


Empire Plan Prescription Drug Program Empire Plan Health Plan Card

THE EMPIRE PLAN 
NYSHIP Copay Code A

123456789

JEANNIE EMPIRE PLAN ENROLLEE
JANE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN ENROLLEE
MICHAEL EMPIRE PLAN ENROLLEE
JAMES EMPIRE PLAN ENROLLEE

NEW YORK STATE HEALTH INSURANCE PROGRAM

For enrollee
services,
precertification &
provider relations,
please call:

**1-877-7-NYSHIP
(1-877-769-7447)**

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.


Submit hospital, skilled nursing facility and hospice claims to your local Blue Cross and/or Blue Shield Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



BLUE CROSS
PLAN 303

Blue Cross Prefix: **YLS**

Submit medical provider claims in accordance with your participating provider agreement.

UnitedHealthcare®  MultiPlan

All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

Administered by the NYS Department of Civil Service.