

New York State
Health Insurance Program

General
Information
Book and
Empire Plan
Certificate
Certificate Amendments

For New York State Police Troopers
represented by



Police Benevolent Association
and for their enrolled dependents
and for COBRA enrollees with their benefits

June State of New York
2001 Department of Civil Service
Employee Benefits Division

Keep these amendments with your
April 1, 1999 *New York State Health
Insurance Program General Information
Book and Empire Plan Certificate*.

Pages in your Book/Certificate and later
Book sections of Certificate Amendments
have consecutive numbers.

*Empire Plan Certificate
Amendments*

*Empire Blue Cross
and Blue Shield*

Empire HealthChoice, Inc.....I-228
Expedited appeal.....I-228

United HealthCare

Routine mammogramsI-228
Medicare COBI-229
Totally disabledI-229
Precertification appeal.....I-229
Urgent appealI-229

*Group Health Inc./ValueOptions
Mental Health and Substance
Abuse Program*

Totally disabledI-229

The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your April 1, 1999 *NYSHIP General Information Book and Empire Plan Certificate* and later *Empire Plan Reports and Certificate Amendments*, this is the controlling document.

EMPIRE HEALTHCHOICE, INC.
doing business as
EMPIRE BLUE CROSS AND BLUE SHIELD
CERTIFICATE OF INSURANCE

Insert the following on page I-66 at the beginning of your Blue Cross Certificate.

**Empire
HealthChoice,
Inc.**

Effective January 1, 2001, Empire Blue Cross and Blue Shield changed its corporate name to Empire HealthChoice, Inc., an independent member of the Blue Cross and Blue Shield Association. Empire HealthChoice, Inc. is doing business as Empire Blue Cross and Blue Shield. The benefits in this certificate are not affected by this name change.

Substitute the following for the fifth paragraph, "Expedited Appeal," of the "Filing an Appeal" section on page I-90 of your Blue Cross Certificate.

**Expedited
appeal**

Expedited Appeal: If you are appealing a decision as to the medical necessity of your service(s) and your appeal involves a situation in which your provider believes a delay would significantly increase a risk to the patient's health or if the patient is in the middle of a course of treatment, the appeal will be resolved within two business days from receipt of all necessary information. Empire Blue Cross and Blue Shield will notify the enrollee or the enrollee's authorized representative by telephone immediately of the determination. Additionally, written notice will be sent within 24 hours following the determination.

UNITED HEALTHCARE
CERTIFICATE OF INSURANCE

Substitute the following for "I. Routine Mammograms" under "What is covered under the Participating Provider Program" on page I-105 of your United HealthCare Certificate.

**Routine
mammograms**

I. Routine Mammograms -- In addition to mammograms performed when a medical condition is suspected or known to exist, you are covered for mammograms performed as part of routine preventive care under these conditions:

- upon the recommendation of a physician, a mammogram for covered persons at any age having a prior history of breast cancer, or whose mother or sister has a prior history of breast cancer;
- a single baseline mammogram for covered persons 35 through 39 years of age.
- a mammogram every year for covered persons 40 years of age and older, or more frequently upon the recommendation of a physician.

Substitute the following for “A. Retired Employees and/or their Dependents” under “Coverage” in the “Impact of Medicare on the Plan” section on page I-126 of your United HealthCare Certificate.

**Medicare
Coordination
of Benefits**

A. Retired Employees and/or their Dependents – If you or they are eligible for primary coverage under Medicare – even if you or they fail to enroll – your covered medical expenses will be reduced by the amount that would have been paid by Medicare, and United HealthCare will consider the balance for payment, subject to copayment, deductible and coinsurance.

When Medicare pays primary, covered expenses will be based on Medicare’s limiting charge, as established under federal or, in some cases, state regulations rather than the Participating Provider Schedule of Allowances or Reasonable and Customary Charge as defined in the Meanings of Terms used.

No benefits will be paid for services or supplies provided by a skilled nursing facility.

Substitute the following for the first paragraph under “Benefits after termination of coverage” in the “Miscellaneous Provisions” section on page I-131 of your United HealthCare Certificate.

**Totally
disabled when
coverage ends**

Effective January 1, 2001. If you are totally disabled on the date coverage ends on your account, United HealthCare will pay benefits for covered medical expenses for that total disability, on the same basis as if coverage had continued without change, until the day you are no longer totally disabled or 90 days after the day your coverage ended, whichever is earlier. Call United HealthCare at 1-800-942-4640 if you need more information about benefits after termination of coverage.

Substitute the following for the third paragraph of “Level 1 Appeals” in the “Miscellaneous Provisions” section on page I-133 of your United HealthCare Certificate.

**Precertification
appeal**

For a precertification appeal, a review of the appeal will be done, and within 30 days of your request United HealthCare will provide you with a written response. If the precertification review process cannot be completed within 30 days, United HealthCare will notify you of the delay within 15 days and will provide a written response to the request for precertification review within 30 days after receipt of all information necessary to complete the review.

Substitute the following for “Appeals Involving Urgent Situations” in the “Miscellaneous Provisions” section on page I-134 of your United HealthCare Certificate.

Urgent appeal

Appeals Involving Urgent Situations: If an appeal involves a situation in which your Provider believes a delay would significantly increase the risk to your health or if you are in the middle of a course of treatment, the appeal will be resolved in no more than two business days from receipt of all necessary information. Notice of the determination will be made directly to the person filing the appeal (you or the person acting on your behalf). Written notice of the determination will be sent within 24 hours following the determination.

EMPIRE PLAN MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

Substitute the following for the first paragraph under “Benefits after termination of coverage” in the “Miscellaneous Provisions” section on page I-166 of your Certificate for the Mental Health and Substance Abuse Program.

**Totally
disabled when
coverage ends**

Effective January 1, 2001. If you are Totally Disabled due to a mental health or substance abuse condition on the date coverage ends on your account, GHI will pay benefits for covered expenses for that Total Disability, on the same basis as if coverage had continued without change, until the day you are no longer Totally Disabled or 90 days after the day your coverage ended, whichever is earlier.