

# Reminder-Empire Plan includes Excelsior and Student Employee Health Plans

---

**March 27, 2024**

**The Excelsior and Student Employee Health Plans are part of the Empire Plan**

**The Excelsior and Student Employee Health Plans are part of the Empire Plan**

If you are in-network for The Empire Plan you are also in-network for The Excelsior Plan and Student Employee Health Plan (SEHP).

## **Reimbursement**


Your reimbursement for The Excelsior Plan and SEHP members is the same as it is for The Empire Plan based on your Payment Appendix. If you are directly contracted with The Empire Plan, use the reimbursement listed directly in your agreement. If you are a preferred provider organization (PPO) health care professional, use the standard UnitedHealthcare Participation Agreement.

## **ID cards**

The following ID cards are valid for The Excelsior Plan and SEHP. Please be sure to check members' ID cards when they visit your office.

# Reminder-Empire Plan includes Excelsior and Student Employee Health Plans

Cont'd



**NEW YORK STATE**

**NYSHIP**  
New York State  
Health Insurance Program

**The Excelsior  
Plan**

Administered by the New York State Department of Civil Service

---

**123456789**

**JOHN ENROLLEE**  
**JEANNIE DEPENDENT**  
**JANE DEPENDENT**  
**MICHAEL DEPENDENT**  
**JAMES DEPENDENT**



\$35 Office Visit    \$130 Emergency Department  
In-network Out-of-Pocket Limits: Drug: \$3,300, Non-drug: \$6,150 (Ind); Drug: \$6,650, Non-drug: \$12,250 (Family)  
Non-network Combined Deductible: \$1,500 (Enrollee; Spouse/Partner; all Children combined)  
Non-network Combined Coinsurance Max: \$4,750 (Enrollee; Spouse/Partner; all Children combined)

For enrollee services, precertification & provider relations, please call:  
**1-877-7-NYSHIP (1-877-769-7447)**


For details on your health benefits, visit [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits)

**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 Plan.** Hospital and related services provided by Anthem HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association.

Blue Cross Prefix: **YLS**




Group# 030500

Bin# 004336

Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.



**NEW YORK STATE**

**NYSHIP**  
New York State  
Health Insurance Program

**Student Employee  
Health Plan**

Administered by the New York State Department of Civil Service

---

**Smith, John**  
**123456789**

Effective until 08/31/24 or when coverage ends, whichever is sooner

**Hospital benefits**

- \$25 ER/\$200 per admission
- \$15 outpatient visit and hospital-based urgent care
- \$10 PIT

**Medical/Surgical benefits**

- \$10 office visit, office surgery, labs, radiology, chiropractic treatment, PIT, urgent care

**Mental Health/Substance Use benefits**

- \$25 ER/\$200 per admission or detox stay
- \$10 outpatient visit

**Rx benefits**


Retail Pharmacy 30 days/Mail Service or Specialty Pharmacy 31-90 days\*

- \$5/\$5\* Level 1 or generic
- \$25/\$50\* Level 2 or preferred brand name
- \$45/\$90\* Level 3 or non-preferred brand name

**In-network Out-of-Pocket Limits:**

Drug: \$3,300, Non-Drug: \$6,150 (Ind); Drug: \$6,650, Non-Drug: \$12,250 (Family)

**Non-network Combined Deductible: \$100 per person**  
**Physical Medicine Program Deductible: \$100 per person**



**You must call**



**Toll Free**  
**1-877-7-NYSHIP**  
**(1-877-769-7447)**

**Precertification required for:**  
Admission to a hospital: Select the Hospital Program. For an emergency admission, call within 48 hours.  
Outpatient MRI, MRA, CT, PET and nuclear medicine tests: Select the Medical/Surgical Program.  
MHSU Services: see your *At A Glance* for precert services. For emergency admissions, call the MHSU Program within 48 hours.  
Home Care and Diabetic Supplies/Equipment: Select the Medical/Surgical Program.


**For details on your health benefits, visit** [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits)

Submit hospital and hospice claims to your local Blue Plan. Hospital and related claims services provided by Anthem HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association.



Submit medical provider claims in accordance with your participating provider agreement. Submit behavioral health provider claims to Carelon Behavioral Health. All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

Blue Cross Prefix: **YLS**



Group# 030500

Bin# 004336

This card represents but does not guarantee enrollment in the New York State Health Insurance Program. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends.