

**EMPIRE PLAN MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM
EMPIRE PLAN BENEFIT 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.