How much water is enough?

For many years now, we’ve been told to drink eight glasses of water a day. But is this a scientific fact or promotion by the bottled water industry? Why does a 100 lb. woman need the same amount of water as a man twice her size?

According to Irwin H. Rosenberg, MD, editor of Tufts Health & Nutrition Letter and a professor at the Friedman School, “there is little scientific basis” for consuming that much water. Consumption varies “widely among individuals and nature, with just one call.”

Sometimes, the questions we receive are unique to a particular participant. However, there are some questions we’re asked multiple times throughout the day. In this issue, we present the questions we hear most often and provide answers that you can use as a reference guide for your Benefits Fund coverage. If you don’t see your specific question or answer here, remember our representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m., to provide additional information on any topic call (877) RN BENEFITS (762-3633). You can also find answers to a variety of questions 24-hours a day on our website www.rnbenefits.org. You can also find answers to a variety of questions 24-hours a day on our website www.rnbenefits.org.

Q Do I have to use a mail service pharmacy to fill my prescriptions?

A Yes. But only for maintenance medications which are medications that you take on a regular basis for chronic conditions. They might include asthma inhalers, thyroid medication, and blood pressure medication, to name a few. Maintenance medications need to be filled through OptumRx’s mail service pharmacy, which will dispense the prescription in 90-day supplies and mail directly to your house.

Q How long do I have to file a disability claim?

A Disability claims must be filed within 30 days of the event that caused your disability. When filing a claim do not use your Oxford ID number for your disability claim. You will need to use your Social Security number when filing. Many participants also ask how long they can collect disability payments and how much they receive. Participants may receive up to $215 per week, for a maximum of 26 weeks.

Q What identification cards do I need when filling prescriptions or for doctors’ appointments and hospital visits?

A As a Benefits Fund participant you received two identification cards upon enrollment, one from Oxford Health Plans for medical and hospitalization coverage and your OptumRx card for prescriptions.

Q Will I also get identification cards for dental and vision benefits?

A No. You won’t receive cards to present to dental or vision providers. Dental office staff and vision providers will typically ask for your Social Security number to verify eligibility for you and your dependents. If you prefer to carry a card with you, visit the Aetna Web site and print a temporary card to keep with you.

Q Can I put extended family members or non-family members on my plan?

A No. The only individuals eligible for Benefits Fund coverage are your immediate dependents, which would include your children, stepchildren, foster children, wards, and spouse. Adding dependents needs to be done within 60 days of the event in which they became a dependent. These events include marriage, birth, adoption, or placement for adoption. If the Fund does not receive notification of a new dependent within 60 days of one of these events, your dependent will need to wait until the Fund’s next open enrollment period (held annually November 1 through December 31) to be eligible for Fund coverage with an effective date of January 1 of the following year. To enroll your spouse the Fund requires a copy of your marriage certificate. For your children you’ll need to provide birth certificates.

Q I want to change my life insurance beneficiary; do I need to fill out a form to do this?

A No. Changing your beneficiary information is quite easy. Simply send a letter to the Fund indicating your change. This letter needs to include the Social Security number of the new beneficiary, the beneficiary’s name and relationship to you, and the letter needs to be notarized. The most recent beneficiary letter on file will override all previous changes. In the event you have a major life change, like marriage or divorce, you should revisit your beneficiary information to make updates. FYB

Benefits answers your questions

As a Benefits Fund participant you received two identification cards upon enrollment, one from Oxford Health Plans for medical and hospitalization coverage and your OptumRx card for prescriptions.
Healthy resolutions for the new year

Making New Year’s resolutions is easy, keeping them is typically hard. Start with realistic and achievable goals you know you can keep for a healthier you and healthier New Year.

Here’s some good ways to get started:
- Control your food portions
- Be active every day
- Cut down on salt
- Lose weight if necessary
- Cut down on stress
- Increase your antioxidants
- Quit smoking
- Floss daily
- Wear sunscreen every day
- Increase your strength training
- Consume less alcohol
- Get more sleep

Going back to school boosts brainpower

Studies show that middle-age adults who go back to school, even night school and individual classes offered through continuing education programs, had stronger verbal skills and memories than those who did not. Studies have also linked higher education to a decreased risk of Alzheimer’s disease. In addition, going back to school increases social interaction, allowing you to create more social bonds. A 2010 study in the journal *PLoS Medicine* suggests that a lack of social bonds can damage your health as much as alcohol abuse and smoking.

The Fund is “going green”

In another effort to go green, the Fund has posted the 2013 Benefits Fund Annual Report on our Web site. Visit www.mbenefits.org.

How to best prepare your health care proxy

The New York State Health Care Proxy Law allows you to appoint someone you trust to make health care decisions for you in the event you are unable to do so yourself. This is beneficial for people of any age, regardless of how healthy or physically fit. Accidents can happen at any age and at any time, so it is best to be prepared.

A Health Care Proxy, also known as your agent, will follow your health care instructions as stated on your Health Care Proxy Form (www.health.ny.gov/forms/doh-1430.pdf) when a physician deems you unable to advocate for yourself. This form can be left with your primary care physician, your agent, and any close family members or friends you wish to have it.

Your wishes can include any or all of the following:
- Surgical procedures
- Artificial respiration
- Artificial nutrition and hydration
- Cardiopulmonary medication
- Transplantation
- Organ and tissue donation
- Any other personal medical decisions you feel strongly about like blood transfusions, dialysis, and sterilization can also be includ-

Summary Material Modification

Maximum network pharmacy
out-of-pocket cost

The NYSNA Benefits Fund Board of Trustees has established a new maximum network pharmacy out-of-pocket cost for participants effective January 1, 2015. This amount represents the most you will pay each calendar year for your share of the cost of covered prescription drug benefits, including pharmacy copayments, coinsurance, and deductibles. The out-of-pocket network pharmacy maximum has been set at $5,600 for individuals and $11,200 for families for 2015.

Penalties incurred under the Benefits Funds’ clinical pharmacy programs will not accumulate toward the maximum network pharmacy out-of-pocket cost. In addition, the cost difference between the brand-name drug and the generic drug that you must pay under the Benefit Fund’s mandatory generic program (if there is a direct generic alternative available) is not a covered prescription drug benefit and will not accumulate toward the maximum network pharmacy out-of-pocket cost.

The out-of-pocket maximums help you plan for health care expenses. Currently, participant out-of-pocket costs for prescription drug benefits are unlimited; the new maximum provides some financial protection for those participants who incur significant qualifying out-of-pocket costs for prescription drugs under Benefits Fund coverage if you use a network pharmacy. If your covered prescription drug out-of-pocket expenses in a calendar year exceed the annual maximum, the Fund pays 100 percent of allowable under the Affordable Care Act.

The New York State Nurses Association Benefits Fund Welcomes Nyack Hospital and A.O. Fox Hospital

How to best prepare your health care proxy

You also have the ability to personalize your form with special instructions as you see fit. Health care providers must follow your agent’s decisions as if they were your own, because, in fact, they are. Be mindful to update your instructions and keep an open dialog with your agent as your wishes change over the years. You also have the ability to limit your agent from making specific decisions. It is important to include these limitations, and not just your preferences, on your form. If you do not state any limitations on your form, or discuss them in advance, your agent can make those decisions on your behalf; including the right to choose or decline life-sustaining treatment.

You have the ability to limit your agent from making specific decisions. It is important to include these limitations, and not just your preferences, on your form. If you do not state any limitations on your form, or discuss them in advance, your agent can make those decisions on your behalf; including the right to choose or decline life-sustaining treatment.

Other suggestions include providing an alternate agent in the event your agent is unable to advocate on your behalf. You should also provide your agent and alternate agent with insurance information and physician contact information, such as identification numbers and a copy of your insurance card. The need for a back-up agent could occur if your primary agent is unable, unwilling, or unavailable at the moment when you need him/her most. FYB

Reminder – open enrollment ends on December 31.
Open enrollment for the NYSNA Benefits Fund began November 1st and runs through December 31, 2014 with a coverage effective date of January 1, 2015. To enroll in the Benefits Fund during this fall’s open enrollment, please fill out the enrollment form and mail it to the Fund office at P.O. Box 12430, Albany, NY, 12212-2430. Forms can also be obtained on the “Forms” page of the Benefits Fund Web site at www.rnbenefits.org or by calling a participant service representative at (877) RN BENEFITS.

Sun protection in winter

Most people don’t think about tropical smelling sunscreens when they’re headed out the door to shovel the driveway after a snow fall, but that’s exactly the time to apply it. Participating in winter sports and spending time outside in the snow exposes you to ultraviolet radiation. Eighty percent of the UV light from the sun is reflected by snow, so you’re getting almost twice as much as you would when there is no snow on the ground. The sun’s harmful rays can also penetrate clouds on gloomy winter days. A recent study published in the journal Cancer Epidemiology: Biomarkers & Prevention, suggests that experiencing five or more sunburns between the ages of 15 and 20 could increase melanoma risk by 80 percent; even mild sunburns during winter months increase your chances.

Winter sports, like skiing and snowboarding, typically take place at higher elevations making participation more intense than spending the day at the beach on a sunny day at sea level. Take precautions to protect your skin from sun damage, and ultimately skin cancer, this winter. Use a broad-spectrum sunscreen with an SPF of 30 or higher and apply it 30 minutes before heading outside. Try to find a sunscreen that includes ingredients like lanolin or glycerin, which will give you a boost of moisture during the dryer winter months. Apply sunscreen liberally to all exposed skin, including hands, ears, around the eyes, the underside of your chin, and on the neck. Always wear a lip balm with an SPF 15 or higher. Lips are very sensitive and not just to sun exposure – the wind and dry cold weather of winter takes its toll, as well. Wear a hat, not only for warmth, but to protect your scalp from the sun. Wear sunglasses that offer a 99 percent or greater UV protection.

The preventative step of seeing a dermatologist for an annual full-body skin exam is recommended and with the Fund benefit you only have to pay a 25 dollar copayment for each visit. FYB

January is National Blood Donor Month

Roll up those sleeves. January is National Blood Donor Month, a time to raise awareness of the benefits of donating blood for both the donor and recipient. Every two seconds someone in the United States needs blood. While donating blood will help those in need, it will also help you, the donor. According to the American Journal of Epidemiology, 88 percent of blood donors are less likely to suffer a heart attack since blood donation increases blood flow by reducing the possibility of high velocity in blood. In addition, when you donate blood you get a small check-up which measures your temperature, pulse, blood pressure, and hemoglobin levels. If there are any concerns you will be notified immediately, which can give you peace of mind. Then there’s altruism - donating blood is an act of kindness. A single donation can save the lives of up to three people, according to the American Red Cross.
### Summary of outpatient benefits

**Benefit Coverage Plan A**
- In-network providers: 100% of the usual, customary charges (UCR) as determined by the region.
- Out-of-network providers: 70% of UCR, maximum charge.
- Deductible: $500 annual individual, $1,000 family.

**Benefit Coverage Plan B**
- In-network providers: 100% of the usual, customary charges (UCR) as determined by the region.
- Out-of-network providers: 70% of UCR, maximum charge.
- Deductible: $500 annual individual, $1,000 family.

### Costs for specific services

- **Diagnostic Radiology and Laboratory Tests**: Charges are paid at 100% of the UCR for both plans.
- **Acupuncture**: Covered at 70% of the usual, customary charges (UCR) as determined by the region.
- **Restorative Speech Therapy**: Covered at 70% of the usual, customary charges (UCR) as determined by the region.
- **Allergy shots and injections**: Covered at $25 copayment.
- **Chiropractic Care**: Covered at $10 copayment.
- **Radiology and Laboratory Tests**: Covered at $25 copayment with in-network providers. Out-of-network services are covered at 70% of UCR.
- **Physician charges for outpatient surgery**: Covered at 100% with in-network providers. Out-of-network services are covered at 70% of UCR.

### Co-payment required

- **Deductible**: $500 annual individual, $1,000 family.
- **Out-of-network providers**: 70% of the usual, customary charges (UCR) as determined by the region.
- **Out-of-network laboratory services**: Covered at 70% of UCR.

### Conclusion

For more information on outpatient benefits, please contact the Fund office at (877) RN BENEFITS (877-762-3633).