

**EMPIRE PLAN MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM
EXCELSIOR HEALTH PLAN CARD**



123456789

**JEANNIE EMPIRE PLAN ENROLLEE
JANE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN ENROLLEE
MICHAEL EMPIRE PLAN ENROLLEE
JAMES EMPIRE PLAN ENROLLEE**

\$30 Office Visit \$100 Emergency Room

**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®

Bin# 610014 Group# UH0712959

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.