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# Summary of Benefits

	Benefit	In-Network	Out-of-Network Plans		
			96 1A <sup>2</sup> 96 1B <sup>3</sup>	97 1A <sup>2</sup> 97 1B <sup>3</sup>	97 2A <sup>2</sup> 97 2B <sup>3</sup>
<b>Financial</b>	Deductible	None	\$50 Single; \$150 Family		\$100 Single; \$200 Family
	Maximum out-of-pocket cost (does not include charges in excess of allowed amount or noncovered benefits)	\$1,000 Single; \$2,000 Family copayment maximum	None		\$1,000/ individual/ calendar year
	Maximum lifetime benefit per participant or dependent	Unlimited	\$1,000,000		
<b>Preventive Care</b>	Routine physical exams for children through age 18	No cost	Paid at 80% of UCR*		
	Routine gynecological care for children through age 18	No cost	Paid at 80% of UCR*		
	Routine physical exams for adults age 19 and older	\$10 copayment per visit	Paid at 80% of UCR*		
	Routine gynecological care for adults age 19 and older	\$10 copayment per visit	Paid at 80% of UCR*		
	Immunizations	No cost	Paid at 80% of UCR*		

\*After participant or dependent meets deductible

<sup>2</sup>Reimbursed at 90th percentile of HIAA

<sup>3</sup> Reimbursed at 70th percentile of HIAA

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<b>Maternity Care</b>	Obstetrical, prenatal care, delivery, and postnatal care for mother	\$10 copayment initial visit only <sup>1</sup>	Paid at 100% of UCR <sup>1</sup>	Paid at 83% of UCR* <sup>1</sup>	
<b>Inpatient Care</b>	Room and board (including maternity)	No cost <sup>1</sup>	Generally paid so there are no out-of-pocket facility charges (private room charge allowance paid at 100% for all A plans and at 50% up to \$75 per day B plans) <sup>1</sup>		
	Physician's services (including maternity, mental health, and substance abuse)	No cost	Paid at 100% of UCR	Paid at 80% of UCR*	
	Surgery	No cost <sup>1</sup>	Paid at 100% of UCR <sup>1</sup>	Paid at 83% of UCR* <sup>1</sup>	
	Restorative physical and occupational therapy	No cost <sup>1</sup>	Paid at 100% of facility charges to a maximum of 30 days <sup>1</sup> ; then paid at 80% of facility charges* <sup>1</sup>		
<b>Emergency</b>	At physician's office or urgent care center	\$10 copayment per visit			
	At hospital emergency room	\$25 copayment per visit (waived if admitted)			

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<b>Outpatient Care</b>	Office visits	\$10 copayment per visit	Paid at 80% of UCR*		
	Chiropractic care	\$10 copayment per visit <sup>1</sup>	Paid at 80% of UCR* <sup>1</sup>		
	Acupuncture	\$20 copayment per visit <sup>1</sup>	Paid at 80% of UCR* <sup>1</sup>		
	Allergy treatment	\$10 copayment per visit	Paid at 80% of UCR*		
	Restorative physical and occupational therapy	\$10 copayment per visit <sup>1</sup>	Paid at 80% of UCR* <sup>1</sup>		
	Cardiac rehabilitation	\$10 copayment per visit <sup>1</sup>	Paid at 80% of UCR* <sup>1</sup>		
	Radiology	No cost <sup>1</sup>	Paid at 80% of UCR* <sup>1</sup>		
	Laboratory tests	No cost	Paid at 80% of UCR*		
	Restorative speech therapy for up to 60 consecutive days	\$10 copayment per visit <sup>1</sup>	Paid at 80% of UCR* <sup>1</sup>		
	Surgery (physician's services)	No cost <sup>1</sup>	Paid at 100% of UCR <sup>1</sup>	Paid at 83% of UCR* <sup>1</sup>	
	Surgery (facility charges)	No cost <sup>1</sup>	Generally paid so there are no out-of-pocket facility charges to the patient <sup>1</sup>		

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Other Services	Physician house calls	No cost	Paid at 80% of UCR*		
	Skilled home health care services	No cost <sup>1</sup>	Paid at 100% of UCR for first 100 visits; paid at 80% for an additional 40 visits* <sup>1</sup>		
	Hospice care (up to 210 days)	No cost <sup>1</sup>	Paid at 100% of charges <sup>1</sup>		
	Durable medical equipment	Paid at 80% of cost of covered items to an unlimited maximum per participant or dependent per calendar year <sup>1</sup>			
	In vitro fertilization services (up to a \$5,000 lifetime maximum benefit combined with covered fertility drugs available through the prescription drug benefit)	No cost <sup>1</sup>	Paid at 100% of UCR <sup>1</sup>	Paid at 80% of UCR* <sup>1</sup>	
Mental Health	Outpatient mental health (combined maximum for in- and out-of-network benefits)	\$10 copayment/visit up to 20 visits/ calendar year <sup>1</sup> ; more visits if necessary for certain biologically based conditions or severe emotional disorders in children <sup>1</sup>	Paid at 80% of UCR up to 20 visits per calendar year* <sup>1</sup> ; more visits if necessary for certain biologically based conditions or severe emotional disorders in children* <sup>1</sup>		
	Inpatient mental health care (combined maximum for in- and out-of-network benefits)	No cost <sup>1</sup>	Generally paid at 100% of facility charges to a maximum of 30 days <sup>1</sup> ; more days if necessary for certain biologically based conditions or severe emotional disorders in children* <sup>1</sup>		
Substance Abuse	Outpatient medical rehabilitative care for substance abuse/alcohol addiction (combined maximum for in- and out-of-network benefits)	\$10 copayment per visit up to 60 visits per year <sup>1</sup>	Paid at 80% of UCR to a maximum of 60 visits per calendar year* <sup>1</sup>		
	Inpatient medical rehabilitative care for substance abuse/alcohol addiction (combined maximum for in- and out-of-network benefits)	No cost <sup>1</sup>	Paid at 100% of facility charges <sup>1</sup>		

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Vision Care (Davis Vision)	Routine eye exam every two years (every year for children up to age 18)	\$10 copayment per visit	Paid at up to \$75 for exam and glasses or contact lenses (every two years)		
	Eyeglasses or contact lenses every 2 years (through Davis Vision)	\$30 copayment for lenses and/or Designer selection frames within the Tower Collection  or  \$150 credit toward non-plan frames  or  \$25 copayment for standard, soft, daily wear contact lenses  or  \$45 copayment for disposable/ planned replacement lenses			

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Dental Care (Aetna)	Yearly deductible	None	\$25/person; \$75/family		\$50/person; \$150/family
	Maximum yearly benefit	\$1,200	\$1,200		
	Orthodontia maximum	\$1,000 per course of treatment separated by two years	\$1,000 per course of treatment separated by two years*		
	Diagnostic and preventive services	No cost	Paid at 80% of usual and prevailing fee*		
	Basic restorative services, endodontics, periodontics, maintenance of prosthodontics, and oral surgery	Paid at 80% of fee schedule	Paid at 80% of usual and prevailing fee*		
	Major restorative services, installation of prosthodontics, and orthodontics	Paid at 50% of fee schedule	Paid at 50% of usual and prevailing fee*		
Prescription Drugs (Caremark)	Prescription drugs at retail pharmacy (up to a 34-day supply)	96 1A, 97 1A No cost  96 1B, 97 1B, 97 2B \$3 or \$5 copayment  97 2A \$1 copayment	Reimbursed at average wholesale cost minus applicable in-network copayment		
	Mail-order prescription drug program (mandatory for all maintenance prescription medications for up to a 90-day supply)	No cost	Not applicable		

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Disability	Short-term, nonoccupational disability (through The Hartford)	Paid at two-thirds of regular, weekly compensation, up to \$215 per week for a maximum period of 26 weeks			
	Long-term disability that extends beyond the qualifying period of six consecutive months (through the NYSNA Benefits Fund)	Paid at 50% of monthly base compensation, up to \$350 per month, less other disability payments, to age 65 (age 70 if disabled after age 60)			
Other Insurance (The Hartford)	Life	Paid at a minimum of \$20,000 and a maximum of \$50,000, computed by taking 150% of current base compensation, to the maximum allowable. Benefit is reduced 35% at age 65, and 50% at age 70.			
	Accidental death and dismemberment and loss of sight	Paid at 100% or 50% of maximum benefit, according to specific loss			