



Sample Empire Plan Employee Benefit Card and Card Carrier - IFB entitled: "Employee Benefit Card"

IMPORTANT EMPIRE PLAN INFORMATION ENCLOSED



The Empire Plan

EMPLOYING AGENCY NAME
AGENCY ADDRESS LINE 1
CITY STATE ZIPCODE

RETURN SERVICE REQUESTED

ENROLLEE LAST NAME, FIRST NAME
ENROLLEE ADDRESS LINE 1
ENROLLEE ADDRESS LINE 2
CITY STATE ZIPCODE



NYSHIP
New York State
Health Insurance Program

For New York
Government Employees
New York State Health Insurance Program
State of New York
Department of Civil Service
Empire State Plaza, Core Bldg 1, 2nd Fl
Albany, NY 12239
www.cs.ny.gov

(Single-Window Envelope)

(Tri-Fold)

ID NUMBER: 123456789

NUMBER OF CARDS: 4



The Empire Plan

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



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(Tri-Fold)



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<p>PLEASE READ THE FOLLOWING CAREFULLY</p>	<ul style="list-style-type: none"> • Attached is your Empire Plan Benefit Card(s). If you have Family Coverage and our enrollment 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 up to four Empire Plan Benefit Card(s). If you have Individual coverage, you will receive one card. If you have Family coverage, you will receive up to two sets of cards in this envelope. • Each card may contain up to six names. You may receive additional cards in a separate envelope if the names of all your dependents residing at the same address on the front of this card carrier do not appear on the enclosed cards. • If you have questions about your copayments, refer to your Empire Plan materials.
<p>STEPS THE CARDHOLDER SHOULD FOLLOW AND CONTACT INFORMATION FOR CARD CORRECTIONS AND QUESTIONS:</p>	<ul style="list-style-type: none"> • Check to be sure that all names are listed on the card(s). • If you are an employee, contact your personnel office. If you are a retiree of a local government, contact your former employer's personnel office. If you are a retiree of New York State or a retiree of a participating employer such as the Thruway Authority or the Metropolitan Transportation Authority, contact The Empire Plan at 1-877-7NYSHIP (1-877-769-7447).
<p>IMPORTANT NOTICE</p>	<p>The Empire 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.</p> <p>Receipt of the Empire Plan 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 in effect. If it is determined that you were not eligible for benefits at the time services were provided, you may be responsible for any amount paid on your behalf.</p>



Department of Civil Service

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EMPLOYING AGENCY NAME
AGENCY ADDRESS LINE 1
AGENCY ADDRESS LINE 2
CITY STATE ZIPCODE



The Empire Plan

(Double-Window Envelope)

ENROLLEE LAST NAME, FIRST NAME
ENROLLEE ADDRESS LINE 1
ENROLLEE ADDRESS LINE 2
CITY STATE ZIPCODE

For New York State Government Employees
New York State Health Insurance Program
State of New York
Department of Civil Service
Empire State Plaza, Core Bldg 1, 2nd Fl
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www.cs.ny.gov

(Tri-Fold)

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<p>STEPS THE CARDHOLDER SHOULD FOLLOW AND CONTACT INFORMATION FOR CARD CORRECTIONS AND QUESTIONS:</p>	<ul style="list-style-type: none"> • Check to be sure that all names are listed on the card(s). • If you are an employee, contact your personnel office. If you are a retiree of a local government, contact your former employer's personnel office. If you are a retiree of New York State or a retiree of a participating employer such as the Thruway Authority or the Metropolitan Transportation Authority, contact The Empire Plan at 1-877-7NYSHIP (1-877-769-7447).
<p>IMPORTANT NOTICE</p>	<p>The Empire 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.</p> <p>Receipt of the Empire Plan 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 in effect. If it is determined that you were not eligible for benefits at the time services were provided, you may be responsible for any amount paid on your behalf.</p>



Sample Empire Plan Employee Benefit Card and Card Carrier - IFB entitled: "Employee Benefit Card"

1. Card Carrier Specifications:

- Paper Size = 8.5" x 11"; Weight 70# **or** 80#
- Color of the Card Carrier = White
- Variable and Non-Variable Ink Color = Black at 100%

2. Card Carrier Prototype and Information:

Option A	Option B
<i>Single-Window Envelope</i>	<i>Double-Window Envelope</i>
<p>Front of Card Carrier</p> <p>Variable information printed in black at 100%:</p> <ul style="list-style-type: none"> ▪ Information that MUST appear in the Envelope window when Card Carrier is tri-folded: <ul style="list-style-type: none"> -Name and address of the employing agency in font Proxima Nova 10.0 -Name and address of the Enrollee in font Proxima Nova 10.0 ▪ Information that MUST NOT appear in the Envelope window when the Card Carrier is tri-folded: <ul style="list-style-type: none"> -Enrollee's Empire Plan identification number -Number of cards issued <p>Non-variable information printed in black at 100%</p> <ul style="list-style-type: none"> ▪ Information that MUST appear in the Envelope window when Card Carrier is tri-folded: <ul style="list-style-type: none"> -Empire Plan Logo printed to the left of employing agency 	<p>Front of Card Carrier</p> <p>Variable information printed in Black at 100%</p> <ul style="list-style-type: none"> ▪ Information that MUST appear in the Envelope window when the Card Carrier is tri-folded: <ul style="list-style-type: none"> -Name and address of the employing agency in the top left window in font Proxima Nova 10.0 -Name and address of the Enrollee in the lower center window in font Proxima Nova 10.0 ▪ Information that MUST NOT appear in the Envelope window when the Card Carrier is tri-folded: <ul style="list-style-type: none"> -Enrollee's Empire Plan identification number -Number of cards issued ▪ Additional information on the Card Carrier that MUST NOT appear in the Envelope window(s): <ul style="list-style-type: none"> -NYSHIP Logo top right side

ATTACHMENT 21



**Department of
Civil Service**

Sample Empire Plan Employee Benefit Card and Card Carrier - IFB entitled: "Employee Benefit Card"

<p>-“Important Empire Plan Information Enclosed” printed at top of window in font Proxima Nova 10.0</p> <p>-“Return Service Requested” printed in between employing agency and Enrollee address in font Proxima Nova 10.0</p>	<p>-“For New York Government Employees” centered directly below the NYSHIP Logo in Proxima Nova 11.0</p> <p>-“New York State Health Insurance Program” directly below “For New York Government Employees”, text aligned to the left, in Proxima Nova 12.0</p>
Option A	
<i>Single-Window Envelope</i>	Option B
<ul style="list-style-type: none"> ▪ Additional information on the Card Carrier that MUST NOT appear in the Envelope window(s): -NYSHIP Logo top right side -“For New York Government Employees” centered directly below the NYSHIP Logo in D Sari Bold 11.0 - “New York State Health Insurance Program...” directly below “For New York Government Employees ”, text aligned to the left, in Proxima Nova 12.0 - “PLEASE READ THE INFORMATION ON THE REVERSE SIDE CAREFULLY” centered on the bottom of the Card Carrier in Proxima Nova 12.0 - “RECEIPT OF THIS EMPIRE PLAN BENEFIT CARD(S) DOES NOT MEAN COVERAGE IS IN EFFECT. IF YOU HAVE QUESTIONS ABOUT YOUR EFFECTIVE DATE, REFER TO THE REVERSE SIDE 	<p style="text-align: center;"><i>Double-Window Envelope</i></p> <p>-“PLEASE READ THE INFORMATION ON THE REVERSE SIDE CAREFULLY” centered on the bottom of the Card Carrier in Proxima Nova 12.0</p> <p>-“RECEIPT OF THIS EMPIRE PLAN BENEFIT CARD(S) DOES NOT MEAN COVERAGE IS IN EFFECT.</p> <p>IF YOU HAVE QUESTIONS ABOUT YOUR EFFECTIVE DATE, REFER TO THE REVERSE SIDE</p> <p>FOR CONTACT INFORMATION.” centered directly under “PLEASE READ THE INFORMATION ON THE REVERSE SIDE CAREFULLY” in Proxima Nova 11.0</p> <p>Back of Card Carrier</p> <p>Non-variable information printed in Black at 100%</p> <ul style="list-style-type: none"> ▪ All information on the back of the Card Carrier is non-variable



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Card and Card Carrier - IFB entitled:
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<p>FOR CONTACT INFORMATION.” centered directly under “PLEASE READ THE INFORMATION ON THE REVERSE SIDE CAREFULLY” in Proxima Nova 11.0</p> <p>Back of Card Carrier</p> <p>Non-variable information printed in Black at 100%</p> <ul style="list-style-type: none"> ▪ All information on the back of the Card Carrier is non-variable <p>-“PLEASE READ THE FOLLOWING CAREFULLY”; and IMPORTANT NOTICE have a black background with white text in all caps in font Proxima Nova, Bold 13.0</p> <p>-“STEPS THE CARDHOLDER SHOULD FOLLOW AND CONTACT INFORMATION FOR CARD CORRECTIONS AND QUESTIONS” has a black background with white text in all caps in font Proxima Nova, Bold 11.0</p> <p>-All information in black text is Proxima Nova 12.0 with the last paragraph in bold</p>	<p>-“PLEASE READ THE FOLLOWING INFORMATION CAREFULLY”; and IMPORTANT NOTICE have a black background with white text in all caps in font Proxima Nova, Bold 13.0</p> <p>-“STEPS THE CARDHOLDER SHOULD FOLLOW AND CONTACT INFORMATION FOR CARD CORRECTIONS AND QUESTIONS” has a black background with white text in all caps in font Proxima Nova, Bold 11.0</p> <p>-All information in black text is Proxima Nova 12.0 with the last paragraph in bold</p>
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