



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH STATE OFFICE BUILDING
ALBANY, NEW YORK 12239
www.cs.state.ny.us

NANCY G. GROENWEGEN
COMMISSIONER

NY08-11
PE08-06

MEMORANDUM

TO: New York State Agency Health Benefits Administrators and
Health Benefits Administrators of Participating Employers
FROM: Employee Benefits Division
SUBJECT: 2008 NYSHIP Active Benefit Statement: Communications and Transaction Information
DATE: August 25, 2008

We are pleased to send you a copy of the 2008 NYSHIP Benefit Statement that we will mail to your employees by first class mail beginning in early September. Two copies of the statement, one blank and one with printed sample data (*see explanation under "Sample Data" below*) are included with this memo.

Note: Statements will not be issued to COBRA enrollees.

The NYSHIP Benefit Statement project is designed to reduce New York State Health Insurance Program (NYSHIP) costs by correcting enrollment records. The NYSHIP Benefit Statements are produced by taking data from the New York Benefits Eligibility and Accounting System (NYBEAS) and laser printing it to create personalized statements for each enrollee.

The 2008 NYSHIP Benefit Statement contains medical information only. Dental and Vision Benefit Statements were not included in this mailing.

The 2008 NYSHIP Benefit Statement will show an enrollee's medical benefit information as it appears on NYBEAS as of close of business July 31, 2008. Any transaction entered after this date will not show on these statements.

Sample Data

The sample data is fictitious. It demonstrates the placement of the data on the actual Benefit Statement forms.

Enrollees are asked to make corrections to health insurance records using the Benefit Statement Correction Form provided on page three of the statement. If corrections are needed, enrollees must correct the errors on page three, providing all information requested, sign the correction page and return it to you. They should keep the other half of the statement for their records.

Correction Deadline

We have asked enrollees to contact you to correct their NYSHIP enrollment records by October 15, 2008.

Printout of Enrollee Data for HBAs

We will send you a master printout of your enrollees' records in late August. The printout will show enrollee NYSHIP benefits. To make this printout easier for you to use, we have sorted the enrollee names alphabetically. If an employee has health insurance through NYSHIP as of July 31, 2008, he or she should receive the 2008 NYSHIP Benefit Statement. If an enrollee does not receive a statement, 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. You may write an enrollee's information on a photocopy of the blank Statement included with this memo to provide a copy to the enrollee. If the enrollee is in The Empire Plan, be sure to write his/her Empire Plan ID on page 2 below "Social Security Number" as it appears on the sample statements. If you need an additional report, please fax a

request on your fax form or letterhead to EBD Communications at (518) 402-4697. We will send the additional report within 7-10 days. Please be sure to include your agency code on the fax.

Note: "Empire Plan ID" is printed on page 2 under "Social Security Number" for those enrolled in The Empire Plan. "Empire Plan ID" does not appear on the blank statement provided in your sample packet. See the statement with sample data for placement of "Empire Plan ID".

Benefit Statement Posters

We will send you posters informing enrollees of the mailing in late August equal to three percent of your active enrollment. Please post them immediately and leave them up through October 15, 2008.

NEW this year, we will post PDFs of the Benefit Statement Posters on HBA Online with the memo for agencies that no longer post paper and use electronic means the intranet for communication with employees. Please be sure to use the correct version (NY or PE) of the poster if you choose this option. If you would like to opt out of receiving paper copies of ALL posters in the future, please contact the Communications Unit at (518) 457-7577 and make this request, including your agency name and code.

TRANSACTION INFORMATION AND PRIORITIES

As noted above, Benefit Statements are being mailed to all active enrollees. The statements show enrollee file information as of close of business July 31, 2008. Any transaction entered after July 31, 2008 will not be included on the statements.

Prioritize Transactions

You will most likely receive a heavy response from enrollees concerning these statements. You may process changes to name, address, telephone number, DOB, etc. on NYBEAS. Changes that require a transaction on NYBEAS, such as changes in coverage or adding or deleting a dependent, may also be done by you if the transaction is top of stack. Changes that require a transaction on NYBEAS that are not top of stack can be accomplished through the completion of the NYBEAS Correction Request Panels. Remember, you must have a **signed** correction form or health insurance transaction form from the enrollee before making any changes on their enrollment record

The large number of NYBEAS transactions that will need to be processed requires you to prioritize your work and handle the most critical corrections first. We have developed a suggested prioritization scheme to help you. If you have questions about how to correct a file, please call your processor.

The following are priority transactions and should be processed as soon as possible:

- Dependent ADDs and DELETES
- Changes in Coverage
- Changes in Address
- Changes in Negotiating Unit
- Incorrect enrollee status, (i.e. retirements, terminations, vests, leaves)
- Incorrect name (misspelled or changed)
- Incorrect date of birth (enrollee and dependents)
- Incorrect marital status

Social Security Numbers

Dependent Social Security numbers should be updated after priority transactions are processed. If dependent Social Security numbers are missing, we are printing "Please Provide" in the space, hoping the enrollee will provide the dependent SSN.

In order to correct the enrollee's Social Security number, a written request and a copy of the Social Security card must be forwarded to EBD.

Duplicate Dependents

You may receive several benefit statement correction forms requesting that a dependent, listed a second time in error, be removed from the file. To process this request, simply delete the duplicate dependent under the appropriate plan.

Please note: It is not necessary for the dependent to be listed with the same person #, under the different plan types.
(ie: a dependent can be #2 on the medical plan and #3 on the dental plan)

If you have transaction questions, please contact your EBD processor.

If you have questions about the NYSHIP Benefit Statement or this distribution, please call the Communications Unit at (518) 457-7577. Thank you for your assistance with this project.

Enclosures