



NYSNA Benefits Fund

Benefit Coverage Plan A

• (877) RN BENEFITS [762-3633] • www.rnbenefits.org

Who contributes for coverage?

- You and your employer may share the cost
- Premiums range from \$0, \$25/person (up to \$100/family max), \$50/person (up to \$200 family max), or \$100/person (up to \$400/family max) depending on your CBA

Who is covered?

- Your spouse
- Dependents (including children, stepchildren, foster children, legal wards, children awaiting adoption to age 26; disabled children of any age)

What is covered?

The Fund provides medical, dental, vision, and prescription drug coverage for all eligible participants, in addition to long- and short-term disability, life insurance and accidental death and dismemberment for you only.

Medical coverage through Oxford Health Insurance Inc.

Participant and each dependent receive separate ID cards

In-network coverage

- No deductible • Low or no copays • No claim forms • Providers get precertifications

In-network copays

- Primary care, chiropractic, and physical/occupational/speech therapy visits: **\$10**
- Specialist office visits (including acupuncture, allergy treatment, outpatient mental health, or substance abuse/addiction care): **\$25**
- Well-child, well-adult, well-woman visits, immunizations: **No cost**
- Radiology/imaging and laboratory testing: **No cost**
- Emergency room: **\$75/visit** (waived if admitted)
- Inpatient hospitalization: **No cost**

Out-of-network coverage

- Coinsurance • Participant need precertifications in advance • Claim forms needed
- Deductible: \$250 Single/\$500 Family
- Coinsurance: 70%/30%

**This is an overview of information found in your Benefits Fund Summary Plan Description. Please refer to your SPD for more detailed information regarding coverage both in-and-out of network and co-pays.*





Prescription drug coverage through OptumRx

Participant is mailed two OptumRx ID cards that cover all dependents and the participant

Retail pharmacy copays

- \$0 for Generic drugs
- \$10 for Preferred Drugs
- \$20 for Non-preferred drugs

Mail-order pharmacy copays (mandatory for all medications taken regularly; 90-day supply)

Medications may also be filled through Duane Reade and Walgreens pharmacies

- \$0 for Generic drugs
- \$20 for Preferred Drugs
- \$40 for Non-preferred drugs

Mandatory generic program

If brand is chosen over generic, participant pays brand copay and difference between brand and generic

Step therapy program

- Encourages participant use of generic drugs and the most cost-effective brand-name drugs within certain classes of prescription drugs
- Refer to Benefits Fund Summary Plan Description (online at www.rnbenefits.org) for applicable drug classes

Vision Care coverage through Davis Vision

Participant is mailed two Davis Vision ID cards that cover all dependents and the participant.

Participant and dependents may also use participant's Social Security number as ID.

- Routine eye exams (Children: every year; Adults: every two years) \$10 co-pay in-network
- Glasses/contacts every two years

Dental care coverage through Aetna

ID number for participant and dependents is participant's Social Security number. Participants who prefer not to use their SS# can go to www.aetna.com to register for an ID card you can download.

This card will have a personal membership number on it.

- \$1,200 maximum yearly benefit
- \$1,000 orthodontia maximum per course of treatment separated by two years
- Coverage includes diagnostic and preventive services; basic and major restorative services; endodontics; periodontics; and oral surgery

Disability, life insurance, and accidental death and dismemberment benefits coverage available for the participant only through The Hartford. Long-term disability available from The Benefits Fund for participant only

Call (877) RN BENEFITS [762-3633] to notify us about life changes

- Marriage
 - Birth/adoption
 - Leave of absence
 - Change of address, phone number, or e-mail address
- 