

# FOR YOUR Benefit

*The Benefits Fund proudly celebrates Pride Month this June while supporting our LGBTQ+ participants year round*

## Orthodontia care isn't just for kids

When you think of braces, you probably think of those awkward adolescent years. Braces have come a long way since then and offer some great cosmetic and health benefits with many orthodontists now specializing in adult care.

Adults can have the same kinds of orthodontic problems that children and teens have, such as crowding or too much space between teeth, as well as overbites and underbites. A common misconception is that you may be too old for orthodontic treatment, or your situation is too difficult to consider treatment, but that's not the case. Orthodontic treatment, offered by the Benefits Fund through Aetna, can help participants of any age.

Adult orthodontia care can provide:

- **Improved dental health:** Braces help straighten crooked teeth, filling gaps and correcting misaligned bites. This can improve overall dental health by making it easier to clean teeth and gums, which reduces the risk of gum disease and helps reduce tooth decay.
- **More discreet options:** With modern orthodontic technology there are more discreet options for braces, such as clear aligners, lingual braces (placed on the inner surface of the teeth), and ceramic braces (tooth-colored brackets). These options make braces less noticeable and more convenient for adults.

- **A boost in confidence:** Having a straight, beautiful smile can increase confidence and self-esteem. Braces can help adults feel more comfortable smiling and speaking in public.
- **Reduced jaw pain:** Misaligned bites can cause jaw pain, headaches, and even neck and shoulder pain. Braces can correct these issues and reduce discomfort.
- **Improved speech:** Crooked teeth and misaligned bites can affect speech, causing a lisp or other speech impediment. By straightening teeth and aligning the bite, braces can improve speech clarity.
- **Prevention of further damage:** If left untreated, misaligned teeth and bites can lead to more severe dental problems, such as gum disease and tooth loss. Braces can prevent further damage to teeth and reduce the risk of future dental problems.

Dental health is crucial for overall health and well-being. Maintaining good dental health includes regular dental check-ups, proper oral hygiene, and a balanced diet.

- **Dental check-ups:** Twice annual dental check-ups are essential for detecting any potential dental problems early and preventing them from getting worse. With the Benefits Fund and Aetna, your dental services provider, in-network and preventative dental care is covered at no cost for Plan A participants and at 80 percent of the

recognized charge for Plan B participants. Out-of-network preventative services are subject to an annual deductible of \$50.00 per person/\$150 per family then 80 percent of the recognized charge.

- **Oral hygiene:** Proper oral hygiene includes brushing teeth twice a day, flossing at least once a day, and using mouthwash if recommended by your dentist.
- **Balanced diet:** A balanced diet is essential for maintaining good dental health. Foods that are high in sugar, starch, or acid can increase the risk of tooth decay and gum disease.

The Benefits Fund and Aetna also offers participants up to \$1,000 per course of orthodontia treatment. What does this mean? From the time of evaluation or diagnosis to completion of treatment, you're eligible for \$1,000 towards treatment, dispersed quarterly. Your orthodontics' diagnosis and anticipated treatment length will help Aetna determine distribution of the \$1,000.

If you need additional orthodontia work after two years of completing your first round of orthodontia, even if it's the same diagnosis, you are eligible for another \$1,000 for the next course of treatment.

For more information about orthodontia or your dental care coverage with Aetna contact the Benefits Fund at (877) RN BENEFITS [762-3633]. - **FYB**

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# July Is Juvenile Arthritis Awareness Month

**J**uly is Juvenile Arthritis (JA) Awareness month - An estimated 300,000 children in the U.S. are affected by some form of JA. This disease takes a life altering physical and emotional toll on kids, often resulting in debilitating pain and feelings of loneliness or depression.

Juvenile Arthritis is a type of arthritis that affects children and teenagers under the age of 16. It is an umbrella term that covers several different types of arthritis that can occur in children, including juvenile idiopathic arthritis (JIA), psoriatic arthritis, lupus, and others. The symptoms of JA can range from mild to severe and may include joint pain, swelling, stiffness, reduced range of motion, and fever.

The exact cause of JA is unknown, but it is believed to be a combination of genetic and environmental factors. There is no cure for JA but early diagnosis and treatment can help manage symptoms and prevent joint damage. Treatment options often include medications, physical or occupational therapy, and, in some cases, surgery.

It is important for parents and caregivers to be aware of the signs and symptoms of JA and to seek medical attention if they suspect their child may be experiencing joint pain or inflammation. Left untreated, JA can lead to long-term joint damage and disability.

If you suspect your child has JA your first step is to visit your child's pediatrician. A preventative care visit is at no cost while a primary care visit is \$10 for participants of both Plan A and Plan B. Next, you will likely be sent to a specialist. To find a nearby specialist go to **empire-blue.com** or use the mobile Sydney Health app. If you do choose to see a specialist copayments are \$25 for participants with Benefit Coverage Plan A and \$30 for participants with Benefit Coverage Plan B for services provided by an in-network provider. Out-of network, visits are covered at 70 percent of Empire's allowed amount after the annual deductible has been met.

For more information about how to find a specialist contact the Benefits Fund at (877) RN BENEFITS [762-3633]. - **FYB**

## 2023 Notice of Creditable Coverage *Medicare Part D*

**T**his 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 Plan 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, 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.

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 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.***

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 **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. - **FYB**





# It's important to have potentially life saving colorectal cancer screenings

Taking time for regular colorectal cancer screenings is one of the most valuable ways you can protect your health and gain peace of mind. That's because colorectal cancer is the third most common type of cancer among adults, but it often doesn't show any symptoms, especially at first.

The good news is that the survival rate for colorectal cancer is about 90 percent when it's caught early, before it's had the chance to spread. Regular screenings are the number one way to detect it, but many adults who need screenings don't get them. Making these important tests a priority is about staying healthy and strong for the ones you love.

## What is colorectal cancer?

Colorectal cancer starts when growths called polyps in the colon or rectum turn into cancer. Colorectal cancer is also sometimes called colon cancer or rectal cancer, depending on where the polyps start. Polyps don't always turn into cancer, and if they do, it often takes many years. That's why regular screenings are so effective — they can detect polyps when they're still harmless and easy for a doctor to remove.

## Who is at risk for colorectal cancer?

Anyone can get colorectal cancer, regardless of race, gender, or ethnicity. Some factors that increase the risk of colorectal cancer are out of your control, like age, a family history of colorectal cancer, or having certain inflammatory bowel diseases like Crohn's disease or ulcerative colitis.

However, you can take several actions to reduce your risk of colorectal cancer and protect your whole health at the same time:

- Exercise regularly
- Maintain a healthy weight
- Eat a high-fiber, low-fat diet rich in fruits, vegetables, and whole grains
- Quit or avoid smoking
- Drink alcohol in moderation or not at all

## When should I start getting colorectal cancer screenings?

The American Cancer Society recommends that most adults have regular colorectal cancer screenings from age 45 to age 75. You should talk to your doctor about when and how often you should be tested, since they may recommend starting before 45 and testing more frequently if you have certain risk factors. How often you need colorectal cancer screenings will also depend on which type of test you receive.

## Options for colorectal cancer screenings

There are many ways to test for colorectal

cancer, but they mainly fall under these two categories:

- **Colonoscopy:** A colonoscopy is the most common way to screen for colorectal cancer. The entire screening takes less than an hour, and you'll get a sedative to help you go to sleep. Your colonoscopy is covered at no cost in-network. An out-of network colonoscopy is covered at 70 percent of Empire's allowed amount after the annual deductible has been met.
- **Home testing kits:** Talk to your doctor about whether or not a home testing kit might be a better option for you. A home testing kit such as Cologuard is an easier and less invasive alternative to a colonoscopy. The kit comes with everything you need to collect a sample and they're quick and simple to use. You'll mail the sample to a lab, where they can look for signs of cancer. If the lab finds anything abnormal, your doctor will likely have you follow up with a colonoscopy. *Cologuard kits are covered by Empire but only if medically necessary. While the Cologuard test is covered the lab (Exact Science) is not in-network and out-of-network benefits of 70 percent of the allowed amount would apply.* For more information on getting a covered Cologuard testing kit you can go to your mobile Sydney Health app or **empireblue.com** for a real time chat regarding your eligibility. In the chat ask for a "real time" chat for specific information on your coverage.

## Put your health first

If you're due for a colorectal cancer screening, now's the time to protect your health. To find a nearby specialist go to **empireblue.com** or use the mobile Sydney Health app. In-network specialist copayments are \$25 for participants with Benefit Coverage Plan A and \$30 for participants with Benefit Coverage Plan B. An out-of network specialist visit is covered at 70 percent of Empire's allowed amount after the annual deductible has been met. - FYB



**The Fund office will be closed Monday, June 19, 2023, in observance of Juneteenth and on Tuesday July 4, 2023 for the Fourth of July holiday. You may still leave a message for us at (877) RN BENEFITS [762-3633]. You may also contact Express Scripts at (855) 521-0777 and MetLife at (800) 504-7877 or e-mail us at ([benefit@rnbenefits.org](mailto:benefit@rnbenefits.org).)**

## June is Men's Health Month

While it's important that we take care of ourselves year-round some months are designated to focus on specific health issues to raise awareness and hopefully get you to be more proactive. This June, for Men's Health Month, the Fund is focusing on important health issues, and sharing discounts through LifeMart to encourage you to spoil yourself, or the men in your life.

### Take care of your skin

Melanoma is one of the deadliest cancers. According to the American Academy of Dermatology (AAD), men over the age of 50 are at a heightened risk of developing melanoma. Your risk is also higher if you're caucasian.

To lower your risk of developing melanoma, take steps to protect yourself from harmful ultraviolet (UV) radiation from the sun. When you're outside:

- spend time in the shade
- cover your body with protective clothing
- cover exposed skin in sunscreen with a sun protection factor (SPF) of 30 or higher and reapply every two hours or more.

You should conduct a monthly skin check to look for new or unusual moles, changes to existing moles, or other changes to the color or texture of your skin. If you see a dermatologist, in-network copayments are \$25 for participants with Benefit Coverage Plan A and \$30 for participants with Benefit Coverage Plan B.

### Take care of your prostate

After skin cancer, prostate cancer is the most common cancer diagnosis among American men, according to the American Cancer Society. If you have trouble urinating, develop pain when you urinate, or notice blood in your urine, it may be a sign of prostate problems. Make an appointment with your doctor. They may encourage you to get blood tests or undergo a prostate exam to check for prostate cancer or other conditions.

### Discounts for spring

MANSCAPED® is a men's grooming and lifestyle brand offering discounts through LifeMart. Save 20 percent on daily essentials like their Luxury Beard Grooming Kit and The Platinum Package 4.0, their 10-piece grooming kit. Use offer code: LMART for 20 percent off plus a free gift, and 20 percent off plus a free beard accessory pack at **lifemart.com**. - FYB



## Let us know where you are

When important changes occur at the NYSNA Benefits Fund office, we strive to communicate this information to our participants as quickly as possible through phone messages, letters, postcards, e-mails, our Website **rnbenefits.org**, and articles contained in this newsletter. But our communication efforts can't be successful if our records of your contact information aren't accurate.

Just as we often provide our contact information to you, please keep the Benefits Fund updated any time you move, receive a new phone number, or change your e-mail address. To ensure we have your latest contact information, please call us at (877) RN BENEFITS [762-3633] Monday through Friday from 7:30am until 5:30pm or send an e-mail to [benefit@rnbenefits.org](mailto:benefit@rnbenefits.org) - **FYB**

Have you moved?

New York State Nurses Association

**N Y S N A**  
**Benefits Fund**

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



## Benefits that support the LGBTQ+ community



June is Pride Month, which exists to honor the Stonewall Uprising, a key event in LGBTQ+ history that sparked the movement for LGBTQ+ rights. It is also a time to celebrate LGBTQ+ culture, voice, and identity, and to show solidarity and visibility for the LGBTQ+ community. The Benefits Fund celebrates Pride Month and supports its LGBTQ+ participants and their dependents.

If you or a dependent are a member of the LGBTQ+ community you know that having access to safe, high-quality care makes a difference in your physical and emotional well-being. Through the Benefits Fund, not only are you respected and valued as a member of the LGBTQ+ community, but you have the health benefits and caring support you need to take care of yourself and your family.

### Broader LGBTQ+ benefits from the Fund\*

Your Fund benefits are not excluded based on gender identity. Participant benefits are available for you and all of your dependents. These include medically necessary treatment,

including hormone therapy and behavioral and mental health counseling. Your medical benefits follow the World Professional Association for Transgender Health Standards of Care when seeking approving gender-affirmation health care services.

The Benefits Fund covers surgical treatment of gender dysphoria, which is outlined in Chapter nine of your *Summary Plan Description*. The Fund also provides non-surgical treatment for gender dysphoria, including:

- Psychotherapy for gender dysphoria and associated psychiatric diagnoses,
- Laboratory testing to monitor the safety of continuous hormone therapy,
- Continuous hormone replacement therapy, which include hormones of the desired gender injected by a medical provider, and
- Oral and self-injected hormones under the Fund's prescription drug benefit provided through Express Scripts.

### Tools and resources at no cost to you

Empire BlueShield BlueCross offers online and mobile tools, such as the Sydney Health mobile app, offering personalized health and wellness tools and benefits information in one location. You can use the app to:

- Find care and compare costs
- Check claims and benefits details
- View and use digital ID cards
- Ask questions about your benefits using the interactive chat feature

Also, at **empireblue.com** you have access to forums led by doctors on topics such as:

- Gender Dysphoria and Transgender Issues,
- Cultivating Transgender Inclusion in your community, and
- Health Care Reform — Transgender Benefits.

If you need gender-affirming care but are unsure where to begin, call a Benefits Fund participant service representative at (800) RN BENEFITS [762-3633]. They will provide you and your family the information you need to understand your benefits and what's covered.

- **FYB**

*\*Participants covered under facilities adhering to principles of the Ethical and Religious Directives for Catholic Health Services as approved by the United States Conference of Catholic Bishops don't have coverage for the treatment of gender dysphoria.*