

EXHIBIT 2



Department of Civil Service

Sample Empire Plan Employee Benefit Card and Card Carrier


IFB entitled: "Employee Benefit Card"

OPTION A

CARRIER FRONT

SCALED TO 75%

**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







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, 1st Fl  
Albany, NY 12239  
www.cs.ny.gov

(Single-Window Envelope)

(Tri-Fold)

ID NUMBER: 123456789  
NUMBER OF CARDS: 4

 <p><b>NYSHIP</b> New York State Health Insurance Program</p>  <p><b>123456789</b></p> <p>JEANNIE EMPIRE PLAN ENROLLEE JOHN EMPIRE PLAN DEPENDENT PARTNER JANE EMPIRE PLAN DEPENDENT MICHAEL EMPIRE PLAN DEPENDENT JAMES EMPIRE PLAN DEPENDENT MARY EMPIRE PLAN DEPENDENT</p> <p><small>In-network OOP Limits: Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family) Non-network Combined Deductible: \$XXXX (Enrollee, Spouse/Partner, all Children combined) Non-network Combined Coinsurance Max: \$XXXX (Enrollee, Spouse/Partner, all Children combined) Physical Medicine Program Deductible: \$XXX (Enrollee, Spouse/Partner, all Children combined)</small></p>	 <p><b>NYSHIP</b> New York State Health Insurance Program</p>  <p><b>123456789</b></p> <p>JEANNIE EMPIRE PLAN ENROLLEE JOHN EMPIRE PLAN DEPENDENT PARTNER JANE EMPIRE PLAN DEPENDENT MICHAEL EMPIRE PLAN DEPENDENT JAMES EMPIRE PLAN DEPENDENT MARY EMPIRE PLAN DEPENDENT</p> <p><small>In-network OOP Limits: Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family) Non-network Combined Deductible: \$XXXX (Enrollee, Spouse/Partner, all Children combined) Non-network Combined Coinsurance Max: \$XXXX (Enrollee, Spouse/Partner, all Children combined) Physical Medicine Program Deductible: \$XXX (Enrollee, Spouse/Partner, all Children combined)</small></p>
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(Tri-Fold)

**PLEASE READ THE INFORMATION ON THE REVERSE SIDE CAREFULLY**  
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 FOR CONTACT INFORMATION.

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Department  
of Civil Service

## Sample Empire Plan Employee Benefit Card and Card Carrier

IFB entitled:

“Employee Benefit Card”

### OPTION A

### CARRIER BACK

SCALED  
TO 75%

<p><b>PLEASE READ THE FOLLOWING CAREFULLY</b></p>	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• 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.</li><li>• If you have questions about your copayments, refer to your Empire Plan materials.</li></ul>
<p><b>STEPS THE CARDHOLDER SHOULD FOLLOW AND CONTACT INFORMATION FOR CARD CORRECTIONS AND QUESTIONS</b></p>	<ul style="list-style-type: none"><li>• Check to be sure that all names are listed on the card(s).</li><li>• 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).</li></ul>
<p><b>IMPORTANT NOTICE</b></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><b>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.</b></p>

EXHIBIT 2



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Sample Empire Plan Employee Benefit Card and Card Carrier

IFB entitled: "Employee Benefit Card"

OPTION B

CARRIER FRONT

SCALED TO 75%

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

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



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, 1st Fl
Albany, NY 12239
www.cs.ny.gov

(Double-Window Envelope)

(Tri-Fold)

ID NUMBER: 123456789
NUMBER OF CARDS: 4

Card 1: JEANNIE EMPIRE PLAN ENROLLEE, JOHN EMPIRE PLAN DEPENDENT PARTNER, JANE EMPIRE PLAN DEPENDENT, MICHAEL EMPIRE PLAN DEPENDENT, JAMES EMPIRE PLAN DEPENDENT, MARY EMPIRE PLAN DEPENDENT. Includes OOP Limits, Deductible, and Coinsurance Max information.

Card 2: JEANNIE EMPIRE PLAN ENROLLEE, JOHN EMPIRE PLAN DEPENDENT PARTNER, JANE EMPIRE PLAN DEPENDENT, MICHAEL EMPIRE PLAN DEPENDENT, JAMES EMPIRE PLAN DEPENDENT, MARY EMPIRE PLAN DEPENDENT. Includes OOP Limits, Deductible, and Coinsurance Max information.

(Tri-Fold)

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IF YOU HAVE QUESTIONS ABOUT YOUR EFFECTIVE DATE, REFER TO THE REVERSE SIDE FOR CONTACT INFORMATION.

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OPTION B

CARRIER BACK

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<p><b>PLEASE READ THE FOLLOWING CAREFULLY</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• If you have questions about your copayments, refer to your Empire Plan materials.</li> </ul>
<p><b>STEPS THE CARDHOLDER SHOULD FOLLOW AND CONTACT INFORMATION FOR CARD CORRECTIONS AND QUESTIONS</b></p>	<ul style="list-style-type: none"> <li>• Check to be sure that all names are listed on the card(s).</li> <li>• 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).</li> </ul>
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IFB entitled:  
"Employee Benefit Card"

1. Card Carrier Specifications:
  - Paper Size = 8.5" x 11"; Weight 70#
  - 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
Single-Window Envelope	Double-Window Envelope
<p style="text-align: center;"><b>Front of Card Carrier</b></p> <p>Variable information printed in black at 100%:</p> <ul style="list-style-type: none"> <li>• Information that <b>MUST</b> appear in the Envelope window when Card Carrier is tri-folded:                             <ul style="list-style-type: none"> <li>- Name and address of the employing agency in Proxima Nova Regular 10 pt.</li> <li>- Name and address of the Enrollee in Proxima Nova Regular 10 pt.</li> </ul> </li> <li>• Information that <b>MUST NOT</b> appear in the Envelope window when the Card Carrier is tri-folded:                             <ul style="list-style-type: none"> <li>- Enrollee's Empire Plan identification number</li> <li>- Number of cards issued</li> </ul> </li> </ul> <p>Non-variable information printed in black at 100%</p> <ul style="list-style-type: none"> <li>• Information that <b>MUST</b> appear in the Envelope window when Card Carrier is tri-folded:                             <ul style="list-style-type: none"> <li>- Empire Plan Logo printed to the left of employing agency</li> <li>- "Important Empire Plan Information Enclosed" printed at top of window in Proxima Nova Bold 10 pt.</li> <li>- "Return Service Requested" printed in between employing agency and Enrollee address in Proxima Nova Bold 10 pt.</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Front of Card Carrier</b></p> <p>Variable information printed in Black at 100%:</p> <ul style="list-style-type: none"> <li>• Information that <b>MUST</b> appear in the Envelope window when the Card Carrier is tri-folded:                             <ul style="list-style-type: none"> <li>- Name and address of the employing agency in the top left window in Proxima Nova Regular 10 pt.</li> <li>- Name and address of the Enrollee in the lower center window in Proxima Nova Regular 10 pt.</li> </ul> </li> <li>• Information that <b>MUST NOT</b> appear in the Envelope window when the Card Carrier is tri-folded:                             <ul style="list-style-type: none"> <li>- Enrollee's Empire Plan identification number</li> <li>- Number of cards issued</li> </ul> </li> </ul>

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Sample Empire Plan Employee Benefit Card and Card Carrier

Option A	Option B
<p align="center"><b>Single-Window Envelope</b></p>	<p align="center"><b>Double-Window Envelope</b></p>
<ul style="list-style-type: none"> <li>• Additional information on the Card Carrier that <b>MUST NOT</b> appear in the Envelope window(s):               <ul style="list-style-type: none"> <li>- NYSHIP Logo top right side</li> <li>- “For New York Government Employees” centered directly below the NYSHIP Logo in Proxima Nova Bold 12 pt.</li> <li>- “New York State Health Insurance Program...” directly below “For New York Government Employees”, text aligned to the left, in Proxima Nova Regular 10 pt.</li> <li>- “PLEASE READ...” centered on the bottom of the Card Carrier in Proxima Nova Bold 12 pt.</li> <li>- “RECEIPT OF THIS...” centered directly under “PLEASE READ...” in Proxima Nova Regular 11 pt.</li> </ul> </li> </ul> <p align="center"><b>Back of Card Carrier</b></p> <p>Non-variable information printed in Black at 100%</p> <ul style="list-style-type: none"> <li>• All information on the back of the Card Carrier is non-variable               <ul style="list-style-type: none"> <li>- All information in white text is Proxima Nova Regular 13 pt, in all caps on a 100% Black background.</li> <li>- All information in black text is Proxima Nova Regular 12 pt with the last paragraph in Proxima Nova bold.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Additional information on the Card Carrier that <b>MUST NOT</b> appear in the Envelope window(s):               <ul style="list-style-type: none"> <li>- NYSHIP Logo top right side</li> <li>- “For New York Government Employees” centered directly below the NYSHIP Logo in Proxima Nova Bold 12 pt.</li> <li>- “New York State Health Insurance Program” directly below “For New York Government Employees”, text aligned to the left, in Proxima Nova Regular 11 pt.</li> <li>- “PLEASE READ...” centered on the bottom of the Card Carrier in Proxima Nova Bold 12 pt.</li> <li>- “RECEIPT OF THIS...” centered directly under “PLEASE READ...” in Proxima Nova Regular 11 pt.</li> </ul> </li> </ul> <p align="center"><b>Back of Card Carrier</b></p> <p>Non-variable information printed in Black at 100%</p> <ul style="list-style-type: none"> <li>• All information on the back of the Card Carrier is non-variable               <ul style="list-style-type: none"> <li>- All information in white text is Proxima Nova Regular 13 pt, in all caps on a 100% Black background.</li> <li>- All information in black text is Proxima Nova Regular 12 pt, with the last paragraph in Proxima Nova bold.</li> </ul> </li> </ul>