

IFB# EBC-2014-1 THE EMPIRE PLAN BENEFIT CARD
Sample Card, Card Carrier, Envelope
(Front of Sample Card)

THE EMPIRE PLAN

MYSHIP

123456789

JEANNIE EMPIRE PLAN ENROLLEE

JANE EMPIRE PLAN ENROLLEE

JOHN EMPIRE PLAN ENROLLEE

MICHAEL EMPIRE PLAN ENROLLEE

MICHAEL EMPIRE PLAN ENROLLEE

JAMES EMPIRE PLAN ENROLLEE

NEW YORK STATE HEALTH INSURANCE PROGRAM

IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Sample Card, Card Carrier, and Envelope
(Back of Sample Card)

**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.




PPO
HOSPITAL ONLY

**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 New York State Department of Civil Service.

IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Sample Card, Card Carrier, and Envelope
(Card Carrier for Option A - Single Window)

IMPORTANT EMPIRE PLAN INFORMATION ENCLOSED



AGENCY NAME
AGENCY ADDRESS LINE 1
AGENCY ADDRESS LINE 2
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, 2nd Fl
Albany, NY 12339
www.cs.ny.gov

(Single-Window Envelope)

(Tri-Fold)

ID NUMBER: 123456789

NUMBER OF CARDS: 2

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NEW YORK STATE HEALTH INSURANCE PROGRAM

(Tri-Fold)

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NEW YORK STATE HEALTH INSURANCE PROGRAM

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, REFERER TO THE REVERSE SIDE
FOR CONTACT INFORMATION.

NOT TO SCALE

IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Sample Card, Card Carrier, and Envelope
(Envelope Option A - Single Window)

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AGENCY NAME
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AGENCY ADDRESS LINE 2
CITY STATE ZIPCODE

RETURN SERVICE REQUESTED

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

Sample - #10 Business Envelope Single-Window

EXAMPLE NOT TO SCALE

IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Sample Card, Card Carrier, and Envelope
(Card Carrier for Option B - Double Window)

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



(Double-Window Envelope)

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, 2nd Fl
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www.cs.ny.gov

(Tri-Fold)

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FOR CONTACT INFORMATION.

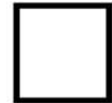
NOT TO SCALE

IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Sample Card, Card Carrier, and Envelope
(Envelope Option B -Double Window)

IMPORTANT EMPIRE PLAN INFORMATION ENCLOSED



AGENCY NAME
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AGENCY ADDRESS LINE 2
CITY STATE ZIPCODE



RETURN SERVICE REQUESTED

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

Sample - #10 Business Envelope Double-Window

EXAMPLE NOT TO SCALE

IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Sample Card, Card Carrier, and Envelope
(Back of Card Carrier)

**PLEASE READ
THE FOLLOWING
CAREFULLY**

- Attached is your Empire 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 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 address on the front of this card carrier do not appear on the enclosed cards.
- The Copay Code shown on the front of your card is used by Empire Plan providers to help them determine the copayment due when you receive services. If you have questions about your copayments, refer to your Empire Plan documents.

**STEPS THE
CARDHOLDER
SHOULD FOLLOW
AND CONTACT
INFORMATION
FOR CARD
CORRECTIONS
AND QUESTIONS:**

- 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 Transit Authority, contact the NYS Department of Civil Service at (518) 457-5754 (Albany Area) or 1-800-833-4344.

**IMPORTANT
NOTICE**

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.

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 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.