

# Employee Benefit Card Specifications IFB entitled:

"Employee Benefit Card"

Card Stock Specifications: Core Color of the Card Stock = White, CR-80, PVC, 27 Mil thick

#### **Card Dimensions**

Card size: 3.375" W x 2.125" H

Corner radius: .125"

#### **Enrollee Number**

Font: Proxima Nova Semibold

Size: 14/15 Placement:

.1875" from left edge of card .7105" from top edge of card

#### **Enrollee Names**

Font: Proxima Nova Medium

Size: 7/8 Color: Black Placement:

.1875" from left edge of card .9375" from top edge of card

## **CARD FRONT**

NYSHIP New York State Health Insurance Program

The Empire Plan

# **-123456789**

JEANNIE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN DEPENDENT

JANE EMPIRE PLAN DEPENDENT

MICHAEL EMPIRE PLAN DEPENDENT
JAMES EMPIRE PLAN DEPENDENT
MARY EMPIRE PLAN DEPENDENT

In-network OOP Limits: Drug: \$XXXX, Non-Drug: \$XXXX (Ind); Drug: \$XXXX, Non-Drug: \$XXXX (Family) Non-network Combined Deductible: \$XXXX (Enrollee: \$pouse/Partner; all Children combined) Non-network Combined Coinsurance Max: \$XXXX (Enrollee: \$pouse/Partner; all Children combined) Physical Medicine Program Deductible: \$XXX (Enrollee: \$pouse/Partner; all Children combined)

#### Colors Used

PMS 288 C and Black

#### **NYSHIP-Empire Plan Lockup**

Size: 2.1632" W × .3469" H Placement: .1875" from top

.6055" from card left

Color: PMS 288 C

#### **DEPENDENTS VERSION**

#### **OOP Limits/Deductibles/Coinsurance Variable Data**

Font: Proxima Nova Condensed Regular Bold Font: Proxima Nova Condensed Bold

Size: 5/6 Color: Black

Placement: .1875" from left edge of card 1.641" from top edge of card

#### **ENROLLEE VERSION**

#### **OOP Limits/Deductibles/Coinsurance Variable Data**

Font: Proxima Nova Condensed Regular Bold Font: Proxima Nova Condensed Bold

Size: 7/8 Color: Black

Placement: .1875" from left edge of card 1.5391" from top edge of card

#### VARIABLE DATA TEXT FOR ENROLLEE VERSION:

In-network Out-of-Pocket Limits: Drug: \$XXXX, Non-Drug: \$XXXX Non-network Combined Deductible: \$XXXX

Non-network Combined Coinsurance Max: \$XXXX Physical Medicine Program Deductible: \$250



# **Employee Benefit Card Specifications**

IFB entitled: "Employee Benefit Card"

#### Call out box

Size: 1.0353" W × 1.229" H Placement: Bleeds top and left

Color: PMS 288 C

#### "For enrollee services" text

Font: Proxima Nova Condensed Bold

Size: 6/6.5 centered with .05" space after

Color: White Placement:

.1645" from left edge of card .1355" from top edge of card

### CARD BACK

precertification & ovider relations

please call: I-877-7-NYSHIP (1-877-769-7447)

For details on your nealth benefits, visit 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

United Healthcare Group# 030500 

MultiPlan 

Scarelon 

◆CVS caremark 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

In-network Drug OOP Limit does not apply to Empire Plan Medicare Rx enrollees Administered by the New York State Department of Civil Service

# "Administered by" text

Font: Proxima Nova Condensed Regular

Size: 5/6 | Color: PMS 288 C

Placement: 1.8075" from left edge of card (centered) 1.9455" from top edge of card

# "Providers" text

Font: Proxima Nova Condensed Regular Bold Font: Proxima Nova Condensed Bold

Size: 6/7 with .03 space after

Color: Black Placement:

> 1.1005" from left edge of card .1945" from top edge of card

# "Submit" text

Font: Proxima Nova Condensed Regular

Size: 6/7 with .03 space after

Color: Black Placement:

.1875" from left edge of card 1.489" from top edge of card

# UnitedHealthcare Logo

Size: .4331" W × .1359" H

Color: Black Placement:

.1875" from card left edge 1.291" from card top

#### "Group #" text

Font: Proxima Nova Condensed Regular; tracked -20

Size: 6/7 | Color: Black

Placement:

.6985" from card left edge 1.3215" from card top

#### MultiPlan Logo

Size: .3631" W × .1239" H

Placement: 1.2445" from card

left edge 1.3025" from card top

Color: Black

# Carelon Logo

Size: .4152" W × .1077" H

Placement: 1.69" from card left edge

1.31" from card top Color: Black

CVS caremark Logo

Size: .5304" W × .06" H Placement: 2.1875" from card

left edge 1.3195" from card top

Color: Black

# "Bin #" text

Font: Proxima Nova Condensed Regular; tracked -20

Size: 6/7 | Color: Black

Placement: 2.7935" from card left edge

1.395" from card top

#### BlueCross Logo

Size: .1522" W × .1499" H

Placement: 1.1464" from card left edge

1.068" from card top

Color: Black

#### **PPO Logo**

PPO Font: Proxima Nova Bold

Size: 4/5

**HOSPITAL ONLY** Font:

Proxima Nova Bold

Size: 3/4

Placement: .016" below suitcase,

centered

**Suitcase** Size: .1559" W × .1257" H

Color: Black Suitcase Placement: 1.4795" from card left edge 1.0501" from card top

#### Blue Cross Plan 303

Font: Proxima Nova Condensed Bold

Size: 4/4.5 Color: Black

Placement: 1.9665" from card left edge 1.1045" from card top

Blue Cross Prefix: YLS Blue Cross Prefix Font:

Proxima Nova Bold

Size: 5/5

YLS Font: Proxima Nova Condensed Bold

Size: 7/5 Color: Black

Placement: 2.4095" from card left edge 1.1565" from card top