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**PA01-06**

## **MEMORANDUM**

**TO:** Participating Agency Health Benefits Administrators  
**FROM:** Employee Benefits Division  
**SUBJECT:** 2001 NYSHIP Empire Plan PA Benefit Statement with Coordination of Benefits Inserts  
Communications Information  
**DATE:** June 15, 2001

We are pleased to send you a copy of the 2001 NYSHIP Empire Plan PA Benefit Statement and Coordination of Benefits (COB) insert that we will mail to your employees by first class mail beginning on June 22, 2001. Also included for your use is a blank Benefit Statement and a Statement with printed sample data (*see explanation below*).

The NYSHIP Empire Plan Benefit Statement is designed to reduce New York State Health Insurance Program (NYSHIP) costs by correcting enrollment records. The COB component has the potential for saving the Plan thousands of dollars. This is the first time we have produced the Benefit Statements for enrollees of Participating Agencies. Statements are produced by taking data from the New York Benefits Eligibility and Accounting System (NYBEAS) and laser printing it to create a personalized Benefit Statement for each enrollee.

Health Insurance data was pulled from NYBEAS for transactions processed by close of business May 10, 2001.

### **Sample Data**

The enrollee data on your sample is fictitious. It demonstrates the placement of the data on the actual Benefit Statement. The 2001 NYSHIP Empire Plan PA Benefit Statement will show an enrollee's health insurance record as it appeared on NYBEAS as of May 10, 2001.

Enrollees are asked to make corrections to their record using the Benefit Statement Correction Form that is provided on page three. If corrections are needed, enrollees must tear off page three, sign and return this portion to you.

### **Coordination of Benefits Inserts**

We are asking enrollees with Family coverage who are not Medicare-Primary to update their Coordination of Benefits (COB) information. Enrollees have been asked to complete the COB insert and return it in the enclosed postage paid envelope addressed to NYSDCS Empire Plan COB Survey Project.

**(over)**

You may receive COB information from enrollees in error. If you do, please send the forms to:

NYSDCS  
Empire Plan COB Survey Project  
PO Box 13193  
Albany, NY 12214-5797

Call Communications at (518) 457-7577 if you have questions.

We are packaging these pieces in one envelope for you. For the actual mailing, enrollees with individual coverage and those who are Medicare-Primary will receive only the Benefit Statement while enrollees with Family coverage who are not Medicare-Primary will receive the Benefit Statement and the COB insert.

**Correction Deadline**

We have asked enrollees to contact you to correct their enrollment records by August 3, 2001.

**Printout of Enrollee Data for HBAs**

We will send you a master printout of your enrollees' records in early July. Every enrollee should receive a Benefit Statement, but if someone's goes astray in the mail or is lost, this master list will help you review the information with the enrollee. You must keep all of the information confidential and give the enrollee only his or her information. If you need additional reports, please fax a request on your fax form or letterhead to EBD Communications at (518) 457-2494. We will send the additional report(s) within 7-10 days.

**Benefit Statement Posters**

We will send you posters informing enrollees of the project in mid-June equal to five percent of your active enrollment. Please post them immediately and leave them up until August 3, 2001.

If you have questions about the PA Benefit Statement, Coordination of Benefits Form or this distribution, please call the Communications Unit at (518) 457-7577.

If you have transaction questions, contact your EBD processor (listed below) or refer to HBA memo PA01-10.

Theresa Bartlett:	(518) 457-5847
Gail Schultz:	(518) 485-6619
Darci Jo Riddle:	(518) 457-5766
Jessica Dougrey:	(518) 485-6618

*Enclosure*