

**Participating Carrier/Network List  
Effective 06.01.20**

<b>INSURANCE CARRIER &amp; NETWORKS</b>	<b>PAR WITH</b>	<b>REFRL REQ</b>	<b>OUT OF NTRWK BNFTS</b>
<b>ADMINISTRATIVE CONCEPTS</b>	YES	NO	per card
<b>AETNA MANAGED CARE</b>	YES		
HMO	??	YES	NO
Medicare Advantage (Golden, Golden Choice & Open PFFS only)	YES	NO	NO
Out of State Plans	NO	YES	NO
POS	YES	NO	YES
PPO (incl. Affordable Health Choices)	YES	NO	YES
Premier	NO		NO
Traditional Choice/Indemnity	YES	NO	YES
Worldwide Health	YES	NO	YES
Workers Compensation Program	NO	NO	NO
<b>ALTA HEALTH &amp; LIFE (a.k.a. CIGNA)</b>	YES	per card	per card
<b>AMERICAN HEALTH PLAN</b>	YES	per card	per card
<b>AMERICAN PROGRESSIVE-SEE Today's Option</b>	*	*	*
<b>ANTHEM HEALTH NETWORK</b>	YES	per card	per card
<b>ARCADIA</b>	NO	YES	YES
<b>BEECHSTREET NETWORK (MediChoice)</b>	NO	per card	per card
<b>BLUE CHOICE ROCHESTER OPTIONS</b>	YES	YES	NO
<b>BLUE SHIELD CNY/EXCELLUS</b>	YES		
<b>BLUE SHIELD UTICA-WATERTOWN</b>	YES		
<b>CCN (Community Care Network)</b>	YES	per card	per card
<b>CDPHP (Capital District Physicians Health Plan)</b>	YES		
Commercial (all products)	YES		
Health Exchange	YES		
Medicare (all products)	YES		
Medicaid (all products)	YES		
<b>CHAMPVA</b>	YES	per card	per card
<b>CHOICE CARE NETWORK (Humana)</b>	YES	per card	per card
<b>CIGNA MANAGED CARE (MVP)</b>	YES	per card	per card
EPO	NO	NO	NO
<b>Healthy NY</b>	NO	NO	NO
HMO-Manged Care	NO	YES	YES
Indemnity Plan	NO	NO	NO
Medicaid/Government Products	NO	YES	
Medicare Advantage	NO		
POS Open Access-HMO	NO	NO	NO
POS-Managed Care	NO	NO	NO
<b>CNA HEALTH PARTNERS (Healthscope)</b>	YES	per card	per card
PCN	YES	per card	per card
PPO (Alcoa ONLY)	YES	NO	per card
<b>COVENTRY HEALTH (see First Health)</b>	NO	NO	NO
<b>DEPT. OF CORRECTIONS</b>	YES	NO	NO
<b>EMBLEM HEALTH (GHI)</b>	YES	NO	NO
Affinity Medicare Advantage	YES	NO	per card
Bridge Network	YES	NO	NO
Emblem Healthcare Medicare	NO	NO	NO
Child Health Plus	NO	YES	YES
GuildNet Gold	NO	YES	YES
HARP (Healthier Life)	NO	YES	YES
Health Exchange	NO	NO	NO
HIP	NO	YES	if authd

**Participating Carrier/Network List  
Effective 06.01.20**

Medicare Advantage Plans	NO	YES	NO
Network Access	YES	per card	per card
PPO Commercial	YES	NO	YES
Prime Network	NO	NO	NO
Select Care (Bronze, Silver, Gold)	NO	YES	YES
<b>EMPIRE BLUE CROSS BLUE SHIELD</b>			
<b>PPO / Blue Choice</b>	YES	NO	YES
<b>EMPIRE PLAN (United HealthCare)</b>	YES	NO	YES
<b>EXCELLUS BCBS (see separate tab)</b>			
<b>FIDELIS</b>			
Child Health Plus	YES	NO	NO
Dual Coverage	YES	NO	NO
Essential Health Plans (E1, E2, E3 & E4)	YES	NO	NO
Family Health Plus	YES	NO	NO
Fidelis Care	YES	NO	NO
HARP (Healthier Life)	YES	NO	NO
Health Exchange (Metal Plans)	YES	NO	NO
Medicare Advantage	YES	NO	NO
<b>FIRST HEALTH NETWORK (see COVENTRY)</b>	NO	per card	per card
<b>GISINGER HEALTH PLAN</b>	NO	NO	NO
<b>FIRST OPTION HEALTH PLAN</b>	YES	per card	NO
<b>GREAT WEST NETWORK</b>	NO	NO	NO
<b>HEALTH REPUBLIC / HEALTH EXCHANGE</b>	NO	NO	NO
<b>HEALTHNOW NETWORK</b>	NO		
<b>HUMANA-Commercial</b>	YES	per card	per card
<b>HUMANA-Medicare</b>	YES	per card	per card
<b>HUMANA Military</b>	YES	YES	per card
<b>INDEPENDENT HEALTH</b>	NO	NO	NO
<b>INDIAN HEALTH SERVICES</b>	YES	YES	NO
<b>LIFETIME BENEFIT SOLUTIONS (aka RMSCO)</b>	YES	NO	YES
<b>LITIGATION/LIABILITY</b>	NO		
<b>MAGNACARE NETWORK</b>	NO		
<b>MARTIN'S POINT</b>	YES	NO	YES
<b>MEDICAID (New York only)</b>	YES	NO	NO
<b>MEDICAID (Other States)</b>	NO	NO	NO
<b>MEDICARE</b>	YES	NO	YES
<b>MERITAIN HEALTH (plans w/ Aetna logo only)</b>	YES		
<b>MOLINA HEALTHCARE OF NY (Total Care)</b>	YES	NO	NO
<b>MULTIPLAN NETWORK</b>	NO	per card	per card
<b>MVP HEALTH PLAN (Midstate IPA)</b>			
ASO - HMO (self-funded)	YES	NO	NO
ASO - POS (self-funded)	YES	NO	YES
ASO - PPO	YES	NO	YES
ASO - Indemnity	YES	NO	YES
ASO - EPO	YES	NO	YES
Basicare PPO	YES	NO	NO
Comp Care	YES	YES	NO
Essential Health Plans (E1, E2, E3 & E4)	YES	NO	NO
Gold PPO	YES	NO	YES
Gold Anywhere PPO	YES	NO	YES
Gold Value HMO-POS	YES	NO	NO
Health Exchange	YES	per card	NO
Health New York (HMO)	YES	YES	NO
HMO	YES	NO	NO
HQ Net	YES	NO	NO
MVP Medicaid Managed Care	YES	YES	NO

**Participating Carrier/Network List  
Effective 06.01.20**

MVP Child Health Plus	NO	YES	NO
POS (Point of Service)	YES	NO	YES
Preferred EPO	YES	NO	NO
Preferred Gold HMO	YES	NO	YES
Student Health Plan	YES	NO	NO
USA Care	YES	NO	NO
<b>NASCENTIA HEALTH DUAL MEDICARE/MCAID</b>	YES	NO	NO
<b>NORTHEAST COMMUNITY CARE</b>	NO	YES	YES
<b>ONEIDA INDIAN NATION</b>	YES	YES	NO
<b>ONONDAGA INDIAN NATION</b>	YES	YES	NO
<b>PHCS NETWORK</b>	NO		
<b>POMCO</b>	YES	NO*	NO
<b>ST AID</b>	YES	YES	NO
<b>ST. LAWRENCE-LEWIS COUNTY</b>	NO	NO	YES
<b>TODAY'S OPTION (American Progressive)</b>			
* SEE WELLCARE HEALTH *	YES	NO	NO
<b>TOTAL CARE (MOLINA HEALTHCARE OF NY)</b>	YES	NO	NO
<b>TOUCHSTONE ADVANTAGE</b>	NO		NO
<b>TRICARE FOR LIFE</b>	YES	NO	NO
<b>TRICARE/HUMANA MILITARY</b>	YES	YES	NO
Reserve Select Health Plan	YES	NO	YES
<b>UNITED HEALTHCARE</b>			
Additional Network Benefit, W500 Directory	NO	NO	NO
AARP Medicare Complete Plan 1	NO	YES	
AARP Medicare Complete Plan 2	NO	YES	
AARP Medicare Complete	NO	YES	
Community Care Plan	YES	NO	NO
Compass, Compass Balance	NO	NO	NO
Compass HMO, Compass Balance HMO	NO	NO	NO
Compass Plus	NO	NO	NO
Essential Health Plans (E1, E2, E3 & E4)	YES	NO	NO
HMO	YES	NO	NO
HRA - Definity (Health Reimbursement Acct)	YES	NO	YES
HAS - Definity (Health Savings Acct)	YES	NO	YES
Indemnity	YES	NO	NO
MD IPA, MD IPA Preferred	NO	NO	NO
Medicare Advantage (also Passport)	YES	NO	NO
Medicare Complete (incl Passport plans)	YES	NO	NO
Navigate	YES	YES	YES
Navigate Balanced	YES	YES	YES
Navigate Plus	YES	YES	YES
Optimum Choice HMO	NO	NO	NO
Optimum Choice Preferred POS	NO	NO	NO
Optum - VA only	YES	YES	
Oxford United Healthcare (Choice Plus Ntwk)	NO	NO	Varies
Signature Value Plan	NO	NO	NO
<b>UNIVERA SENIOR CHOICE</b>	YES	NO	NO
<b>U S LABOR DEPT-WC</b>	NO	NO	NO
<b>VETERANS ADMINISTRATION (VA)</b>	YES	YES	YES
VA Choice & PCCC	YES	YES	YES
<b>WELLCARE HEALTH PLAN</b>			
Medicaid Managed Care	YES	NO	YES
Medicaid/Medicare Advantage (Dual Plan)	YES	NO	NO
<b>WELLPATH</b>	YES	YES	N/A
<b>WORKERS COMPENSATION</b>	YES	NO	NO
<b>No FEDERAL Employees</b>	NO		

**Participating Carrier/Network List**  
**Effective 06.01.20**

--	--	--	--