independence Care	Community Plan
Center Light MD	Emblem HIP – All plans except CMO/Montifiore	Medicaid	

## Empire Blue Cross Blue Shield / Blue Cross Blue Shield



**ACCEPTED**

**NOT ACCEPTED**



Empire BC/BS – PPO on bottom right

	
John Doe	
Identification Number: VIF123456789	
Group: 000000011	Office Visit - PCP: \$0
No Referrals Needed	Office Visit - Specialist: \$0
Company PPO Plus	Emergency Room: \$0
Plan Codes 123456	Urgent Care: \$0
	Preventive Care: \$0
SAMPLE ID CARD	
	



Empire BC/BS – Empire EPO PPO on bottom right

	
John Doe	
Identification Number: VIF123456789	
Group: DIV.1234	Primary Care Co-pay: \$0
BS Plan 123 BC Plan 123	Specialist Co-Pay: \$0
	ER Co-pay: \$0
	Urgent Care Co-pay: \$0
SAMPLE ID CARD	
	


Empire BC/BS – MedicareRx on bottom right  
*(all Empire BC/BS with MedicareRx)*

		<b>Empire MediBlue Advantage HMO</b>	
An Anthem Company			
John Doe		PCP: J.Doe	
		Dental: Yes	
Identification Number: VIF123456789			
Group: ACDFEFG1	Office Visit Copay: \$0		
Issuer (80840): 1234567891	Specialist Visit Copay: \$0		
Rx Group: AB1A	Emergency Room Copay: \$0		
RX Bin: 123456	Preventive Copay: \$0		
RxPCN: MD			
SAMPLE ID CARD			



Empire BC/BS – Empire POS PPO on bottom right

	
John Doe	
Identification Number: VIF123456789	
Group: DIV.1234	Primary Care Co-pay: \$0
BS Plan 123 BC Plan 123	Specialist Co-Pay: \$0
	ER Co-pay: \$0
	Urgent Care Co-pay: \$0
SAMPLE ID CARD	
	

Empire BC/BS – ID Number starting with **JLJ**

	
An Anthem Company	
John Doe	Primary Care (PCP):
ID #: <b>JLJ</b> 123456789	Dr. John Doe
	PCP Phone #: 718-555-1212
Program ID #: AB12345W	Pharmacy Copays:
Effective Date: 01/01/2016	Brand: \$0/\$0 Generic: \$0
DOB: 01/01/2016	OTC: 0
SAMPLE ID CARD	

Empire BC/BS – Empire HMO on bottom right  
or top right *(without MedicareRx)*

	
John Doe	
Identification Number: VIF123456789	
Group: DIV.1234	Primary Care Co-pay: \$0
BS Plan 123 BC Plan 123	Specialist Co-Pay: \$0
	ER Co-pay: \$0
	Urgent Care Co-pay: \$0
SAMPLE ID CARD	
	

**EmblemHealth HIP/GHI - ACCEPTED**


**EmblemHealth HIP - NOT ACCEPTED**

**EmblemHealth** **HIP CMO**  
No Referral Required

MEMBER: **SAMPLE CARD**  
ID NUMBER: **12345678**

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Network:  
Copay: PCP \$30 SPEC \$50 ER \$150 Rx \$15/\$35 NF \$75  
Dental: 1  
Rx BIN#: 400023


 Underwritten by HIP Insurance Company of New York

**EmblemHealth** THE CITY OF NEW YORK  
HIP HMO BENEFITS PROGRAM

MEMBER: **SAMPLENAME**  
ID NUMBER: **000000000**

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Network: **Prime**  
PCP Name: **Dr. Sample Card** PCP Phone: **000-000-0000**  
Copay: **PCP \$0 SPEC \$0 ER \$50 Rx N**  
Rx BIN#: **400023**


 AdvantageCare Physicians Underwritten by HIP Health Plan of New York

**EmblemHealth** **GHI HMO**

MEMBER: **SAMPLE CARD**  
ID NUMBER: **12345678**

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Network: **Prime**  
PCP Name: **Dr. SAMPLE CARD** PCP Phone: **000-000-0000**  
Copay: **PCP \$15 ER \$35 INPATIENT \$0**  
BIN#: **013865**


 Underwritten by Group Health Incorporated


**EmblemHealth** **HIP Prime™ EPO**  
No Referral Required

MEMBER: **SAMPLE CARD**  
ID NUMBER: **12345678**

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Network: **Prime**  
Copay: **PCP \$30 SPEC \$50 ER \$150 Rx \$15/\$35 NF \$75**  
Dental: 1  
Rx BIN#: 400023

 Underwritten by HIP Insurance Company of New York

**EmblemHealth**  **THE CITY OF NEW YORK  
HEALTH BENEFITS PROGRAM**

SAMPLE NAME  
ID: 000000000  
CATEGORY: 252  
HEALTH PLAN: MEDICAL **GHI CBP  
NETWORK: GHI CBP**

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Preventive Care Copay: \$0 ACPNY* Copay: Other Providers Copay: Lab/Radiology Copay: \$20 Urgent Care Copay: \$50 Rx BIN#: 003858 Rx PCN: A4 RX Plan: Express Scripts	Preventive Care Rx Copay: \$0 PCP \$0 SPEC \$0 PCP \$15 SPEC \$30 MRI/CT Hi-Tech Radiology \$50 Physical Therapy Copay: \$20 RxGRP: GH3A
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The above copays do not apply to Medicare beneficiaries.  
\*AdvantageCare Physicians Underwritten by Group Health Incorporated

**EmblemHealth** **CompreHealth EPO**  
No Referral Required

MEMBER: **SAMPLE CARD**  
ID NUMBER: **12345678**

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Network: **NY Metro**  
Copay: **PCP \$30 SPEC \$50 ER \$150 RX \$15/\$35 NF \$75**  
Dental: 1  
Rx BIN#: 400023


 Underwritten by HIP Insurance Company of New York

**EmblemHealth** **GHI**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**  
ID NUMBER:

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Network: **XXX**  
PCP: **Dr. John Smith** Tel: **000-000-0000**  
Copay: **PCP \$0 SPEC \$0 ER \$0 Rx N**  
Dental: 1  
BIN#: **000000**

 Underwritten by Group Health Incorporated


**EmblemHealth** **VIP (HMO)**

MEMBER: **CARD SAMPLE**  
ID NUMBER: **12345678**

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Network: **VIP Prime**  
PCP Name: **Dr. Sample Card**  
PCP Phone: **000-000-0000**  
Copay: **PCP \$25 SPEC \$40**  
ER \$75  
Rx \$0/ \$15/ \$47/ \$100/ 25%

Rx BIN#: 400023  
Rx PCN#: 0020050403  
Issuer#: (80840)  
CMS#: H3330-021-002

 Comprehensive Dental