## EMPIRE PLAN MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM FOR THE EMPIRE PLAN BENEFIT CARD

## THE EMPIRE PLAN

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.



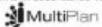


PLAN 303

Blue Cross Prefix: YLS

Submit medical provider claims in accordance with your participating provider agreement.

UnitedHealthcare\*



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.