



ANDREW M. CUOMO
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALBANY, NEW YORK 12239
www.cs.ny.gov

JERRY BOONE
COMMISSIONER

PA 13-13
PAEX 13-14

To: Participating Agency Chief Executive Officers &
Health Benefit Administrators

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

Subject: Empire Plan Quarterly Experience Report

Date: September 16, 2013

Enclosed are the Second Quarter Empire Plan Experience Report for 2013 and the cover letter to agency Chief Executive Officers. This report presents the projected 2013 Empire Plan experience and the projected 2014 premium rates.

Enclosures



ANDREW M. CUOMO
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALBANY, NEW YORK 12239
www.cs.ny.gov

JERRY BOONE
COMMISSIONER

September 16, 2013

Dear Chief Executive Officer:

Attached is the Empire Plan Second Quarter Experience Report for 2013. This report presents the projected 2013 Empire Plan experience and the projected 2014 premium rates.

For the 2013 Plan Year, the Empire Plan carriers project a net surplus of \$197.4 million, 2.93% of premium. Historically, experience projections based on six months of paid claim data have been conservative. We expect the projected surplus to increase as actual claims materialize.

Exhibit II presents the projected 2014 Empire Plan premium rates. These projections include a potential dividend application amount of \$260.6 million; \$120.6 million greater than the dividend credit included in the 2013 rates. In addition, the 2014 premium rates include the potential use of \$27.9 million in funds received from the Early Retirement Reinsurance Program (ERRP); the 2013 premium rates did not include any ERRP credits. The increase in the dividend and the ERRP credits result in an increase in the projected premium rates charged to payors that is modestly lower than the increase in the projected premium rates charged by the insurance carriers/vendors.

The "best estimate" projected net premium increase for 2014 is 3.7% in aggregate for The Empire Plan and 4.0% in aggregate for The Excelsior Plan. These projections are based on a number of assumptions made by the carriers and the Department of Civil Service. Historically, the actual increase in the premium has been less than the increase in premium projected in the 2nd Quarter Reports; however, these projections include a degree of optimism not previously reflected in prior 2nd Quarter Reports.

Given the fiscal challenges that the State and its localities continue to face, our goal is to achieve 2014 NYSHIP rates that are as low as possible while promoting rate stability for the near future. The rate development and carrier negotiations will begin in September.

I hope this report is informative. If you have any questions, comments or suggestions, please don't hesitate to contact me.

Sincerely,

Robert W. DuBois, CEBS
Director
Employee Benefits Division



PARTICIPATING AGENCIES

**EMPIRE PLAN
2013 Second Quarter
Experience Report**

**Prepared by the State of New York
Department of Civil Service**

EMPIRE PLAN EXPERIENCE REPORT

SECOND QUARTER

Produced for

PARTICIPATING AGENCIES IN THE

NEW YORK STATE

HEALTH INSURANCE PROGRAM

by

The Employee Benefits Division

New York State Department of Civil Service

- Projected 2013 Empire Plan Experience Page 1
- Projected 2014 Premium Rates Page 2

EXHIBITS

- I.** Projected 2013 Empire Plan Experience as of 6/30/2013
- II.** Projected 2014 PA Premium Rates
- III.** Empire Plan PA 5-Tier Group Rates (2005-2014)
- IV.** Empire Plan PA 2-Tier Group Rates (2005-2014)

NYSHIP News Pages 1-4

**NEW YORK STATE HEALTH INSURANCE PROGRAM
PARTICIPATING AGENCY GROUP
EMPIRE PLAN EXPERIENCE REPORT
SECOND QUARTER REPORT**

PROJECTED 2013 EMPIRE PLAN EXPERIENCE

The Empire Plan carriers project an aggregate surplus of \$197.4 million (2.93% of premium) for 2013, as presented in Exhibit I. This projection is based on six months of 2013 paid claim data. The following chart presents the percentage of the projected incurred claims actually paid, as well as the most recent projected 2013 trend as compared to the trend assumed during the 2013 premium rate development:

	<u>% of Paid Claims to Projected Incurred Claims</u>		<u>Projected 2013 Trend</u>	
	<u>2012</u>	<u>2013</u>	<u>At Renewal</u>	<u>At 2013 2nd Quarter</u>
Blue Cross Hospital	99.2%	38.3%	8.7%	5.0%
UHC Medical	99.6%	40.6%	9.0%	6.3%
UHC MHSA	99.1%	34.8%	8.0%	6.9%
UHC Rx	99.9%	45.7%	4.3%	4.6%

As a result of negotiations with the State, the carriers agreed to remove the margin from the 2013 premium rates. Additionally, based on the amount of the projected 2012 dividend and our concern about continued underlying carrier conservatism, the State requested additional premium reductions totaling \$142.3 million from the 2013 premium rates. In return for the reductions in the carrier premium requests, retrospective premium agreements totaling \$403.7 million were necessary. The projected 2013 surplus by each carrier as compared to the margin level and premium reductions factored in the 2013 premium are as follows:

	<u>Margin</u>	<u>Premium Adjustments</u>	<u>Projected 2013 Dividend/(Loss)</u>	<u>Experience Change</u>
Blue Cross Hospital	\$0	(\$60.0)	\$56.0	\$116.0
UHC Medical	\$0	(\$70.0)	\$140.7	\$210.7
UHC MHSA	\$0	(\$2.3)	\$9.1	\$11.4
UHC Rx	\$0	(\$10.0)	(\$8.4)	\$1.6
Total	\$0	(\$142.3)	\$197.4	\$339.7

In millions

The overall 2013 experience is projected to improve by \$339.7 million from the carrier projections made at the time the premium was developed. The primary causes for the substantial improvement in the projected experience is attributable to the decrease in the projected 2012 claim base and the reduction in the 2013 trend estimates as anticipated by the State and its benefit consultant. In addition, since the 2013 rates were implemented, the medical contract was converted to a self-insured arrangement resulting in an \$80 million improvement in the experience due to the elimination of premium taxes.

2014 PROJECTED PREMIUM RATES

The development of the 2014 premium rates will be more challenging because the Prescription Drug contract and Mental Health and Substance Abuse contract will become self-funded effective 1/1/2014. For these contracts, “premium equivalent rates” will be developed by the Department with assistance from the Department’s benefit consultant and the contractors administering the Plan’s programs. While NYS premium taxes are not assessed on these self-insured contracts, new federal fees and assessments required under the Affordable Care Act are applicable; however, the impact of these will be reduced as a result of the conversion of three of the four contracts to self-funding.

Taking these changes into account, the projected increase in the 2014 net premium as presented in Exhibit II, is 3.7% and 4.0% for the Empire Plan and the Excelsior Plan, respectively. The underlying assumptions/factors contributing to this increase include:

- Improvement in the 2013 claim base since the 2013 premium development.
- 2014 projected trend of 7.0%.
- Removal of NYS taxes and assessments on the Prescription Drug and MHSA contracts.
- New federal fees (Insurer Fee and Reinsurance Fees).
- Improved pricing on the new Prescription Drug contract effective 1/1/2014.
- Lag in federal and manufacturer revenues received under the Employer Group Waiver Plan.

While \$282.8 million in dividend is anticipated to be available on 12/31/2013, the projected 2014 premium rates include the tentative use of \$260.6 million in dividend or \$120.6 million more than the dividend credited in the 2013 rates. In addition, the projected 2014 premium rates include the tentative use of \$27.9 million in monies received from the Early Retirement Reinsurance Program (ERRP); the 2013 premium rates did not include any ERRP credits. The actual amount of dividend and ERRP monies to be applied in the 2014 premium rates will be determined in October 2013 with the balance of the dividends set aside to fund potential retrospective premium payments for 2014 or to provide stability to future year’s rate increases.

Exhibit III presents The Empire Plan individual and family 5-tier billing rate history since 2005. Exhibit IV presents, for illustrative purposes only, the 2-tier rate history from 2005 to 2014.

2013 PROJECTED EMPIRE PLAN EXPERIENCE
In (000's)

	EMPIRE BLUE CROSS	UNITED HEALTHCARE MEDICAL				UHC MHSA				UHC DRUG	TOTAL
		Core	NY Enhancement	PA Enhancement	Combined	Core	NY Enhancement	PA Enhancement	Combined		
A Premium (1)	2,403,778	2,070,148	296,219	296,052	2,662,419	161,289	10,081	11,780	183,150	1,476,371	6,725,718
B Incurred Claims (2)	2,182,713	1,826,184	262,180	257,833	2,346,197	132,936	8,046	9,750	150,732	1,356,655	6,036,297
C Administrative Expense (3)	165,051	145,868	14,930	14,706	175,504	20,560	1,283	1,509	23,352	128,151	492,058
D Gain/(Loss) (A-B-C)	56,014	98,096	19,109	23,513	140,718	7,793	752	521	9,066	(8,435)	197,363

(1) Earned Premium - Premium which pays for coverage for the period reported (accrual basis).

(2) Incurred Claims - Represents the cost of covered services provided during the period reported by the insurance company (accrual basis).

(3) Administrative Expenses - All charges by the insurance carrier other than for the payment of claims. Includes carrier's cost to administer the program, interest charges, and other retention.

Source: Carriers 2013 2nd Quarter Experience Report

2014 Premium Projections

Empire Plan

	Monthly Gross Premium Rates (1)			Monthly Net Premium Rates (2)		
	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>
<u>Optimistic Projections</u>						
Individual Plan Prime	779.91	805.27	3.3%	767.98	771.20	0.4%
Family Plan Prime	1,712.76	1,769.64	3.3%	1,686.56	1,695.65	0.5%
Individual Mediprime	409.85	421.78	2.9%	399.33	403.20	1.0%
Family - 1 Mediprime	1,342.71	1,386.16	3.2%	1,317.93	1,327.68	0.7%
Family - 2+ Mediprime	972.66	1,002.69	3.1%	949.28	959.72	1.1%
Aggregate			3.3%			0.6%

	Monthly Gross Premium Rates (1)			Monthly Net Premium Rates (2)		
	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>
<u>Best Estimate Projections</u>						
Individual Plan Prime	779.91	828.71	6.3%	767.98	794.64	3.5%
Family Plan Prime	1,712.76	1,821.50	6.3%	1,686.56	1,747.51	3.6%
Individual Mediprime	409.85	434.33	6.0%	399.33	415.75	4.1%
Family - 1 Mediprime	1,342.71	1,427.12	6.3%	1,317.93	1,368.64	3.8%
Family - 2+ Mediprime	972.66	1,032.74	6.2%	949.28	989.77	4.3%
Aggregate			6.3%			3.7%

	Monthly Gross Premium Rates (1)			Monthly Net Premium Rates (2)		
	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>
<u>Pessimistic Projections</u>						
Individual Plan Prime	779.91	852.15	9.3%	767.98	818.08	6.5%
Family Plan Prime	1,712.76	1,873.34	9.4%	1,686.56	1,799.35	6.7%
Individual Mediprime	409.85	446.89	9.0%	399.33	428.31	7.3%
Family - 1 Mediprime	1,342.71	1,468.08	9.3%	1,317.93	1,409.60	7.0%
Family - 2+ Mediprime	972.66	1,062.82	9.3%	949.28	1,019.85	7.4%
Aggregate			9.3%			6.8%

(1) Represents premiums charged by the carriers.

(2) Represents cost to a participating agency.

(3) Projected Rates

2014 Premium Projections

Excelsior Plan

	Monthly Gross Premium Rates (1)			Monthly Net Premium Rates (2)		
	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>
<u>Optimistic Projections</u>						
Individual Plan Prime	698.06	725.69	4.0%	693.01	697.93	0.7%
Family Plan Prime	1,544.28	1,605.86	4.0%	1,533.21	1,545.01	0.8%
Individual Mediprime	361.40	374.00	3.5%	353.83	358.74	1.4%
Family - 1 Mediprime	1,207.62	1,254.18	3.9%	1,194.03	1,205.82	1.0%
Family - 2+ Mediprime	870.97	902.51	3.6%	854.87	866.64	1.4%
Aggregate			3.9%			0.9%
	Monthly Gross Premium Rates (1)			Monthly Net Premium Rates (2)		
	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>
<u>Best Estimate Projections</u>						
Individual Plan Prime	698.06	746.88	7.0%	693.01	719.12	3.8%
Family Plan Prime	1,544.28	1,653.02	7.0%	1,533.21	1,592.17	3.8%
Individual Mediprime	361.40	385.12	6.6%	353.83	369.86	4.5%
Family - 1 Mediprime	1,207.62	1,291.26	6.9%	1,194.03	1,242.90	4.1%
Family - 2+ Mediprime	870.97	929.49	6.7%	854.87	893.62	4.5%
Aggregate			6.9%			4.0%
	Monthly Gross Premium Rates (1)			Monthly Net Premium Rates (2)		
	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>	<u>2013</u>	<u>2014 (3)</u>	<u>% Change</u>
<u>Pessimistic Projections</u>						
Individual Plan Prime	698.06	768.06	10.0%	693.01	740.30	6.8%
Family Plan Prime	1,544.28	1,700.20	10.1%	1,533.21	1,639.35	6.9%
Individual Mediprime	361.40	396.21	9.6%	353.83	380.95	7.7%
Family - 1 Mediprime	1,207.62	1,328.33	10.0%	1,194.03	1,279.97	7.2%
Family - 2+ Mediprime	870.97	956.48	9.8%	854.87	920.61	7.7%
Aggregate			10.0%			7.1%

(1) Represents premiums charged by the carriers.

(2) Represents cost to a participating agency.

(3) Projected Rates

EMPIRE PLAN
PA 5 TIER GROUP RATES
2005 - 2014 Monthly Rates

	Gross Rate(1)	% Change	Net Rate(2)	% Change
Individual Planprime				
2005	490.41	9.5%	478.49	9.2%
2006	547.86	11.7%	529.76	10.7%
2007	600.69	9.6%	564.84	6.6%
2008	633.79	5.5%	592.38	4.9%
2009	630.73	-0.5%	598.58	1.0%
2010	660.24	4.7%	612.34	2.3%
2011	734.00	11.2%	693.92	13.3%
2012	751.55	2.4%	712.75	2.7%
2013	779.91	3.8%	767.98	7.7%
2014 projected	828.71	6.3%	794.64	3.5%
Average Percent Increase				
From Inception of 5 Tier Structure (1996)		7.4%		7.8%
Most Recent 10 Years		6.4%		6.2%
Most Recent 5 Years		5.7%		5.9%
Family Planprime				
2005	1,038.64	9.9%	1,013.68	9.6%
2006	1,164.16	12.1%	1,126.19	11.1%
2007	1,273.96	9.4%	1,198.07	6.4%
2008	1,346.27	5.7%	1,258.78	5.1%
2009	1,350.26	0.3%	1,282.17	1.9%
2010	1,431.43	6.0%	1,330.93	3.8%
2011	1,598.49	11.7%	1,513.92	13.7%
2012	1,645.31	2.9%	1,562.80	3.2%
2013	1,712.76	4.1%	1,686.56	7.9%
2014 projected	1,821.50	6.3%	1,747.51	3.6%
Average Percent Increase				
From Inception of 5 Tier Structure (1996)		7.3%		7.6%
Most Recent 10 Years		6.8%		6.6%
Most Recent 5 Years		6.2%		6.5%
Individual Medprime				
2005	340.50	-0.4%	331.93	-0.7%
2006	359.35	5.5%	338.88	2.1%
2007	363.02	1.0%	333.18	-1.7%
2008	397.23	9.4%	360.41	8.2%
2009	384.38	-3.2%	359.22	-0.3%
2010	400.76	4.3%	367.37	2.3%
2011	446.90	11.5%	405.64	10.4%
2012	447.66	0.2%	419.24	3.4%
2013	409.85	-8.4%	399.33	-4.7%
2014 projected	434.33	6.0%	415.75	4.1%
Average Percent Increase				
From Inception of 5 Tier Structure (1996)		4.3%		4.8%
Most Recent 10 Years		2.6%		2.3%
Most Recent 5 Years		2.7%		3.1%

(1) Represents premiums paid to the carriers.

(2) Represents cost to a participating agency.

(3) Inception of Medprime Rate Structure

EMPIRE PLAN
PA 5 TIER GROUP RATES
2005 - 2014 Monthly Rates

	Gross Rate(1)	% Change	Net Rate(2)	% Change
Family - 1 Medprime				
2005	888.71	5.9%	867.09	5.6%
2006	975.66	9.8%	935.32	7.9%
2007	1,036.30	6.2%	966.44	3.3%
2008	1,109.74	7.1%	1,026.86	6.3%
2009	1,103.90	-0.5%	1,042.81	1.6%
2010	1,171.95	6.2%	1,085.94	4.1%
2011	1,311.39	11.9%	1,225.62	12.9%
2012	1,341.42	2.3%	1,269.28	3.6%
2013	1,342.71	0.1%	1,317.93	3.8%
2014 projected	1,427.12	6.3%	1,368.64	3.8%
Average Percent Increase				
From Inception of 5 Tier Structure (1996)		6.0%		6.4%
Most Recent 10 Years		5.5%		5.3%
Most Recent 5 Years		5.3%		5.6%
Family - 2 or More Medprime				
2005	738.79	0.8%	720.53	0.5%
2006	787.16	6.5%	744.45	3.3%
2007	798.65	1.5%	734.81	-1.3%
2008	873.21	9.3%	794.94	8.2%
2009	857.54	-1.8%	803.45	1.1%
2010	912.48	6.4%	840.98	4.7%
2011	1,024.28	12.3%	937.31	11.5%
2012	1,037.53	1.3%	975.77	4.1%
2013	972.66	-6.3%	949.28	-2.7%
2014 projected	1,032.74	6.2%	989.77	4.3%
Average Percent Increase				
From Inception of 5 Tier Structure (1996)		4.6%		5.1%
Most Recent 10 Years		3.6%		3.4%
Most Recent 5 Years		4.0%		4.4%

(1) Represents premiums paid to the carriers.

(2) Represents cost to a participating agency.

(3) Inception of Medprime Rate Structure

**EMPIRE PLAN
PA 2 TIER GROUP RATES
2005 - 2014 Monthly Rates
(For Illustrative Purposes Only)**

	Gross Rate(1)	% Change	Net Rate(2)	% Change
Individual				
2005	433.70	7.7%	423.31	7.4%
2006	477.33	10.1%	459.25	8.5%
2007	511.23	7.1%	477.96	4.1%
2008	536.84	5.0%	498.88	4.4%
2009	527.09	-1.8%	497.91	-0.2%
2010	557.46	5.8%	515.75	3.6%
2011	621.78	11.5%	581.69	12.8%
2012	619.95	-0.3%	584.75	0.5%
2013	608.23	-1.9%	594.58	1.7%
2014 projected	640.23	5.3%	612.78	3.1%
Average Percent Increase				
From Inception (1986)		7.1%		7.0%
Most Recent 10 Years		4.8%		4.6%
Most Recent 5 Years		4.1%		4.3%
Family				
2005	968.40	7.6%	945.11	7.2%
2006	1,073.28	10.8%	1,034.40	9.4%
2007	1,158.16	7.9%	1,084.90	4.9%
2008	1,233.38	6.5%	1,150.41	6.0%
2009	1,230.02	-0.3%	1,165.24	1.3%
2010	1,297.06	5.5%	1,203.56	3.3%
2011	1,441.84	11.2%	1,353.97	12.5%
2012	1,478.23	2.5%	1,398.52	3.3%
2013	1,502.55	1.6%	1,471.47	5.2%
2014 projected	1,594.57	6.1%	1,529.81	4.0%
Average Percent Increase				
From Inception (1986)		7.7%		7.7%
Most Recent 10 Years		5.9%		5.7%
Most Recent 5 Years		5.4%		5.7%

(1) Represents premiums charged by the carriers.

(2) Represents cost to a participating agency.

Second Quarter Report – 2013

Federal Health Care Reform

Guidance on Marketplace Notice Requirements: A memo to advise Participating Agencies and Participating Employers of the Marketplace Notice requirements was issued in August. The Patient Protection and Affordable Care Act (PPACA) requires all employers to provide employees a Marketplace Notice detailing the existence of the healthcare coverage Marketplace (referred to as “Exchanges” in the law), its function, and the potential advantages it holds for employees. This notice must be provided to new hires and current employees starting October 1, 2013. The memo aims to detail and clarify specific requirements for the notice, thus ensuring all Participating Agencies and Participating Employers are acting within the requisites of the law.

Employer Shared Responsibility Requirements: The shared responsibility requirement is a crucial provision of the Patient Protection and Affordable Care Act (PPACA). The provision outlines the conditions under which a “large employer” may be penalized with the “shared responsibility” fine if any full-time employee enrolls in coverage through the Marketplace and receives a premium tax credit to offset the cost of that coverage. The requirement was previously set to take effect January 1, 2014, but has been delayed until 2015.

Employee Benefits Division staff continues to review and monitor updates and clarifications related to Federal Healthcare Reform and its numerous provisions which NYSHIP will be required to implement in the future. We will continue to provide information as it becomes available.

90 Day Waiting Period Limitation

For plan years beginning after December 31, 2013, the Patient Protection and Affordable Care Act (PPACA) prohibit group health plans from imposing waiting periods greater than 90 days. The IRS released [Notice 2012-59](#) (the “Notice”), which provides guidance about new limitations on the maximum waiting period a group health plan may impose. Participating Agencies will be provided with information to assist employers in complying with this requirement.

Defense of Marriage Act (DOMA)

On August 29, 2013, the Treasury Department and Internal Revenue Service (IRS) ruled that same-sex couples, legally married in jurisdictions that recognize their marriages, will be treated as married for federal tax purposes. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be covered by the ruling. The ruling does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law.

Participating Agencies will be provided with information to assist employers in complying with this requirement once this information is available.

Procurement Updates/Self-Funding

CVS/Caremark was awarded a five year contract for the Empire Plan Prescription Drug Program with an effective date of January 1, 2014. Under the new contract, the program will be administered on a self-funded basis. Empire Plan Medicare Rx will be administered by SilverScript, a CVS/Caremark company. Due to Medicare requirements, enrollee communications regarding the transition to SilverScript will begin in late summer/early fall of 2013.

Within the next month, the Department intends to award a five year contract for The Empire Plan Mental Health and Substance Abuse Program to be administered on a self-funded basis effective January 1, 2014. This self-funded arrangement eliminates the Plan's exposure to certain taxes/fees charged under the Affordable Care Act in 2014 as well as State premium tax liabilities.

East End Health Alliance Update

Empire BlueCross BlueShield (EBCBS), the insurer for the hospital component of the Empire Plan, has reached contract agreement with the East End Health Alliance (EEHA). Since the new contract is retroactive to April 1, 2013, the facilities in the EEHA group remained in the EBCBS network. EEHA is comprised of three hospitals on the eastern end of Long Island (Suffolk County): Southampton Hospital, Peconic Bay Medical Center and Eastern Long Island Hospital.

UnitedHealthcare (UHC) Options PPO

Effective June 1, 2013, medical providers in the UnitedHealthcare (UHC) Options PPO network in the states of Maryland, Virginia, and West Virginia will be Empire Plan participating providers. Letters will be sent to active enrollees and retirees who live in these states and the District of Columbia to inform them of the network expansion. The total number of providers that will be added to the network is approximately 34,000. Enrollees may search for participating providers in these states online via the Department web site at: <https://www.cs.ny.gov/ebd> starting June 1, 2013, or, they can call The Empire Plan toll-free at: 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program. A printed directory will be available later this year and a reference copy will be mailed to HBAs. Additional copies will be available to order on HBA Online.

Agency Experience Reports

Agency specific Empire Plan and Excelsior Plan financial experience reports are available from the Employee Benefits Division upon request. These reports are calendar year based and provide aggregate data broken down by Plan component – hospital, medical/surgical, mental health/substance abuse and prescription drug. To obtain a financial experience report, PAs may submit an official written request on agency letterhead indicating the calendar years for which reports are desired. The request may be directed to the Employee Benefits Division - Director's Office.

GASB 45 Assumptions Report and Census Data

The 2012 Buck Consultants report *Development of Recommended Actuarial Assumptions for New York State/SUNY GASB Valuation – Participating Agency Version* is now available online at: <http://www.cs.ny.gov/GASB/2012PAReport.pdf>.

NYSHIP will provide agency census reports upon request, for use in complying with the provisions of GASB 45. Since the data included in this report will be current at the time it is provided, it is important that an agency's NYBEAS file is up-to-date, including correctly identifying and coding retirees before requesting census data.

To request a copy of your agency's census information, please send an e-mail to: MaryEllen.Bruccleri@cs.state.ny.us and include your name, agency name & code number, mailing address, phone number and e-mail address. For additional information about GASB 45, please refer to Memos PA06-11 and PA06-18.

Prompt Payment of NYSHIP Premium

The Employee Benefits Division continues to aggressively monitor agencies that fail to submit premium payments in a timely manner. This procedure includes suspension of claims for enrollees of any agency that falls three months behind in premium. To avoid disruption of NYSHIP coverage, agencies must ensure submission of premium payments by the due date, as we must submit premium to the NYSHIP insurers on time. Agencies may wish to consider submitting payments electronically to promote timely payments.

Mailing of HBA Memos

As you may be aware, it is mandatory that all Participating Agencies have access to the New York State Benefits Eligibility and Accounting System (NYBEAS) and HBA Online. On January 27, 2012 we issued Memo PA12-02/PAEX12-02, which notified agency HBAs that we will no longer be mailing printed copies of HBA Memos. All new HBA Memos are posted to HBA Online, with a notification sent through NYBEAS. As a result, it is very important that a representative of your agency access NYBEAS and HBA Online frequently to ensure receipt of the most up-to-date information from the Employee Benefits Division. It is also very important that your agency maintain current contact information and system access permissions with the Department of Civil Service. If your agency needs to request new permissions or needs to update its current permissions, please contact the Civil Service Help Desk at (800) 422-3671 or (518) 457-5406 to request a copy of the Information Resource Management Form IRM-302.

Availability of Reports Electronically

The Empire Plan Experience Reports are available through the following direct link to our website: <http://www.cs.ny.gov/ebd/ebdonlinecenter/pamarket/qer.cfm>.

2013 Participating Agency Regional Meeting Schedule

Memo PA 13-12/PAEX13-13 concerning this year's NYSHIP PA Regional Meetings has been posted to HBA Online for Health Benefit Administrators, with a hardcopy mailing to CEO's and CFO's.

October 2, 2013

Holiday Inn Saratoga Springs Hotel
232 Broadway
Saratoga Springs, NY 12866

October 22, 2013

Crowne Plaza Hotel Suffern
3 Executive Boulevard
Suffern, NY 10901

October 23, 2013

Hyatt Regency Long Island
1717 Motor Parkway
Hauppauge, NY 11788

CEO, CFO & HBA Name and Address Changes

Agencies must notify the Employee Benefits Division of any changes in the names and/or addresses (including e-mail addresses) of agency CEOs, CFOs and/or HBAs to ensure that our mailing and contact lists are up-to-date. Any updates should be e-mailed to Deborah.D'Orazio@cs.state.ny.us.