



NYSNA Benefits Fund

Benefit Coverage Plan B

• (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, cardiac rehab, outpatient mental health, or substance abuse/addiction care): **\$30**
- Well-child, well-adult, well-woman visits, immunizations: **No cost**
- Radiology/imaging: **\$25**
- Laboratory testing: **No cost**
- Emergency room: **\$100**/visit (waived if admitted)
- Inpatient hospitalization: **No cost**

Out-of-network coverage

- Coinsurance • Participant gets precertifications • Claim forms needed
 - Deductible: \$300 Single/\$600 Family
 - Coinsurance: 70%/30%
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Prescription drug coverage through OptumRx

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

Retail pharmacy copays

- \$7 for Generic drugs
- \$20 for Preferred Drugs
- \$35 for Non-preferred drugs

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

- \$15 for Generic drugs
- \$40 for Preferred Drugs
- \$70 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

No ID cards; ID number for participant and dependents is participant's Social Security number

- Routine eye exams (Children: every year; Adults: every two years)
- Glasses/contacts every two years

Dental care coverage through Aetna

No ID cards; ID number for participant and dependents is participant's Social Security number

- \$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
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