

FOR YOUR Benefit

Life changes and Fund benefits make a difference for those with diabetes

The U.S. Center for Disease Control and Prevention estimates that 40 percent of Americans will develop diabetes in their lifetime. However, recent changes in diabetes screening and preventative measures for pre-diabetes are promoting early and regular testing by physicians while also putting patients in control of their diabetic future.

More Testing Recommended

Prediabetes affects more than 86 million Americans, while type 2 diabetes affects more than 29 million Americans. Doctors have linked the increasing number of obese Americans over the past several decades to this increase in diabetes diagnoses; coining the term “diabesity.”

The U.S. Preventive Services Task Force currently advises that adults age 45 and older be screened for type 2 diabetes and prediabetes. However, those in their 20s aren’t immune to the disease. Younger people with diabetes risk factors such as obesity or family history and certain ethnicities should be screened as well.

This is a significant change since the USPSTF’s last recommendation for diabetes screening in 2008. At that time, the task force said screening was only needed for individuals with high blood pressure. Since then, evidence supports screening more people for abnormal blood sugar level, which experts hope will lead to preventative measures and a reduction in type 2 diabetes overall.

During a 25-year study by the CDC, lifetime risk of type 2 diabetes increased for the average 20-year-old man, jumping from nearly 21 percent in the late 1980s to just over 40 percent in 2011. An average 20 year-old-woman’s risk increased from 27 percent to almost 40 percent during the same period.

Healthy Lifestyle

The hard truth is that Americans need to make healthy diet and exercise choices throughout their lifetime to avoid both obesity and diabetes. Researchers at Duke Medicine Health News found that weight loss has a long-term, positive effect on prediabetes, in addition to sleep apnea, hypertension, and overall quality of life.

The good news about our nation’s diabetes epidemic is that indisputable evidence shows early and aggressive intervention can reverse the course for people with pre-diabetes and reduce its devastating impact on those already diagnosed. In a study at the University of Colorado School of Medicine, people who brought their elevated glucose levels (prediabetes) down with lifestyle changes such as improved diet and more exercise were 56 percent less likely to develop diabetes. Additionally, people with prediabetes who lost at least 7 percent of their body weight by eating less fat and

calories and exercising for an average of 150 minutes a week reduced their risk of diabetes by 58 percent.

Your Benefits At Work

1. Routine annual physicals with an in-network provider cost nothing for Benefits Fund participants. Therefore, given the CDC’s new testing recommendations, participants should consider talking with their primary care providers about being screened regularly for prediabetes, regardless of your age.

2. If you or an eligible dependent is diabetic, the NYSNA Benefits Fund has you covered for diabetic medicines, equipment, and supplies.

Approved diabetic medications and supplies include:

- Insulin,
- Oral hypoglycemic agents,
- Glucose-elevating agents,
- Syringes,
- Alcohol swabs,
- Glucose/acetone test strips/agents,
- Other diagnostic supplies such as lancets and lancet devices.

These medications and supplies must be ordered through the OptumRx mail-order pharmacy in three-month supplies. Copays may apply.

Glucometers, insulin pumps, and pump supplies are considered durable medical equipment and are covered by Oxford in- or out-of-network. Purchased from an in-network provider, these items are covered at 80 percent.

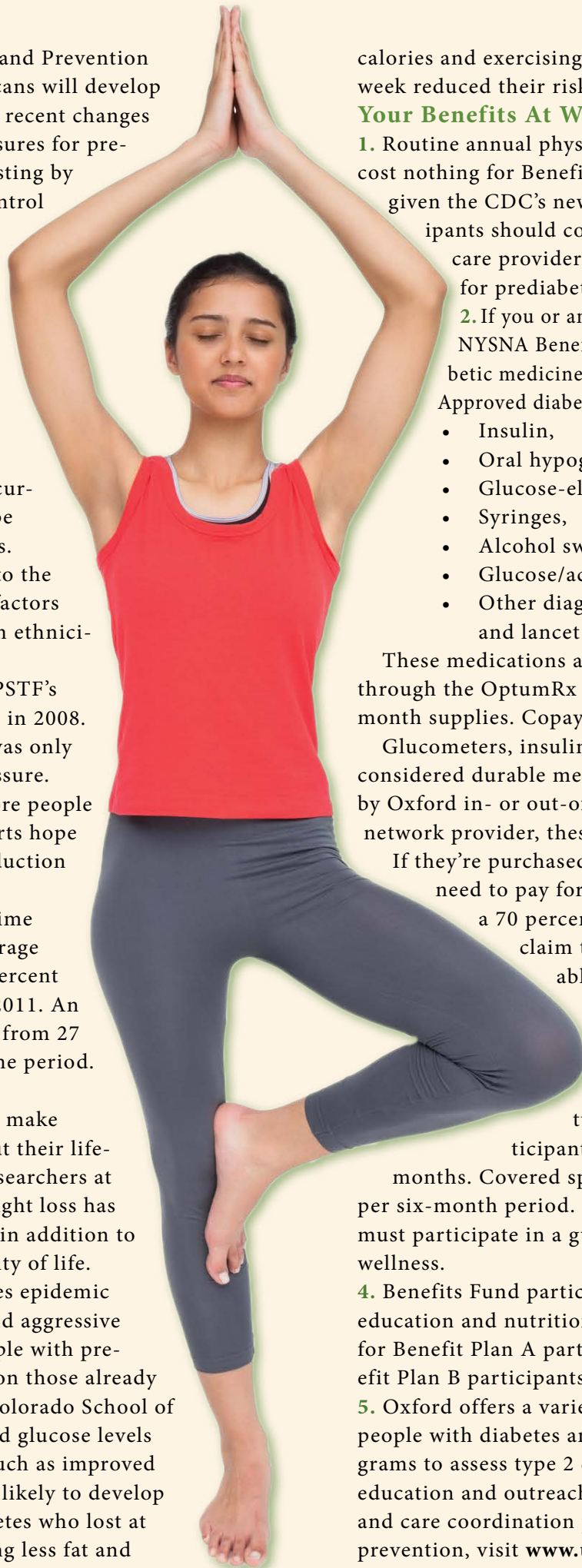
If they’re purchased out-of-network, however, you’ll need to pay for the supplies up front and receive a 70 percent reimbursement by submitting a claim to Oxford. Claim forms are available from the Fund office or online at www.rnbenefits.org.

3. If you want to stay active, Oxford offers reimbursement for going to the gym an average of two to three times per week. Participants can receive up to \$200 every six months. Covered spouses are eligible for up to \$100 per six-month period. To receive reimbursement, you must participate in a gym that promotes cardiovascular wellness.

4. Benefits Fund participants also can receive diabetes education and nutritional counseling with a \$25 copay for Benefit Plan A participants and a \$30 copay for Benefit Plan B participants.

5. Oxford offers a variety of other solutions to support people with diabetes and prediabetes. This includes programs to assess type 2 diabetes risk, free screenings, and education and outreach, as well as disease management and care coordination programs. For tips on diabetes prevention, visit www.unitedhealthgroup.com/news.

- FYB



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Do you need to update your life insurance beneficiary?



Upon enrollment in the Benefits Fund, participants become eligible for life insurance coverage through The Hartford Life Insurance Company and are asked to name one or more beneficiaries to receive their benefit if the participant dies while in active, covered service. Think back. Do you remember who you listed?

If you enrolled a number of years ago, your designation may be outdated and you should contact the Benefits Fund office at (877) RN BENEFITS [762-3633] to update your beneficiary information.

You may choose anyone you wish as your beneficiary and may elect more than one person. However, if you pick more than one person and don't specify the percentage each person should receive, the benefit amount will be divided equally among each individual you name.

If you die while in active service and your designated beneficiary is no longer living or no beneficiary has been named, the benefit will be given to your estate or the preference beneficiary – meaning a surviving spouse, children, or parents, in that order.

Your life insurance also includes a Living Benefits Option that allows you to use up to 80 percent of your benefit if you become terminally ill and have 12 months or less to live. The remaining amount will be paid to your beneficiary(ies).

To update your beneficiary designation, you must send a notarized letter to the Fund listing the name(s) you wish to list. While you may change the designation at any time, it can't be done by phone or fax. The Fund can only release or change beneficiary information through notarized correspondence. - FYB

Are you in my network?

Asking one question "Are you in my network?" whenever you seek medical care could save you thousands of dollars a year. When scheduling appointments with new providers, Benefits Fund participants should always ask the provider if they're in our network of participating providers.

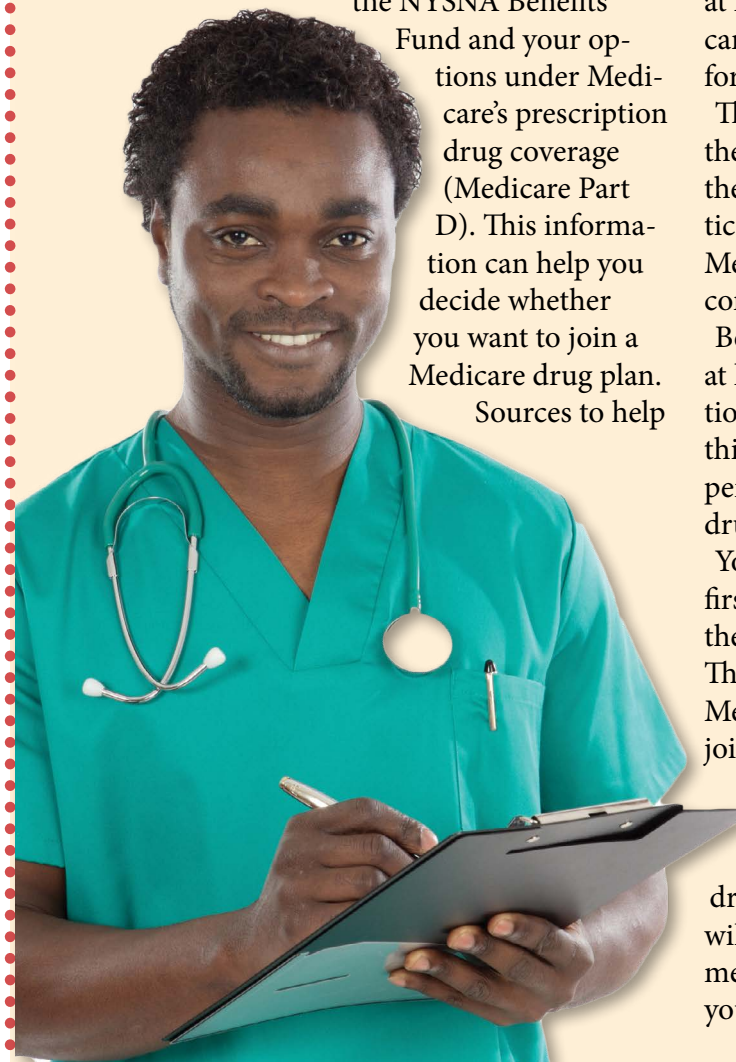
For the majority of Fund participants, that network is the Oxford Freedom network of providers. For participants outside the Oxford service area, which includes New York City, Long Island, Connecticut, New Jersey, and Dutchess, Orange, Westchester, Rockland, and Ulster counties, the network is the UnitedHealthcare Choice Plus Network.

Being told after an appointment or, even worse, weeks later via a bill in the mail that you owe 30 percent of the cost billed by your provider can be an unwelcome surprise and something you may not have the budget to pay for right away. In the event you've already made several costly visits to a medical provider before the first bill arrives, you'll be even more shocked at the amount due since out-of-network visits and services have no maximum out-of-pocket limit under the plan. In-network, on the other hand, Fund participants have a \$1,000 individual and \$2,000 family copayment maximum.

To prevent unexpected medical bills, don't simply assume that the doctor or facility you're making an appointment with is part of the plan. Ask before you receive medical treatment or services to ensure that all of your providers are part of the Oxford or UnitedHealthcare network. This will allow you to make informed decisions and ultimately protect you from potentially costly and unnecessary out-of-pocket costs.

Remember:

- When you're having a procedure performed by an in-network doctor, he or she isn't required to use a facility that's also in-network. Ask in advance if everyone involved in your procedure - for instance the anesthesiologist and other associated physicians - are participating.
- When your doctor refers you to a specialist, lab, or other testing facility, it's not his or her responsibility to make sure that the specialist or facility is in-network. It's yours. Always verify the information yourself when making an appointment. -FYB



2016 Notice of Creditable Coverage

This document of creditable coverage applies only to those who have health benefits coverage through the New York State Nurses Association Benefits Fund and also are eligible for Medicare.

Please read this notice carefully and keep it where you can find it. It has information about your current prescription drug coverage through the NYSNA Benefits

Fund and your options under Medicare's prescription drug coverage (Medicare Part D). This information can help you decide whether you want to join a Medicare drug plan. Sources to help

you make a decision about your prescription drug coverage are at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans also may offer more coverage for a higher monthly premium.

The NYSNA Benefits Fund has determined that the prescription drug coverage you have through the Benefits Fund is, on average for all plan participants, expected to pay as much as standard Medicare prescription drug coverage pays, and is considered creditable coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription coverage (creditable coverage), you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15 through December 7. This may mean that you'll have to wait to join a Medicare plan and pay a higher premium if you join later, and pay that higher premium as long as you have Medicare prescription drug coverage.

However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Part D plan. In addition, if you lose coverage through or decide to leave the

NYSNA Benefits Fund Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information effective Sept. 23, 2013. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Share information in disaster relief situations
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

• We will provide a copy or a summary of your health claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

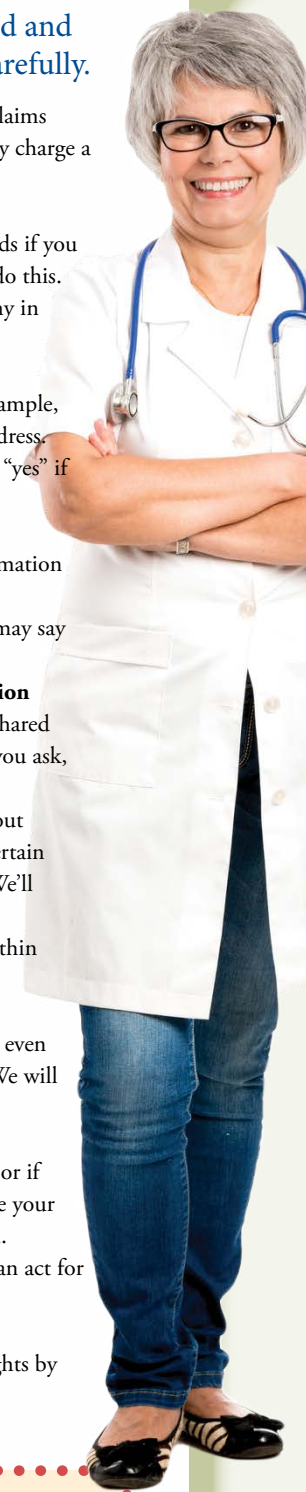
Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at (877) RN BENEFITS [762-3633].

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Davis Vision on your smartphone

It's no surprise that more of us than ever before are reading important informational content on our smartphones on a daily basis. To provide quick access to the benefit information you need, Davis Vision has launched a smartphone app that allows users to locate a participating provider, or check the status of a claim. The ability to manage your vision care benefits is now available in the palm of your hand. The app may be downloaded from your app store or, from your mobile device, by clicking on the link provided by Davis Vision at www.davisvision.com.

Benefits Fund coverage unchanged despite Oxford changes

Healthcare coverage for Benefits Fund participants through Oxford Health Plans will remain the same despite a recent decision by the healthcare provider to pull out of the individual market in New York and make changes to some of its group products in 2017. In addition, the provider networks available to Fund participants will not change, nor does Oxford expect that providers will leave these networks as a result of this news.

Benefits Fund participants will continue receiving coverage through Oxford Health Plans' network of providers in the New York City metro area (NYC, Long Island, Connecticut, New Jersey, and Dutchess, Orange, Westchester, Rockland, and Ulster Counties) and the UnitedHealthcare Choice Plus Network of providers for those living or seeking care nationwide outside of the Oxford service area.

NYSNA Benefits Fund, contact the Fund office at (877) RN BENEFITS [762-3633].

Note: You will receive this notice every year, and at other times in the future, such as before the next period when you can join a Medicare drug plan, and if the coverage through the Benefits Fund changes. You also may request additional copies of this notice by calling the Fund office.

For more information about your options under the Medicare prescription drug program:

- Read the Medicare & You handbook sent to you by Medicare every year,
- Visit www.medicare.gov, drug program
- Read the Medicare & You handbook sent to you by Medicare every year,
- Visit www.medicare.gov,
- Call your State Health Insurance Assistance Program (see the inside back cover of your Medicare & You handbook for the telephone number) for personalized help, or
- Call (800) MEDICARE [633-4227]. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit the Social Security Web site at www.socialsecurity.gov or call (800) 772-1213. [TTY users should call (800) 325-0778.]

Remember to keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice to show whether you have maintained creditable coverage, and may be required to pay a higher premium.

NYSNA Benefits Fund, you'll be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. You should compare your current coverage, and which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you decide to join a Medicare drug plan, your Benefits Fund coverage will not be affected. Your Medicare Part D coverage will supplement your Benefits Fund coverage.

If you decide to join a Medicare drug plan and drop your Benefits Fund coverage, you and your dependents will only be able to re-enroll in the Benefits Fund during open enrollment.

You also should know that if you drop or lose your Benefits Fund coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium to later join a Medicare drug plan.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may increase by at least 1 percent of the base beneficiary premium per month for every month you did not have coverage.

For example, if you go 19 months without coverage, your premium may be consistently at least 19 percent higher than the base beneficiary premium. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or the prescription drug coverage you have through the

A mobile app that “applies” to you

UnitedHealthcare’s mobile app, Health4MeSM Key offers Benefits Fund participants all the benefits information you need even when you’re on the go. Just enter the same username and password you use when you access oxfordhealth.com from your computer. You can find the app at both the iPhone app store and Google play.



When you use oxfordhealth.com on your smartphone, you have access to important benefit information whenever you need it. The app allows you to:

- Search for physicians or facilities by location or specialty
- Store favorite physicians and facilities
- View and share health plan ID card information
- Access to Quick Care, a search for convenience clinics
- Choose to view plan members independently or the plan as a whole
- Locate urgent care facilities and ERs. - **FYB**

New York State Nurses Association

N Y S N A
Benefits Fund

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The Fund office will be closed on Monday, September 5. You may still leave a message for us at (877) RN BENEFITS or email at benefit@rnbenefits.org

For Your Benefit is published six times each year as a service to participants in the New York State Nurses Association Benefits Fund. The information in this newsletter is not intended to be complete plan information, and is not a substitute for the *Summary Plan Description*. Please address questions regarding this newsletter to the Communications Department.

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www.rnbenefits.org

If you'll be changing your address, please notify us so you won't miss the next issue of For Your Benefit.

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NYSNA Benefits Fund Notice of Privacy Practices

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Administer your plan

We may use or disclose your health information for the administration of the Fund as necessary to provide coverage and service to all participants.

Example: We may use your health information for general administrative activities such as customer service and the resolution of internal grievances.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - We must follow the duties and privacy practices described in this notice and give you a copy of it.
 - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Other Instructions for Notice

- This notice is effective Sept. 23, 2013.
- The Benefits Fund has designated Linda M. Whelton, Benefits Department Manager, as its contact person for all issues regarding participant privacy and you privacy rights. You may contact Ms. Whelton by letter at PO Box 12430, Albany, NY 12212-2430, or by toll-free phone at (877) RN BENEFITS [762-3633]