



STATE OF NEW YORK

GEORGE E. PATAKI
GOVERNOR

DEPARTMENT OF CIVIL SERVICE
THE STATE CAMPUS
ALBANY, NEW YORK 12239
www.cs.state.ny.us

DANIEL E. WALL
COMMISSIONER

JOHN F. BARR
EXECUTIVE
DEPUTY COMMISSIONER

PA 05-13

To: Participating Agency Chief Executive Officers
& Health Benefits Administrators

From: Robert W. DuBois, Director of the Employee Benefits Division

Subject: NYSHIP Regional Meetings

Date: August 25, 2005

We are pleased to announce the 2005 NYSHIP Regional Meetings for Participating Agencies. As you may be aware, prescription drug coverage for individuals eligible for Medicare will become available January 1, 2006, under Medicare Part D. Staff of the Employee Benefits Division will provide an in-depth review of how NYSHIP will handle this new Medicare coverage, including application for the employer subsidy and the process for distribution to Participating Agencies. The agenda will also include discussion of the 2005 Empire Plan experience, the projected rate schedule for 2006, several administrative and regulatory issues and a review/update of NYBEAS.

You are invited to attend one of the following sessions:

(Note: Registration will begin promptly at 9:30 a.m., for each session.)

- **Monday, October 3, 2005 -- 10:00 a.m. to 3:00 p.m.**
Holiday Inn – Saratoga Springs (Saratoga County)
232 Broadway
Saratoga Springs, New York
- **Wednesday, October 5, 2005 -- 10:00 a.m. to 3:00 p.m.**
Holiday Inn Hotel & Conference Center (Rockland County)
3 Executive Boulevard
Suffern, New York
- **Thursday, October 6, 2005 - 10:00 a.m. to 3:00 p.m.**
Hilton Huntington Hotel (Suffolk County)
598 Broadhollow Road
Melville, New York

Reservations may be made online this year on the HBA website, *ebd_online*, at www.cs.state.ny.us/ebdonline. On the homepage, click on the red “**Register Online Here for Fall 2005 Regional Meetings**” button, and then select “**NYSHIP Regional Meetings for Participating Agencies**” from the drop-down menu. The resulting page has all the information needed to register online for the meeting of your choice. All forms should be received by September 21st, so we may finalize luncheon arrangements and plan for adequate materials at these sites. If you have any questions, please contact Debbie D’Orazio, of the Employee Benefits Division at (518) 485-1771.

DIRECTIONS TO MEETING SITES ARE ON REVERSE SIDE

DIRECTIONS TO MEETING SITES

Holiday Inn – Saratoga Springs (Saratoga County)

(Phone No. (518) 584-4550)

From the South: Follow the NYS Thruway I-87 North, exit at #24. Take the Adirondack Northway (I-87) North to Exit 13 N. This will be Route 9. Follow for 3-4 miles, the Holiday Inn is on the right side in the center of Town.

From the East: Follow I-90 West to where it intersects with the Adirondack Northway (I-87 North) in the Albany area. Take the Adirondack Northway North to Exit 13N. Follow Route 9 for 3 miles. The Holiday Inn will be on the right side in the center of Town.

From the West: Follow NYS Thruway (I-90) to Exit 27. Take Route 30 North to Route 67 East to Ballston Spa. Take Route 50 North to Saratoga Springs. Holiday Inn is on the corner of Route 50 and Route 9.

From the North: Take the Adirondack Northway South to Exit 14. Turn right at the Exit and follow Union Avenue to the end. Turn left on to Circular Street. The rear entrance of the Holiday Inn is the first right from Circular Street.

Holiday Inn & Conference Center (Rockland County)

(Phone No. (845) 357-4800)

From Tappan Zee Bridge: New York State Thruway (I-87/287) North to Exit 14B. Exit right and turn left at the first light onto Executive Boulevard.

From Albany: New York State Thruway South (I-87/287) to Exit 14B. Turn left. At second light turn left onto Executive Boulevard.

Hilton Huntington Hotel (Suffolk County)

(Phone No. (631) 845-1000)

From the West: Take Long Island Expressway East to Exit 49 South (Route 110). The Hotel is about 1 mile South on Route 110.

From the East: Take Long Island Expressway West to Exit 49 South (Route 110). The Hotel is about 1 mile South on Route 110.

2005
PARTICIPATING AGENCY REGIONAL MEETINGS
RESERVATION FORM

Agency Name _____ *Agency Code #* _____

Agency Address _____ *Work Phone #*(____) _____

PARTICIPANTS ATTENDING (Print Names) :

1. _____
2. _____
3. _____

PLEASE (✓) SESSION ATTENDING:

_____ ***HOLIDAY INN – SARATOGA SPRINGS*** ***Monday,***
(Saratoga County) ***October 3, 2005***
232 Broadway
Saratoga Springs, New York
(518) 584-4550

_____ ***HOLIDAY INN & CONFERENCE CENTER*** ***Wednesday,***
(Rockland County) ***October 5, 2005***
3 Executive Boulevard
Suffern, New York
(845) 357-4800

_____ ***HILTON HUNTINGTON HOTEL*** ***Thursday,***
(Suffolk County) ***October 6, 2005***
598 Broadhollow Road
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(631) 845-1000

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