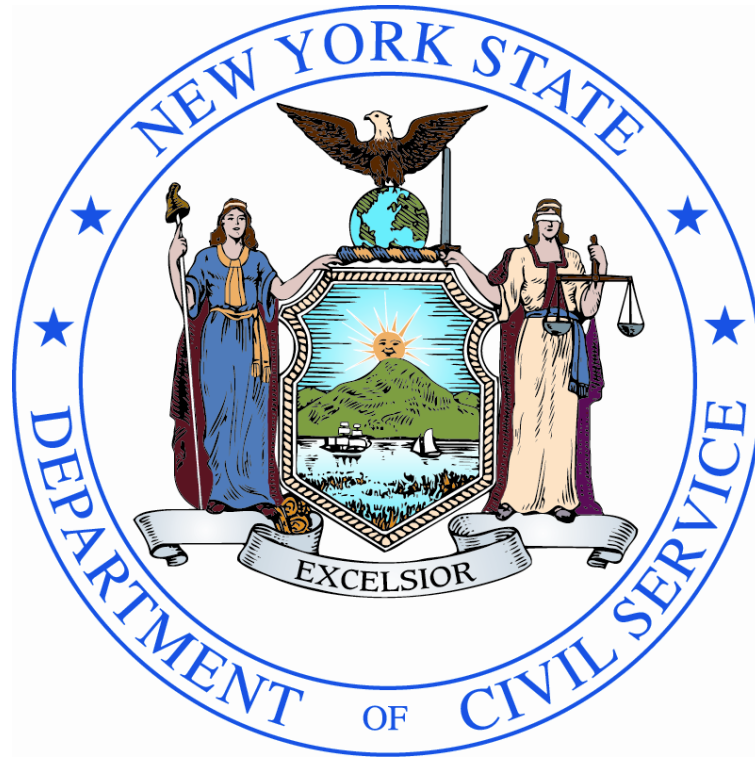


Welcome to the 2008 PA Regional Meetings



PRESENTER



Jessica Burdick



***New York State Department of Civil Service
Employee Benefits Division
Alfred E Smith Office Building
Albany, New York 12239***

PA/PE HBA Help Line Phone number: 518-474-2780

E mail addresses:

Toni.Wasileski@cs.state.ny.us

Jessica.Burdick@cs.state.ny.us

Lori.Larock@cs.state.ny.us

Kara.Hillicoss@cs.state.ny.us

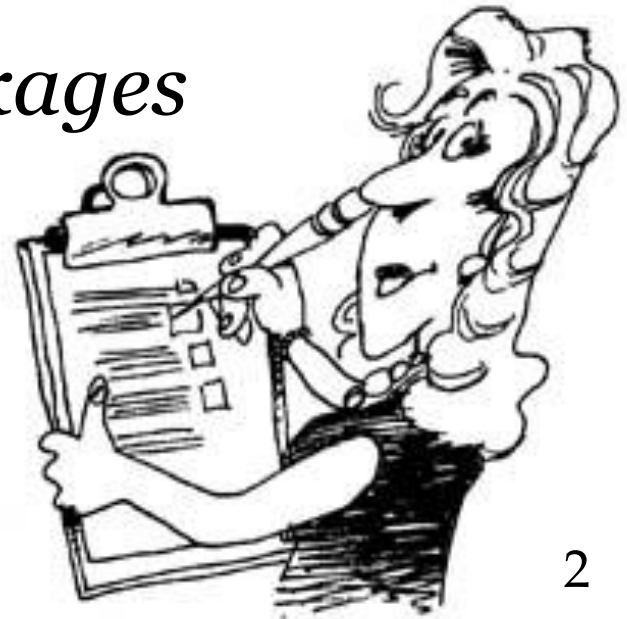
Chad.Scott@cs.state.ny.us

Andrea.Bankston@cs.state.ny.us (Billing Questions)



New in 2008

- *National Medical Support Order Indicator*
- *Online Quick Order PA Packages*





National Medical Support Order

- *A National Medical Support Order (NMSO) is a court order requiring an enrollee to cover certain dependents.*
- *Once an eligible Dependent is enrolled, they cannot be removed unless notification is received from the issuing agency revoking/ending the original order, **or** the dependent loses eligibility under NYSHIP rules (i.e. Over age 19 and not f/t student, Enrollee's employment term'd.)*
- *A National Medical Support Order does **not** supersede the eligibility rules of the plan, therefore, we cannot enroll an employee who does not meet the eligibility requirements of the plan, add an ineligible dependent to the coverage, or allow an ineligible dependent to remain on the file.*

National Medical Support Order Indicator

- *A new panel has been created in NYBEAS to add a NMSO indicator to applicable dependents.*
- *This is to keep track of dependents covered under NMSOs and ensure they are not removed while the order still stands.*



Your NMSO NYBEAS Responsibilities

- *All new NMSO's should be added by using the procedures explained in HBA Memo **PA 08-11**.*
- *You will not be required to identify previously added NMSO dependents. They will be identified through the carriers and added to the file by the Employee Benefits Division*
- *The new indicator is for NYBEAS purposes only, to prevent the removal of dependents covered under such orders. You will still be required to notify the carriers when you receive an NMSO as per HBA Memo **PA 04-05**.*

Processing NMSO on NYBEAS

- *To add a NMSO indicator to an enrolled dependent, add the dependent (if not already on the file) by following normal DEP/ADD procedures.*
- *Once the dependent has been added to NYBEAS, go to Compensate Employees/Administer NYBEAS Updates/Use/National Medical Support Order*



NYBEAS NMSO Screen

** Enter the dependent number, the effective date of the order and indicate “Active” under the effective status. Once you hit save, the information can be viewed in several areas.*

NYBEAS
HRDEV

Home Worklist

Home > [Compensate Employees](#) > [Administer NYBEAS Updates](#) > [Use](#) > **National Medical Support Order**

National Medical Support Order

EmplID: 111111115 Doe, John A.

NMSO Details First 1 of 1 Last

'Dep/Benef: 02

'Effective Date: 04/17/2008

'Effective Status: Active

Oprid: KAJ3

Last Updated: 04/17/2008

+ -

Save Add Update/Display Include History Correct History

View Processed NMSO on NYBEAS

** Under the Benefits tab, you can view the NMSO by clicking the blue 'i' button.*

NYBEAS
HR DEV

Home Worklist Help Sign Out

Home > [Compensate Employees](#) > [Administer NYBEAS Updates](#) > [Inquire](#) > **NYBEAS Update History** [New Window](#)

Events **Benefits** Programs Billings Benefits/Billings Accounting Card #'s Job Ben. Status ▶



Employee Information

Doe, John A. EmplID: 111111115 Empl Rcd#: 0

Plan Type [View All](#) First ◀ 1 of 3 ▶ Last

Plan Type: Medical 10

Benefits Details [View All](#) First ◀ 1-2 of 2 ▶ Last

Effective Date	Covrg ElectDt	Election	CBR Evtld	Ben Plan	Plan Descr	Covrg Desc	Ben Prog	Program	Med Prmy	Med Reimb	Med D Enrolled	Low Inc Subsidy	No-Drug Authorized	View Deps
04/17/2008	04/17/2008	Elect	0	001	Empire	Family	PA7	PA7-Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02/26/2008	04/17/2008	Elect	0	001	Empire	Family	PA7	PA7-Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[Return to Search](#) [Previous tab](#) [Next tab](#)

[Home](#) > [Compensate Employees](#) > [Administer NYBEAS Updates](#) > [Inquire](#) > **NYBEAS Update History**

Benefit Dependents Summary

Dependent Information First 1-2 of 2 Last

Person#: 02 Doe II,Jane A. **SSN:**

Relationship: Daughter **Sex:** Female **DOB:** 10/01/2005

Med Primacy ☐ **Med Reimbursement** ☐ **Fed Qualified** ☒

Dep. Medicare ID: **Med D Enrolled** ☐ **Low Inc Eligible** ☐

[Benefits are protected under National Medical Support Order](#)

Person#: 03 Doe II,John A. **SSN:**

Relationship: Son **Sex:** Male **DOB:** 05/08/2005

Med Primacy ☐ **Med Reimbursement** ☐ **Fed Qualified** ☒

Dep. Medicare ID: **Med D Enrolled** ☐ **Low Inc Eligible** ☐

[Benefits are protected under National Medical Support Order](#)

[Return](#)











To view the NMSO information, click on one of the highlighted blue links.

- * *By clicking on the “NMSO” link, you can view the dependent covered under the order, as well as the effective date of the order.*


[Home](#) > [Compensate Employees](#) > [Administer NYBEAS Updates](#) > [Use](#) > **National Medical Support Order**

National Medical Support Order

EmplID: 111111115 Doe,John A.

NMSO Details		First	1-2 of 2	Last
'Dep/Benef:	03  Doe II,John A.	 		
'Effective Date:	04/17/2008 	'Effective Status:	Active 	
Oprid:	KAJ3	Last Updated:	04/17/2008	
<hr/>				
'Dep/Benef:	02  Doe II,Jane A.	 		
'Effective Date:	04/17/2008 	'Effective Status:	Active 	
Oprid:	KAJ3	Last Updated:	04/17/2008	


 Save

 Return to Search

 Add

 Update/Display

 Include History

 Correct History

[Home](#) > [Compensate Employees](#) > [Administer NYBEAS Updates](#) > [Inquire](#) > **NYBEAS Update History**

[New Window](#)

Accounting Card #'s Job Ben. Status Overrides Life History Personal Dependents Comments

Employee Information

Doe, John A.

EmplID: 111111115 Empl Rcd#: 0

Plan Type

[View All](#)

First 1 of 3 Last

Plan Type: Medical 10

Effective Dated

[View All](#)



First 1 of 2 Last

Effective Date: 04/17/2008 COBRA Event Id: 0

Dependents Info

[View All](#)

First 1-2 of 2 Last

Person#	Name	SSN	Relation	Sex	Date of Birth	Med Prny	Med Reimb	Fed Qual Sw	Med D Enrolled	Low Inc Subsidy	NMSO
02	Doe II, Jane A.		Daughter	Female	10/01/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NMSO 
03	Doe II, John A.		Son	Male	05/08/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NMSO 

[Return to Search](#) [Previous tab](#) [Next tab](#)



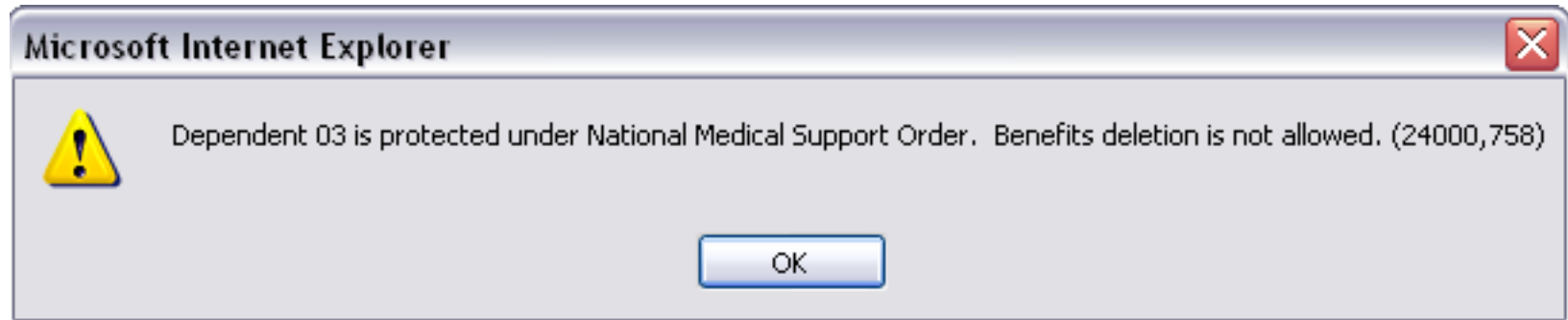
* You can also view the NMSO indicator under the Dependents tab.

Once an NMSO has been added to NYBEAS

You will not be able to change enrollee's coverage to individual or cancel coverage for an enrollee with a dependent covered under the NMSO.



* Attempting to delete a dependent or cancel coverage when an NMSO is on the file will result in the following error message:



[Home](#) > [Compensate Employees](#) > [Administer NYBEAS Updates](#) > [Use](#) > **Dependent Delete**

Employee Information

Doe,John A.

EmplID: 111111115 **Empl Rcd#:** 0

Plan Type

[View All](#) [First](#) 1 of 1 [Last](#)

Plan Type: 10 Medical

[Return to the Main Panel](#)

Dependent Details

[View All](#) [First](#) 1-2 of 2 [Last](#)

02	Doe II,Jane A.	D	Daughter	DOB:	10/01/2005			
Delete Dependent	<input type="checkbox"/>	Med Primacy?	<input type="checkbox"/>	Med Reimbursable?	<input type="checkbox"/>	Fed Qualified?	<input checked="" type="checkbox"/>	
03	Doe II,John A.	S	Son	DOB:	05/08/2005			
Delete Dependent	<input type="checkbox"/>	Med Primacy?	<input type="checkbox"/>	Med Reimbursable?	<input type="checkbox"/>	Fed Qualified?	<input checked="" type="checkbox"/>	

Removing an NMSO

- *If a dependent is no longer eligible for coverage due to age, marital status or student status, you must make the NMSO inactive in order to remove the dependent or process a change in coverage.*
- *Dependents can also be inactivated if the NMSO has ended or been revoked. You must receive an order from the issuing agency ending or revoking the original order to inactivate the NMSO on NYBEAS.*
- *Job transactions, such as terminations will cancel the benefits with no error message.*

HBA Online



www.cs.state.ny.us/ebdonline

- *Having NYBEAS Access does not necessarily mean you have access to HBA Online.*
- *If you have a NYBEAS User ID (ex. XYZ6) you can try signing into HBA Online with that ID and the password “changeme” where you will be prompted to change your password.*
- *If you are still unsuccessful at logging in, you must contact the Dept. of Civil Service Help Desk @ 1-800-422-3671 or (518)457-5406 for assistance.*

Online Quick Order PA Packages

After you have accessed HBA Online, you must click on the 'Publications & Forms' button located on the left hand side of the screen. Then follow the tabs below:

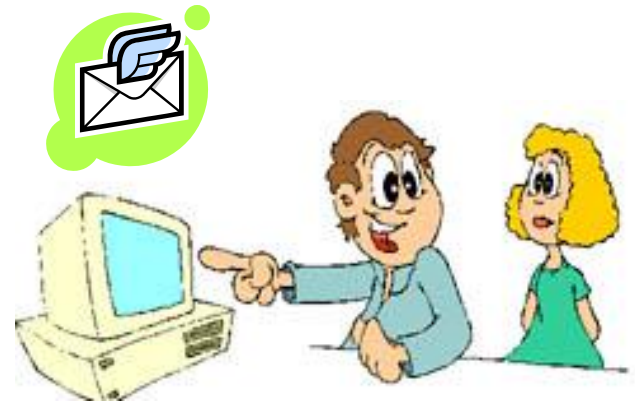
NYSHIP Publication Order Forms

➤ Choose the group

▼ PA (Participating Agencies) Core Plus

▼ Quick Order

- [PA \(Participating Agencies\) Core Plus Empire Plan Quick Order](#)



Then just complete the form with the enrollee's information that you are ordering for and click Submit...

Quick Order New Hire PA Core Plus Empire Plan

Please send a PA Core Plus Empire Plan New Hire Package (NH0017) to:

Requested on: August 26, 2008

*** ALL FIELDS REQUIRED ***

Name:

Address:

City:


State:

Zip:

HBA Name:

HBA Agency
Code:

HBA Phone
Number:
(Include Area
Code)



Submit



Within Two Weeks they will receive their package containing all of the current NYSHIP publications that a new enrollee or retiree would need.

Note: *These new packages are different from the Mandated Packages. The Mandated Packages provide HIPPA, Privacy and COBRA information.*

NYS
DCS WWW.CS.STATE.NY.US/EBDONLINE

File

Edit

View

Favorites

Tools

Help

hba_online

benefits resource center

You Should Know...

Easy Reference

Publications & Forms

Phone Numbers / Links

Meetings & More

Health Plan Choices

HBA Manual

HIPAA Privacy Information

Site Map

Help / Tutorial

Contact Us / Disclaimer

NYSHIP Home

Super Search

Find the benefit, click on the group. Benefits vary by group.

Register Online Here
For Fall 2008 PA Meetings

NYSHIP Self-Audit For
Participating Employers

NYSHIP Self-Audit For
Participating Agencies

NYSHIP

For Employees of:

New York State

Participating Employers (PE)

Participating Agencies (PA)

Retired State/PE Employees

Empire Plan Providers,
Pharmacies and Services

NYPERLSM

Long Term Care

dental

C-82

M/C

NYSCOPBA

PBA Supervisors

PBA Troopers

PEF

PIA

Courts

SEHP (GSEU)

vision

C-82

M/C

NYSCOPBA

PBA Supervisors

PBA Troopers

PE

PEF

PIA

GSEU

life

M/C

IPP Income Protection Plan

M/C

Legislature

Special Enrollees

DC-37

survivor benefits

New York State Active Employees

workers' compensation

ARS Publications

ARS Manual

Dispute Resolution

Text Version /
Printable Version

Adjust Text:

A

A

A

A

09/12/08 11:38 am

BOBBY

4.2

APPROVED

W3C

WAI-AA

WCAG 1.0

©2007 and previous years. New York State Department of Civil Service Employee Benefits Division.
All rights reserved throughout the world.
This is an electronic Resource Center for authorized use only by the Employee Benefits Division of the State of New York
Department of Civil Service and other authorized users.

20

Publications & Forms

Viewing:

Click on the arrow. It will turn down and reveal subtopics. Then, select a subtopic by clicking on the arrow at the left. Click on arrows pointing down to hide subtopics. Selections with only bullets have no subtopics.

Click on the name of a publication to go directly to that publication.

Format Options

NYSHIP Insurance Forms and Support Material

➤ Choose the Category

NYSHIP Publication Order Forms

➤ Choose the group

Empire Plan Participating Provider Directories Order Forms

➤ Display the forms

By clicking 'Choose the Category' and picking 'Health Insurance Forms (for Participating Agencies)' you can download, print and/or save the most up to date forms such as the Transaction Form – PS 503.1; Statement of Disability - PS 451; Waiver of Premium Application PS 452; and many more.

Publications & Forms

Viewing:

Click on the arrow. It will turn down and reveal subtopics. Then, select a subtopic by clicking on the arrow at the left. Click on arrows pointing down to hide subtopics. Selections with only bullets have no subtopics.

Click on the name of a publication to go directly to that publication.

Format Options

NYSHIP Insurance Forms and Support Material

➤ Choose the Category

➤ NYSHIP Publication Order Forms

➤ Choose the group

Empire Plan Participating Provider Directories Order Forms

➤ Display the forms

By clicking 'Choose the Group' and then 'PA Core Plus' or 'PA Core' you can also order online for yourself a copy of any of NYSHIP's most up-to-date publications such as the Empire Plan Report (EPR), General Information Book (GIB) and much more.

Publications & Forms

Viewing:

Click on the arrow. It will turn down and reveal subtopics. Then, select a subtopic by clicking on the arrow at the left. Click on arrows pointing down to hide subtopics. Selections with only bullets have no subtopics.

Click on the name of a publication to go directly to that publication.

Format Options

NYSHIP Insurance Forms and Support Material

➤ Choose the Category

NYSHIP Publication Order Forms

➤ Choose the group

Empire Plan Participating Provider Directories Order Forms

➤ Display the forms

By clicking on 'Display the forms' and then either 'Order Online' or 'Print or View Form' you can order a Participating Provider Directory for any of the 50 states.



NEW YORK STATE DEPARTMENT OF CIVIL SERVICE MANUAL FOR PARTICIPATING AGENCIES

[Table of Contents](#)

[Print PA Manual](#)

Section 1 – Introduction

- 1.1 [Maintenance of the Manual](#) (issued 6/01/07)
- 1.2 [Summary of NYSHIP](#) (issued 6/01/07)
- 1.3 [Health Insurance Portability and Accountability Act](#) (issued 6/01/07)
- 1.4 [Requirements for Agency Participation](#) (issued 2/01/08)
- 1.5 [Rates of Contribution](#) (issued 6/01/07)
- 1.6 [Health Insurance and Collective Bargaining](#) (issued 6/01/07)
- 1.7 [Role of the Health Benefits Administrator](#) (issued 6/01/07)
- 1.8 [Distribution of Materials & Commonly Used Forms](#) (issued 6/01/07)

Section 2 – Eligibility and Enrollment

- 2.1 [Employee Eligibility Requirements](#) (issued 6/01/07)
- 2.2 [Dependent/Student Eligibility Requirements](#) (issued 2/01/08)
- 2.3 [Disabled Dependent 19 Years of Age or Older](#) (issued 6/01/07)
- 2.4 [Prior Retiree Eligibility Requirements](#) (issued 6/01/07)
- 2.5 [Domestic Partner Option](#) (issued 2/01/08)
- 2.6 [Processing Enrollments and Declinations](#) (issued 6/01/07)
- 2.7 [Effective Date of Coverage](#) (issued 6/01/07)
- 2.8 [Employee Benefit Cards](#) (issued 6/01/07)

Section 3 – Changes in Enrollment

- 3.1 [Change of Coverage](#) (issued 6/01/07)
- 3.2 [Loss of Student Dependent Eligibility](#) (issued 6/01/07)
- 3.3 [Transfer Between Employer Sponsored Plans](#) (issued 6/01/07)
- 3.4 [Temporary Removal from the Payroll Including Preferred List Status](#) (issued 6/01/07)
- 3.5 [Restoration to Payroll Following Temporary Removal](#) (issued 6/01/07)
- 3.6 [Waiver of Premium](#) (issued 6/01/07)
- 3.7 [Continuing Coverage in Retirement](#) (issued 6/01/07)
- 3.8 [Medicare](#) (issued 2/01/08)
- 3.9 [Separation from Service](#) (issued 6/01/07)
- 3.10 [Death of Enrollee - Survivor Coverage](#) (issued 6/01/07)
- 3.11 [Continuation of Coverage Under the New York State Continuation of Coverage Law](#) (issued 6/01/07)
- 3.12 [Continuation of Coverage Under the Federal COBRA Continuation of Coverage Law](#) (issued 6/01/07)
- 3.13 [Cancellation of Coverage](#) (issued 6/01/07)
- 3.14 [Vested Status](#) (issued 6/01/07)

First Click 'All HBA Memos' [Text Version](#) / [Printable Version](#) | Adjust Text: [A](#) [A](#) [A](#) [A](#)

All HBA Memos: Table of Contents

[All Memos](#) | [NY Memos](#) | [PA Memos](#) | [PE Memos](#) | [Search](#)

Number of documents found: 314.

**Then Choose 'PA Memos' or click
'Search' to search by Keywords.**

Click on a document to view it.

[PA08-13](#)

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 1, 2008

[NY08-21](#)

[PA08-12](#)

[PE08-17](#)

TO: New York State Health Benefits Administrators

Participating Agency Health Benefits Administrators

Participating Employer Health Benefits Administrators

FROM: Employee Benefits Division (EBD)

SUBJECT: 2008 Participating Provider Directories

DATE: July 28, 2008

NYBEAS vs. Non NYBEAS Agencies

Regardless of the size of an agency every agency can have the ability to process transactions directly into the enrollment file (NYBEAS). Larger agencies are required to have NYBEAS access but if smaller agencies would like to have NYBEAS access just let us know.




Reconciling your Monthly Bill

- *Billing runs the 1st Friday of each month*
- *The monthly transaction listing sent with the bill shows changes/additions/deletions processed on Enrollee's between each billing cycle.*
- *The Reconciliation list is run quarterly and lists all of your NYSHIP enrollee's & dependents as of the run date listed on the top of the statement.*
- *You **must** remit your payment with the remittance page of your billing statement. Blue billing envelopes are **only** for payments, do not use the blue envelopes for any other reason. The address on the blue envelopes is to a lock box at a bank, not Civil Service.*

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH
STATE OFFICE BUILDING
ALBANY, NEW YORK 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective April 1, 2008



Opt	Cov	Med	Net Full Share	Non-Drug Option Medicare Part D Enrollees Approved for Low Income Subsidy Net Full Share	COBRA Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	COBRA WITH DISABILITY Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	Non-Drug Option Med Part D Approved for Low Income Subsidy Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	Non-Drug Option Med Part D Approved for Low Income Subsidy COBRA WITH DISABILITY Gross PA Billing Rate	COBRA 2% Charge	Enrollee Cost	Continuity of Coverage	No Drug Coverage
-----	-----	-----	----------------	--	-----------------------------	-----------------	---------------	---	-----------------	---------------	--	-----------------	---------------	--	-----------------	---------------	------------------------	------------------

Plan Prime - Core Only																		
Individual	8	1	0	519.35	410.72	519.35	10.39	529.74	768.64	10.39	779.03	410.72	8.21	418.93	607.87	8.21	616.08	410.72
Family	8	4	0	1,105.67	879.52	1,105.67	22.11	1,127.78	1,636.39	22.11	1,658.50	879.52	17.59	897.11	1,301.69	17.59	1,319.28	879.52
MediPrime - Core Only																		
Individual -1	8	A	1	336.91	122.66	336.91	6.74	343.65	498.63	6.74	505.37	122.66	2.45	125.11	181.54	2.45	183.99	N/A
Family -1	8	B	1	923.26	591.47	923.26	18.47	941.73	1,366.42	18.47	1,384.89	591.47	11.83	603.30	875.38	11.83	887.21	N/A
Family -2	8	C & D	2	740.84	303.43	740.84	14.82	755.66	1,096.44	14.82	1,111.26	303.43	6.07	309.50	449.08	6.07	455.15	N/A

Plan Prime - Core Plus All Enhancements																		
Individual	7	1	0	592.38	483.67	592.38	11.85	604.23	876.72	11.85	888.57	483.67	9.67	493.34	715.83	9.67	725.50	483.67
Family	7	4	0	1,258.78	1,032.45	1,258.78	25.18	1,283.96	1,862.99	25.18	1,888.17	1,032.45	20.85	1,053.10	1,528.03	20.85	1,548.88	1,032.45
MediPrime - Core Plus All Enhancements																		
Individual -1	7	A	1	360.41	146.14	360.41	7.21	367.62	533.41	7.21	540.62	146.14	2.92	149.06	216.29	2.92	219.21	N/A
Family -1	7	B	1	1,026.86	694.97	1,026.86	20.54	1,047.40	1,519.75	20.54	1,540.29	694.97	13.90	708.87	1,028.56	13.90	1,042.46	N/A
Family -2	7	C & D	2	794.94	357.46	794.94	15.90	810.84	1,176.51	15.90	1,192.41	357.46	7.15	364.61	529.04	7.15	536.19	N/A

2008 *Medicare \$96.40

(03/18/08)

The rate chart should be used as a reference when looking at your billing statement. Many of the codes are the same, such as option 7 (Core Plus) or 8 (Core Only), and coverage codes 1, 4, A, B, C & D.

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
ALFRED E SMITH STATE OFFICE BLDG
ALBANY, NEW YORK 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2008

If Employer Pays - Ind / Dep Rate:				95%	90%	95%	95%	100%	35%	100%	50%	100%	65%	100%	75%
Opt Cov Med															
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	25.97	493.38	25.97	493.38	0.00	519.35	0.00	519.35	0.00	519.35	0.00	519.35
Family	8	4	0	84.60	1,021.07	55.29	1,050.38	381.11	724.56	293.16	812.51	205.21	900.46	146.58	959.09
MediPrime - Core Only															
Individual -1	8	A	1	16.85	320.06	16.85	320.06	0.00	336.91	0.00	336.91	0.00	336.91	0.00	336.91
Family -1	8	B	1	75.48	847.78	46.17	877.09	381.13	542.13	293.17	630.09	205.22	718.04	146.59	776.67
Family -2	8	C & D	2	57.24	683.60	37.05	703.79	262.55	478.29	201.96	538.88	141.38	599.46	100.98	639.86
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	29.62	562.76	29.62	562.76	0.00	592.38	0.00	592.38	0.00	592.38	0.00	592.38
Family	7	4	0	96.26	1,162.52	62.94	1,195.84	433.16	825.62	333.20	925.58	233.24	1,025.54	166.60	1,092.18
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	18.02	342.39	18.02	342.39	0.00	360.41	0.00	360.41	0.00	360.41	0.00	360.41
Family -1	7	B	1	84.66	942.20	51.34	975.52	433.19	593.67	333.22	693.64	233.26	793.60	166.61	860.25
Family -2	7	C & D	2	61.47	733.47	39.75	755.19	282.44	512.50	217.26	577.68	152.09	642.85	108.63	686.31

95/90% means the Employer pays 95% of the Individual premium and 90% of the Dependent premium.

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
ALFRED E SMITH STATE OFFICE BLDG
ALBANY, NEW YORK 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2008

If Employer Pays - Ind / Dep Rate: Opt Cov Med				95%	90%	95%	95%	100%	35%	100%	50%	100%	65%	100%	75%
Contributions Are:				<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>	<u>EE</u>	<u>ER</u>
Plan Prime - Core Only															
Individual	8	1	0	25.97	493.38	25.97	493.38	0.00	519.35	0.00	519.35	0.00	519.35	0.00	519.35
Family	8	4	0	84.60	1,021.07	55.29	1,050.38	381.11	724.56	293.16	812.51	205.21	900.46	146.58	959.09
MediPrime - Core Only															
Individual -1	8	A	1	16.85	320.06	16.85	320.06	0.00	336.91	0.00	336.91	0.00	336.91	0.00	336.91
Family -1	8	B	1	75.48	847.78	46.17	877.09	381.13	542.13	293.17	630.09	205.22	718.04	146.59	776.67
Family -2	8	C & D	2	57.24	683.60	37.05	703.79	262.55	478.29	201.96	538.88	141.38	599.46	100.98	639.86
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	29.62	562.76	29.62	562.76	0.00	592.38	0.00	592.38	0.00	592.38	0.00	592.38
Family	7	4	0	96.26	1,162.52	62.94	1,195.84	433.16	825.62	333.20	925.58	233.24	1,025.54	166.60	1,092.18
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	18.02	342.39	18.02	342.39	0.00	360.41	0.00	360.41	0.00	360.41	0.00	360.41
Family -1	7	B	1	84.66	942.20	51.34	975.52	433.19	593.67	333.22	693.64	233.26	793.60	166.61	860.25
Family -2	7	C & D	2	61.47	733.47	39.75	755.19	282.44	512.50	217.26	577.68	152.09	642.85	108.63	686.31

EE = Employee, ER = Employer

By following the lines down it shows what the EE and ER would pay in the 95/90% rate.



**State of New York Department of Civil Service
Employee Benefits Division**

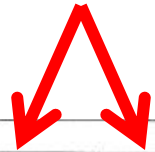
Statement Number: 347

Page: 1 of 3

Statement Date: 09/05/2008

Account Number: (

Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369



Account: [REDACTED]																
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
5234557	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	3	592.3800			1,777.14
5234558	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PA7	9/25/2008	CHRG	1	1258.7800			1,258.78
Total for Benefit Program PA7 :																\$3,035.92
5234559	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PR7	9/25/2008	CHRG	2	592.3800			1,184.76
5234560	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PR7	9/25/2008	CHRG	1	1258.7800			1,258.78
5234561	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PR7	9/25/2008	CHRG	4	360.4100			1,441.64
5234562	Invoice	1/1/08	10/1/08	10/31/08		10	001	B	PR7	9/25/2008	CHRG	1	1026.8600			1,026.86
5234563	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	686.3100			686.31
5234564	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	794.9400			794.94
Total for Benefit Program PR7 :																\$6,393.29
5234565	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PS7	9/25/2008	CHRG	2	360.4100			720.82
Total for Benefit Program PS7 :																\$720.82
Total for Due Date 9/25/2008 :																\$10,150.03
Total for																\$10,150.03
Total for 10																\$10,150.03

***Coverage Begin Date and Coverage End Date
show what month the charge/credit is for.***



State of New York Department of Civil Service
Employee Benefits Division

Statement Number: 347 Page: 1 of 3

Statement Date: 09/05/2008

Account Number:

Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369



Account: Twnofschod																
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
5234557	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	3	592.3800			1,777.14
5234558	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PA7	9/25/2008	CHRG	1	1258.7800			1,258.78
Total for Benefit Program PA7 :																\$3,035.92
5234559	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PR7	9/25/2008	CHRG	2	592.3800			1,184.76
5234560	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PR7	9/25/2008	CHRG	1	1258.7800			1,258.78
5234561	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PR7	9/25/2008	CHRG	4	360.4100			1,441.64
5234562	Invoice	1/1/08	10/1/08	10/31/08		10	001	B	PR7	9/25/2008	CHRG	1	1026.8600			1,026.86
5234563	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	686.3100			686.31
5234564	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	794.9400			794.94
Total for Benefit Program PR7 :																\$6,393.29
5234565	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PS7	9/25/2008	CHRG	2	360.4100			720.82
Total for Benefit Program PS7 :																\$720.82
Total for Due Date 9/25/2008 :																\$10,150.03
Total for																\$10,150.03
Total for 10																\$10,150.03

Plan Type 10 = Medical



State of New York Department of Civil Service
Employee Benefits Division

Statement Number: 347

Page: 1 of 3

Statement Date: 09/05/2008

Account Number:

Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369



Account: 10																
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
5234557	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	3	592.3800			1,777.14
5234558	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PA7	9/25/2008	CHRG	1	1258.7800			1,258.78
Total for Benefit Program PA7 :																\$3,035.92
5234559	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PR7	9/25/2008	CHRG	2	592.3800			1,184.76
5234560	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PR7	9/25/2008	CHRG	1	1258.7800			1,258.78
5234561	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PR7	9/25/2008	CHRG	4	360.4100			1,441.64
5234562	Invoice	1/1/08	10/1/08	10/31/08		10	001	B	PR7	9/25/2008	CHRG	1	1026.8600			1,026.86
5234563	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	686.3100			686.31
5234564	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	794.9400			794.94
Total for Benefit Program PR7 :																\$6,393.29
5234565	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PS7	9/25/2008	CHRG	2	360.4100			720.82
Total for Benefit Program PS7 :																\$720.82
Total for Due Date 9/25/2008 :																\$10,150.03
Total for																\$10,150.03
Total for 10																\$10,150.03

Benefit Plan # 001 = The Empire Plan



State of New York Department of Civil Service
Employee Benefits Division

Statement Number: 347 Page: 1 of 3
Statement Date: 09/05/2008
Account Number: ()
Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369



Account																
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
5234557	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	3	592.3800			1,777.14
5234558	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PA7	9/25/2008	CHRG	1	1258.7800			1,258.78
Total for Benefit Program PA7 :																\$3,035.92
5234559	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PR7	9/25/2008	CHRG	2	592.3800			1,184.76
5234560	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PR7	9/25/2008	CHRG	1	1258.7800			1,258.78
5234561	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PR7	9/25/2008	CHRG	4	360.4100			1,441.64
5234562	Invoice	1/1/08	10/1/08	10/31/08		10	001	B	PR7	9/25/2008	CHRG	1	1026.8600			1,026.86
5234563	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	686.3100			686.31
5234564	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	794.9400			794.94
Total for Benefit Program PR7 :																\$6,393.29
5234565	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PS7	9/25/2008	CHRG	2	360.4100			720.82
Total for Benefit Program PS7 :																\$720.82
Total for Due Date 9/25/2008 :																\$10,150.03
Total for																\$10,150.03
Total for 10																\$10,150.03

*** Coverage Codes:**

1 = Individual Coverage
4 = Family Coverage
A = Individual 1 Medicare
B = Family 1 Medicare
C = Family 2 Medicare
D = Family 3 Medicare



**State of New York Department of Civil Service
Employee Benefits Division**

Statement Number: 347 Page: 1 of 3
 Statement Date: 09/05/2008
 Account Number: ()
 Send payment to: Employee Benefits Division
 State of New York
 Department of Civil Service
 PO Box 1369
 New York, NY 10116-1369



Account:																
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
5234557	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	3	592.3800			1,777.14
5234558	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PA7	9/25/2008	CHRG	1	1258.7800			1,258.78
Total for Benefit Program PA7 :																\$3,035.92
5234559	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PR7	9/25/2008	CHRG	2	592.3800			1,184.76
5234560	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PR7	9/25/2008	CHRG	1	1258.7800			1,258.78
5234561	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PR7	9/25/2008	CHRG	4	360.4100			1,441.64
5234562	Invoice	1/1/08	10/1/08	10/31/08		10	001	B	PR7	9/25/2008	CHRG	1	1026.8600			1,026.86
5234563	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	686.3100			686.31
5234564	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	794.9400			794.94
Total for Benefit Program PR7 :																\$6,393.29
5234565	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PS7	9/25/2008	CHRG	2	360.4100			720.82
Total for Benefit Program PS7 :																\$720.82
Total for Due Date 9/25/2008 :																\$10,150.03
Total for																\$10,150.03
Total for 10																\$10,150.03

*** Benefit Program:**

PA7 = Active Employee

PR7 = Retired Employee

PS7 = Dependent Survivor

PC7 = Cobra Enrollee

PV7 = Vested Enrollee



**State of New York Department of Civil Service
Employee Benefits Division**


Statement Number: 347 Page: 1 of 3

Statement Date: 09/05/2008

Account Number:

Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369



Account: 																	
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due	
5234557	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	3	592.3800			1,777.14	
5234558	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PA7	9/25/2008	CHRG	1	1258.7800			1,258.78	
Total for Benefit Program PA7 :																\$3,035.92	
5234559	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PR7	9/25/2008	CHRG	2	592.3800			1,184.76	
5234560	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PR7	9/25/2008	CHRG	1	1258.7800			1,258.78	
5234561	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PR7	9/25/2008	CHRG	4	360.4100			1,441.64	
5234562	Invoice	1/1/08	10/1/08	10/31/08		10	001	B	PR7	9/25/2008	CHRG	1	1026.8600			1,026.86	
5234563	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	686.3100			686.31	
5234564	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	794.9400			794.94	
Total for Benefit Program PR7 :																\$6,393.29	
5234565	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PS7	9/25/2008	CHRG	2	360.4100			720.82	
Total for Benefit Program PS7 :																\$720.82	
Total for Due Date 9/25/2008 :																\$10,150.03	
Total for																\$10,150.03	
Total for 10																\$10,150.03	

Billing Units (BU) = the # of times you are being (+)charged/(-)credited for the given coverage code.



State of New York Department of Civil Service
Employee Benefits Division

Statement Number: 347

Page: 1 of 3

Statement Date: 09/05/2008

Account Number:

Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369



Account:																
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
5234557	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	3	592.3800			1,777.14
5234558	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PA7	9/25/2008	CHRG	1	1258.7800			1,258.78
Total for Benefit Program PA7 :																\$3,035.92
5234559	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PR7	9/25/2008	CHRG	2	592.3800			1,184.76
5234560	Invoice	1/1/08	10/1/08	10/31/08		10	001	4	PR7	9/25/2008	CHRG	1	1258.7800			1,258.78
5234561	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PR7	9/25/2008	CHRG	4	360.4100			1,441.64
5234562	Invoice	1/1/08	10/1/08	10/31/08		10	001	B	PR7	9/25/2008	CHRG	1	1026.8600			1,026.86
5234563	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	686.3100			686.31
5234564	Invoice	1/1/08	10/1/08	10/31/08		10	001	C	PR7	9/25/2008	CHRG	1	794.9400			794.94
Total for Benefit Program PR7 :																\$6,393.29
5234565	Invoice	1/1/08	10/1/08	10/31/08		10	001	A	PS7	9/25/2008	CHRG	2	360.4100			720.82
Total for Benefit Program PS7 :																\$720.82
Total for Due Date 9/25/2008 :																\$10,150.03
Total for 10																\$10,150.03

← 100/75%

*** Coverage Rate = the \$ dollar amount for each individual Billing Unit.**

Coverage Rate can either be the Full Share (100%) or a % of the Full Share (see Rate Chart). This depends on if you have Enrollee's that are in Pension Deduction and pay a % from their pension check, or if your agency pays 100%

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
ALFRED E SMITH STATE OFFICE BLDG
ALBANY, NEW YORK 12239

NEW YORK STATE EMPLOYEES HEALTH INSURANCE PROGRAM
EMPLOYEE-EMPLOYER VARIABLE CONTRIBUTION RATE TABLE
Participating Agency Rates Effective January 1, 2008

Page 4 of 5

If Employer Pays - Ind / Dep Rate: Opt Cov Med				95%	90%	95%	95%	100%	35%	100%	50%	100%	65%	100%	75%
Contributions Are:				EE	ER	EE	ER	EE	ER	EE	ER	EE	ER	EE	ER
Plan Prime - Core Only															
Individual	8	1	0	25.97	493.38	25.97	493.38	0.00	519.35	0.00	519.35	0.00	519.35	0.00	519.35
Family	8	4	0	84.60	1,021.07	55.29	1,050.38	381.11	724.56	293.16	812.51	205.21	900.46	146.58	959.09
MediPrime - Core Only															
Individual -1	8	A	1	16.85	320.06	16.85	320.06	0.00	336.91	0.00	336.91	0.00	336.91	0.00	336.91
Family -1	8	B	1	75.48	847.78	46.17	877.09	381.13	542.13	293.17	630.09	205.22	718.04	146.59	776.67
Family -2	8	C & D	2	57.24	683.60	37.05	703.79	262.55	478.29	201.96	538.88	141.38	599.46	100.98	639.86
Plan Prime - Core Plus All Enhancements															
Individual	7	1	0	29.62	562.76	29.62	562.76	0.00	592.38	0.00	592.38	0.00	592.38	0.00	592.38
Family	7	4	0	96.26	1,162.52	62.94	1,195.84	433.16	825.62	333.20	925.58	233.24	1,025.54	166.60	1,092.18
MediPrime - Core Plus All Enhancements															
Individual -1	7	A	1	18.02	342.39	18.02	342.39	0.00	360.41	0.00	360.41	0.00	360.41	0.00	360.41
Family -1	7	B	1	84.66	942.20	51.34	975.52	433.19	593.67	333.22	693.64	233.26	793.60	166.61	860.25
Family -2	7	C & D	2	61.47	733.47	39.75	755.19	282.44	512.50	217.26	577.68	152.09	642.85	108.63	686.31

1. Employee pays \$108.63 from pension check

2008 *Medicare:

\$96.40

**2. Employer pays \$686.31 for EE with
pension deduction rate 100/75%.**



State of New York Department of Civil Service
Employee Benefits Division

Statement Number: 347 Page: 1 of 3
Statement Date: 09/05/2008
Account Number: 00030
Send payment to: Employee Benefits Division
State of New York
Department of Civil Service
PO Box 1369
New York, NY 10116-1369

The Montauk Library
PO Box 700
Montauk, NY 11954-0500

Account: The Montau 00030 10																
Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
5198498	Invoice	1/1/08	9/1/08	9/30/08		10	001	1	PA7	8/26/2008	CHRG	1	592.3800			592.38
Total for Benefit Program PA7 :																\$592.38
Total for Due Date 8/26/2008 :																\$592.38
5234315	Invoice	1/1/08	10/1/08	10/31/08		10	001	1	PA7	9/25/2008	CHRG	1	592.3800			592.38
Total for Benefit Program PA7 :																\$592.38
Total for Due Date 9/25/2008 :																\$592.38
Total for The Montau																\$1,184.76
Total for 10																\$1,184.76

When there are two or more “Total for Due Date ...” this means that either your prior payment has not yet been received, OR that your prior payment has not yet been posted to our billing system.

If you are certain that your payment(s) were sent just subtract the total due for that month on your bill (and also the administration fee for that prior period.)

REMINDERS

- *Complete first names must be on NYBEAS.*
- *Verify address before cards are requested or when processing a transaction that generates cards.*
- *Only use blue payment envelopes for remitting NYSHIP premium payment.*
- *Address changes must have an enrollee signature before address can be changed.*
- *When faxing information to EBD be sure only one enrollee is listed on a fax and each fax is sent as a separate transmission. If transaction is faxed you do not need to mail hard copy of transaction.*
- *When you process a Change of Coverage or Dependent Delete for a spouse who dies, you must still go in and update the personal screen for the Enrollee to reflect that the Marital Status = Widowed, and Marital Status Date s/b the date spouse died.*

NYBEAS LINGO

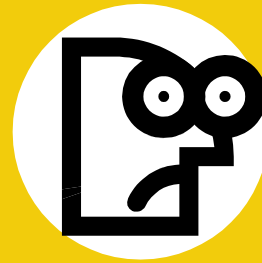
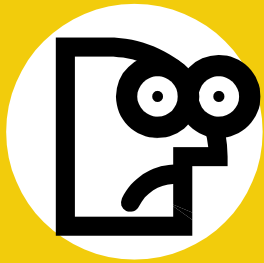
- *EBD* *Employee Benefits Division*
- *PCT* *Previous Coverage Terminated*
- *NYBEAS* *New York Benefits Eligibility
and Accounting System*
- *NYSHIP* *New York State Health
Insurance Program*
- *TRS* *Teachers Retirement System*
- *ERS* *Employee Retirement System*
- *CCO* *Change of coverage*
- *HBA* *Health Benefits Administrator*
- *PELU* *Public Employer Liaison Unit*



The End



The image features the text "The End" in a stylized, cursive script. The text is rendered in a vibrant purple color with a subtle gradient, giving it a three-dimensional appearance. It is centered within a light blue, horizontally-oriented oval background. Above and below the oval are symmetrical, ornate flourishes in shades of purple and blue, featuring intricate scrollwork and floral motifs. The entire composition is set against a plain white background.



It's QUESTION TIME !!

