



Department of Civil Service

Employee Benefit Card Specifications - IFB entitled: "Employee Benefit Card"

Card Dimensions

Card size: 3.375 x 2.125 | Corner radius: .125

Card Stock Specifications: Core Color of the Card Stock = White, CR-80, PVC, 27 Mil thick

Colors Used

PMS 288 C and Black

CARD FRONT

Enrollee Number
Font: Proxima Nova Semibold
Size: 14/13
Placement:
.1875" from left edge of card
.625" from top edge of card

Enrollee Names
Font: Proxima Nova Medium
Size: 7/10
Color: Black
Placement:
.1875" from left edge of card
.9375" from top edge of card

Empire Plan Lockup
Size: 2.0248" W x .5072" H
Placement: .175" from top
.1875" from right
Color: PMS 288 C

NYSHIP Name
Font: Proxima Nova Condensed Italic
Size: 5/6
Color: PMS 288 C
Placement:
.1875" from left edge of card
1.9375" from top edge of card

CARD BACK

Call out box
Size: 1.0353" W x 1.1875" H
Placement: Bleeds top and left
Color: PMS 288 C

Text
Font: Proxima Nova Condensed Bold
Size: 8/9 centered with .0625 space after
Color: White

Phone Number
Font: Proxima Nova Condensed Bold
Size: 9/10 centered with .0625 space before and .025 space after
Color: White
Placement:
.1875" from left edge of card
1.3125" from top edge of card

Text
Font: Proxima Nova Condensed Regular
Bold Font: Proxima Nova Condensed Bold
Size: 6/7 with .03 space after
Color: Black
Placement:
1.1005" from left edge of card
.1875" from top edge of card

NYSHIP Lockup
Size: 1.0292" W x .2373" H | Placement: .1875" from bottom, .1875" from right | Color: PMS 288 C

UnitedHealthcare Logo
Size: .7586" W x .0849" H
Placement: .216" from card left edge / .5825" from bottom
Color: Black

Multiplan Logo
Size: .3934" W x .1342" H
Placement: 1.1005" from card left / .5527" from bottom
Color: Black

BlueCross Logo
Size: 0.1522" W x .1499" H
Placement: 1.1395" from card left edge
.9375" from card bottom
Color: Black

PPO Logo
PPO Font: Proxima Nova Bold
Size: 4/5
HOSPITAL ONLY Font: Proxima Nova Bold
Size: 3/4
Suitcase Size: .1559" W x .1257" H
Color: Black
Placement: 1.474" from card left edge
.925" from card bottom

Blue Cross Plan 303
Font: Proxima Nova Condensed Bold
Size: 4/4.5
Color: Black
Placement: 1.961" from card left edge
.9375" from card bottom

Blue Cross Prefix: YLS
Blue Cross Prefix Font: Proxima Nova Bold
Size: 5/5
YLS Font: Proxima Nova Condensed Bold
Size: 7/5
Color: Black
Placement: 2.45" from card left edge
.9375" from card bottom

ATTACHMENT 20

CARRIER FRONT

Carrier Dimensions: 8.75" x 3.6325"

Card Dimensions: Card size: 3.375" x 2.125" | Corner radius: .125"

Colors Used: PMS 641 C and Black

12 Mil Ridged Fusion

Blue Color Band
Size: 4.0578" W x .9931" H
Placement: Bleeds top and left
Color: PMS 641 C

SEHP Lockup
Size: 1.9808" W x .3834" H
Placement: .387" from top of carrier,
.1875" from right edge of carrier
Color: PMS 641 C

Blue Color Band (90° Rotation)
Size: 3.625" W x .6875" H
Placement: 4.1875" from left edge,
Bleeds top and bottom
Color: PMS 641 C

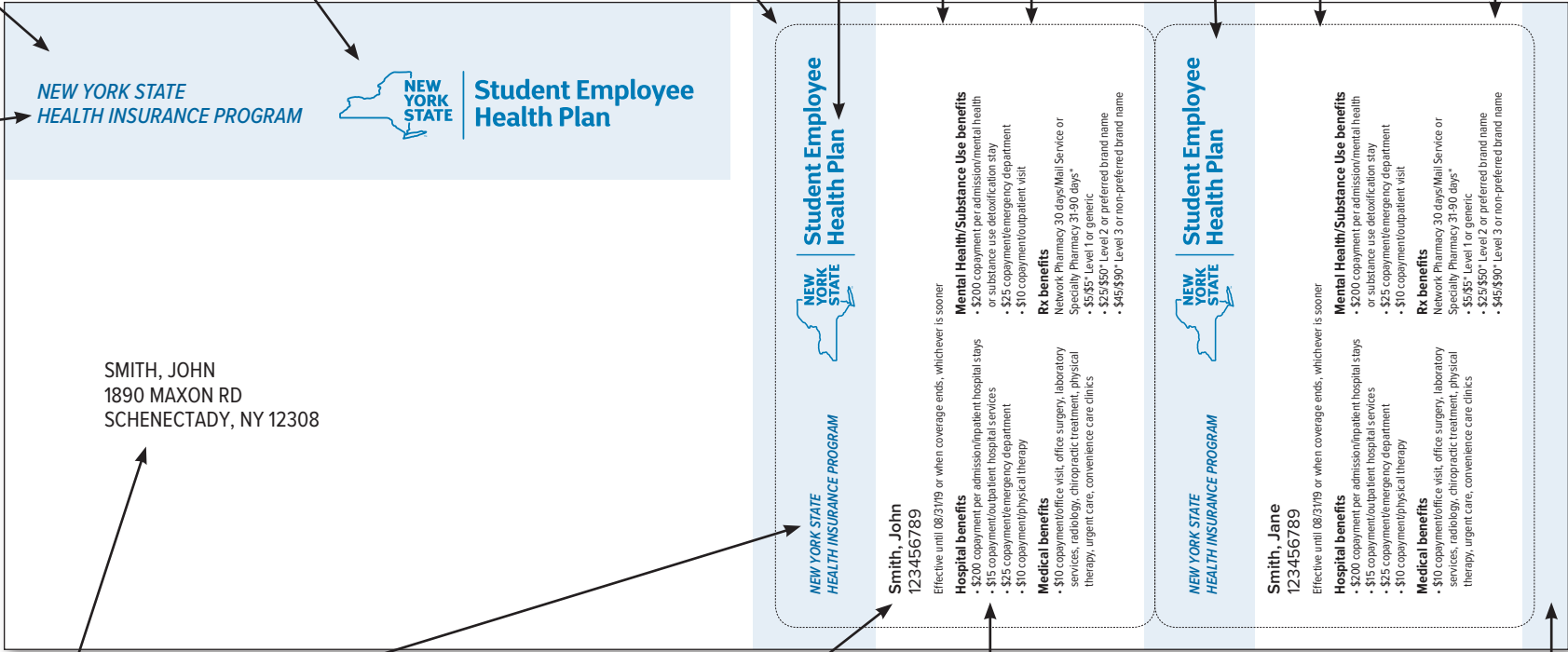
SEHP Lockup (90° Rotation)
Size: 1.6978" W x .3286" H
Placement: .118" from top of card,
.1875" from right edge of card
Color: PMS 641 C

Card Placement (90° Rotation):
4.3125" from left, .125" from top of carrier

Blue Color Band (90° Rotation)
Size: 3.625" W x .2375" H
Placement: 6.3069" from left edge,
Bleeds top and bottom
Color: PMS 641 C

Duplicate Card (90° Rotation)
Card Placement:
6.433" from left,
.125" from top of carrier

NYSHIP Name
Font: Proxima Nova
Condensed
Medium Italic
Size: 9/10
Color: PMS 641 C
Placement:
.1875" from left edge,
.4425" from top edge



Variable Enrollee Information
Font: Proxima Nova
Condensed Regular
Size: 9/10 | Color: Black
Placement: .5625" from left edge of carrier,
2" from top edge of carrier

NYSHIP Name (90° Rotation)
Font: Proxima Nova Condensed
Medium Italic
Size: 6/7 | Color: PMS 288 C
Placement: .1875" from top of card,
.1875" from left edge of card

Variable Enrollee Name
Font: Proxima Nova Semibold | Size: 7/8
Placement: .1875" from left edge of card,
.625" from top edge of card

Variable Enrollee Number
Font: Proxima Nova Regular | Size: 7/8 with .04" space after

Effective until text
Font: Proxima Nova Regular | Size: 5/6

Benefits Bold
Font: Proxima Nova Condensed Bold
Size: 6/7 with .03" space before
Color: Black

Copayment Bullet Text
Font: Proxima Nova Condensed Regular
Size: 5/6 | Bullet Indent: .0417"
Color: Black
Placement: .1875" from left edge of card

Blue Color Band (90° Rotation)
Size: 3.625" W x .2565" H
Placement: 8.4935" from
carrier left edge,
Bleeds top and bottom
Color: PMS 641 C

CARRIER BACK

Body Text (both columns)
 Font: Proxima Nova Condensed Regular
 Size: 5/6 with .03" space after
 Color: Black
 Placement: .1875" from left edge of card,
 .5" from top edge of card

Bold Text
 Font: Proxima Nova Condensed Bold
 Size: 5/6 with .03" space after
 Color: Black

Blue Rule (Round End)
 Length: 1.5625" | Size: 2pt
 Placement: 1.6736" from left edge of card,
 .1875" from top edge of card
 Color: PMS 641 C

Card Placement (90° Rotation):
 2.3125" from left,
 .125" from top of carrier

Phone Icon
 Size: .1875" W x .1875" H
 Placement:
 .1875" from left edge of card,
 .1875" from top edge of card
 Color: 641 C

You Must Call
 Font: Proxima Nova Extrabold
 Size: 7/7 | Color: Black

Toll Free Number
 Font: Proxima Nova Condensed Bold
 Size: 6/6 | Color: Black

Administered by text
 Font: Proxima Nova Condensed Regular
 Size: 5/6 with .03" space after
 Color: Black
 Placement:
 .1875" from left edge of card,
 .1875" from bottom edge of card

HERE IS YOUR NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) STUDENT EMPLOYEE HEALTH PLAN (SEHP) BENEFIT CARDS EFFECTIVE UNTIL 08/31/19

Please detach your card and carry it with you at all times.

You will need this NYSHIP Student Employee Health Plan (SEHP) benefit card for hospital, medical, surgical, mental health/substance use and prescription drug benefits. You will receive separate cards for dental and vision benefits.

Please review your NYSHIP benefit card. If you see any errors in this card or if you have a change of address or need to add or delete a dependent, notify your Health Benefits Administrator (HBA).

Visit www.cs.ny.gov/employee-benefits for SEHP benefits information and the online Participating Provider Directory search. See your HBA if you need print copies.

Copayment and pre-certification requirements indicating when "you must call" have been printed on your card. Your HBA will notify you of your current premium. Notice of any premium rate change will be mailed to your home.

YOUR ACTUAL COVERAGE START AND END DATES MAY VARY FROM THE DATE SHOWN ABOVE AND ON YOUR CARD. If you leave your position before the end of the academic year, or if you are not entitled to summer coverage, your coverage will end before the date on your card. Your HBA will tell you the exact dates of your coverage.

If you elect COBRA continuation, you will receive a letter from the New York State Department of Civil Service telling you the dates of your COBRA coverage.

When coverage ends
 Your coverage in NYSHIP SEHP will end 28 days after the last day of the last payroll period worked, even if your identification card has a different termination date.
 Do not use your card after coverage ends. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends.

New York State Department of Civil Service <https://www.cs.ny.gov>

Duplicate Card (90° Rotation)
Card Placement:
 .1875" from left edge of carrier,
 .125" from top of carrier

NYSHIP Lockup
 Size: 1.0292" W x .2373" H
 Placement: .15" from card bottom,
 .1875" from card right edge
 Color: PMS 641 C

UnitedHealthcare Logo
 Size: .7586" W x .0849" H
 Placement: 1.8125" from card left edge,
 .491" from card bottom
 Color: Black

Body Text
 Placement:
 1.8125" from left edge of card,
 .1875" from top edge of card

Name and Website
 Font: Proxima Nova Condensed Regular
 Size: 6/7 with .03" space after | Color: Black
 Placement: .25" from carrier bottom,
 4.625" from carrier left

Paragraph Text
 Font: Proxima Nova Condensed Regular
 Size: 7/8 with .03" space after
 Color: Black

Bold Text
 Font: Proxima Nova Condensed Bold
 Size: 7/8 with .0625" space before
 Color: Black

Blue Cross Prefix: YLS
 Font: Proxima Nova Bold
 Size: 5/5
 Color: Black
 Placement: 1.8125" from card left edge,
 .8825" from card bottom

BlueCross Logo
 Size: .1522" W x .1499" H
 Placement: 1.8513" from card left edge,
 .6735" from card bottom
 Color: Black

PPO Logo
PPO Font: Proxima Nova Bold
 Size: 4/5
HOSPITAL ONLY Font: Proxima Nova Bold
 Size: 3/4
Suitcase Size: .1559" W x .1257" H
 Color: Black
 Placement: 2.1895" from card left edge,
 .6615" from card bottom

Blue Cross Plan 303
 Font: Proxima Nova Condensed Bold
 Size: 4/4.5
 Color: Black
 Placement: 2.6995" from card left edge,
 .6735" from card bottom

Headline
 Font: Proxima Nova Condensed Bold
 Size: 8/9 with .0625" space after
 Color: Black

Excelsior Plan Identification Card With Carrier — Design Specifications

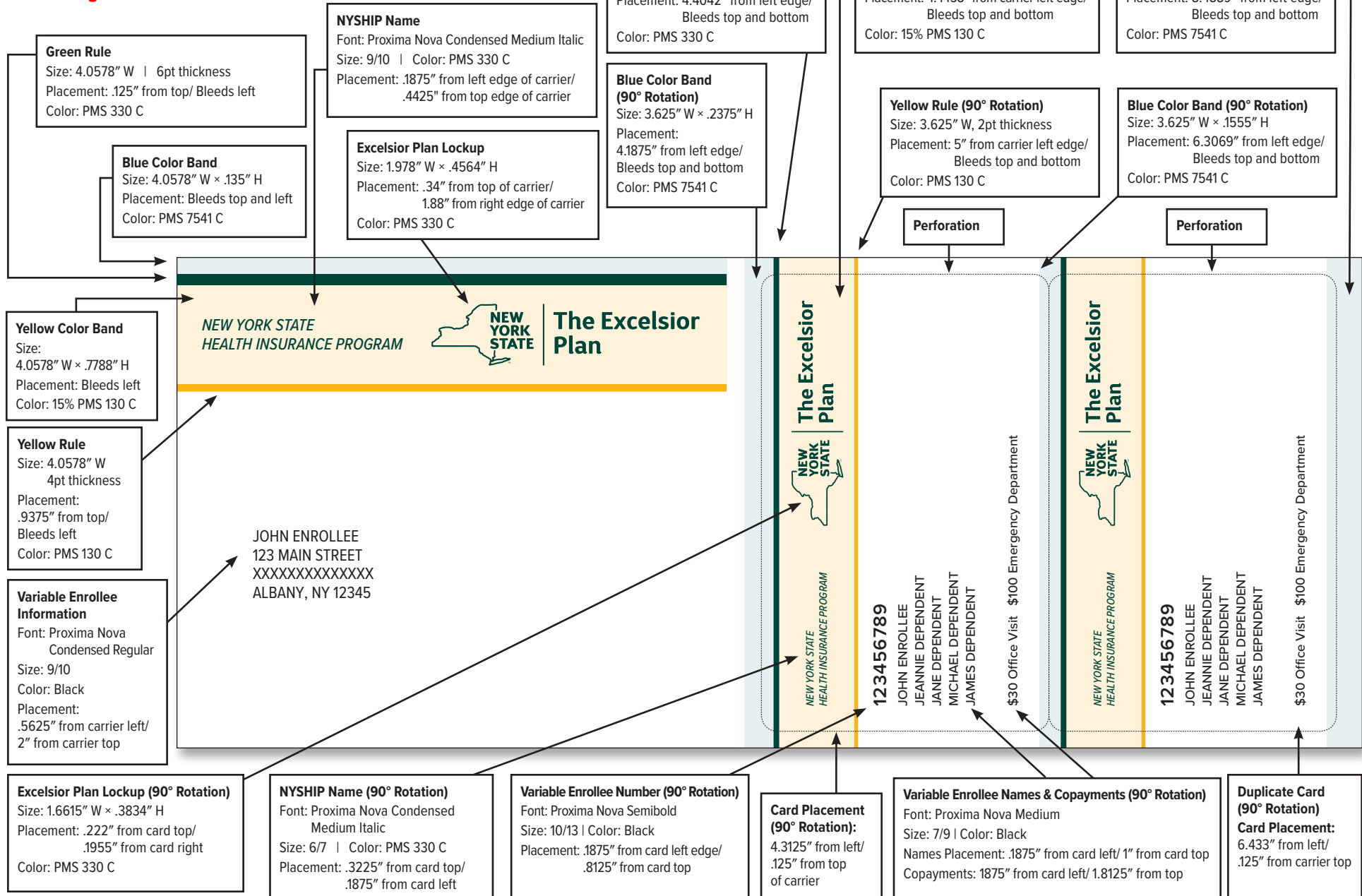
CARRIER FRONT

Card and Carrier designed in Adobe InDesign. All logo files are available in vector format.

Carrier Dimensions: 8.75" x 3.6325" | **Card Dimensions:** Card size: 3.375" x 2.125" | Corner radius: .125"

Colors Used: PMS 130 C, PMS 7541 C, PMS 330 C and Black

12 Mil Ridged Fusion



ATTACHMENT 20

"For enrollee services" Text: Font: Proxima Nova Condensed Bold | Size: 8/9 centered, with .0625" space after
 Color: White | Placement: .2125" from card top/ .0825" from card left
Phone Number: Size: 9/10 centered, with .0625" space before and .025" space after

Green Box (90° Rotation)
 Size: 1.1595" W × 1.3125" H | Color: PMS 330 C
 Placement: 3.2497" from carrier left/ Bleeds top

CARRIER BACK

Bulleted Text
 Font: Proxima Nova Condensed Regular
 Size: 8/9 with .0625" space after and .0417" indent
 Color: Black
 Placement: .25" from top edge of carrier/
 4.875" from left edge of carrier

Green Box (90° Rotation)
 Size: 1.1595" W × 1.2448" H
 Placement: 1.1317" from carrier left/
 Bleeds carrier top
 Color: PMS 330 C

Card Text (2) See Card Text (1)
 .1875" from card left/ 1.6525" from card top

UnitedHealthcare Logo: Size: .5989" W × .067" H
 Color: Black | Placement: .1875" from left/ 1.4575" from top

Card Placement (90° Rotation):
 2.3125" from carrier left edge/
 .125" from top of carrier

For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP (1-877-769-7447)

For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP (1-877-769-7447)

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

UnitedHealthcare
 All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission. Administered by the New York State Department of Civil Service.

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

UnitedHealthcare
 All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission. Administered by the New York State Department of Civil Service.

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.

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.

Bin# 004336 **Group# 030500**

Bin# 004336 **Group# 030500**

Blue Cross Prefix: YLS **Blue Cross Prefix: YLS**

Blue Cross **Blue Cross**

HOSPITAL ONLY **HOSPITAL ONLY**

NEW YORK STATE NYSHIP **NEW YORK STATE NYSHIP**

NEW YORK STATE Health Insurance Program **NEW YORK STATE Health Insurance Program**

- Attached is your Excelsior Plan benefit card(s). If you have family coverage and our records indicate that your dependent(s) resides at an address different from your address, a separate card with the name(s) of that dependent(s) will be mailed to the other address.
- This carrier holds two benefit cards. If you have individual coverage, you will receive one card. The second card will be blank. If you have family coverage, you will receive up to two carriers and four sets of cards in this envelope.
- Each card may contain up to five names. Additional dependents will appear on a separate card, mailed in the same envelope. Check to be sure that all names are listed on the card(s).
- If you have questions, contact your current or former (if retiree) agency.

IMPORTANT NOTICE: The Excelsior Plan benefit card with the name of the individual receiving the service must be presented to the doctor or other health care provider (including pharmacies, if applicable) before receiving services. If you do not bring the card, services may be denied.

Receipt of the benefit card(s) does not mean that coverage is in effect. Do not use your card before coverage begins or after coverage ends. It is insurance fraud to knowingly use the card to obtain services when coverage is not effective. If it was determined later that you were not eligible for benefits at the time services were provided, you may be responsible for any amount paid on your behalf.

Green Box (90° Rotation)
 Size: 1.1595" W × .2585" H
 Placement: Bleeds carrier top and left
 Color: PMS 330 C

Duplicate Card (90° Rotation)
Card Placement:
 .1875" from carrier left/
 .125" from top of carrier

NYSHIP Lockup
 Size: .8708" W × .2008" H
 Placement: 1.7705" from card top/
 2.3175" from card left
 Color: PMS 330 C

Bin# and Group#
 Font: Proxima Nova Condensed Regular | Size: 6/7 with .17" space after
 1.4875" from card top/ Bin#: 2.0415" from card left/ Group#: 2.6925 from card left

"Submit medical..." Text (1st line) Font: Proxima Nova Condensed Regular | Size: 6/7 with .17" space after
 .1875" from card left/ 1.3125" from card top

Card Text (1)
 Font: Proxima Nova Condensed Regular
 Bold Font: Proxima Nova Condensed Bold
 Size: 6/7 with .02" space after | Color: Black
 1.1005" from card left/ .1875" from card top

Paragraph Text
 Font: Proxima Nova Condensed Regular
 Size: 8/9 with .03" space after
 Color: Black

BlueCross Logo
 Size: 0.1522" W × .1499" H
 Placement: 1.1464" from card left/
 1.0515" from card top
 Color: Black

PPO Logo
PPO Font: Proxima Nova Bold | Size: 4/5
HOSPITAL ONLY Font: Proxima Nova Bold
 Size: 3/4
Suitcase Size: .1559" W × .1257" H
 Color: Black
 Placement: 1.4775" from card left/
 1.0334" from card top

Blue Cross Plan 303
 Font: Proxima Nova Condensed Bold
 Size: 4/4.5 | Color: Black
 Placement: 1.9665" from card left/
 1.0812" from card top

Blue Cross Prefix: YLS
Blue Cross Prefix Font: Proxima Nova Bold
 Size: 5/5
YLS Font: Proxima Nova Condensed Bold
 Size: 7/5 | Color: Black
 Placement: 2.4495" from card left/
 1.1215" from card top

Bulleted Text (Last Bullet)
 Font: Proxima Nova Condensed Regular
 Size: 8/9 with .1875" space after
 and .0417" indent
 Color: Black