Vol. 39 • No. 5 • October 2025

Published by the New York State Nurses Association Benefits Fund

FYB FOR YOUR BENEFIT NEWSLETTER

Back to basics: Your health benefits 101

As the world of healthcare undergoes many changes, we at the NYSNA Benefits Fund strive to continue providing an excellent plan of benefits and comprehensive customer service to our participants.

The Fund's website, **rnbenefits.org**, provides vital information you'll want to know regarding your medical, vision, prescription drug, and dental benefits, including who is eligible for coverage, what services are covered, how much you'll pay for in- or out-of-network benefits, disability and life insurance benefits, and much more. Our website also keeps you up-to-date on the latest Benefits Fund news.

The Fund's website also features a new participant presentation, "A Beginners Guide to Your Benefits," accessed in the New Participants tab. Short-term disability, long-term disability, paid family leave, life insurance, and accidental death and dismemberment coverage are all outlined in this presentation. In addition, the New Participant page of our site contains an "Information Directory," which outlines how to find in-network providers for all of our healthcare partners.

You may use the Fund's website to download out-of-network medical and vision care claim forms, dental, prescription drug and disability forms, and enrollment forms. In addition, you will find current and past issues of this newsletter, For Your Benefit (FYB), a list of participating facilities, the Fund's Summary Plan Description, and other important benefits information.

In the event you have just one question or multiple questions regarding any of your Benefits Fund benefits, we're the call you need to make. Our Fund participant service representatives have been trained to answer all of your questions and provide you with support, guidance, and help for all of your coverage needs.

The Benefits Fund can answer your questions and help resolve any issues with your:

- Medical coverage (Anthem BlueCross BlueShield),
- Vision coverage (Davis Vision),
- Dental coverage (Aetna),
- Prescription drug coverage (Express Scripts),
- Life insurance/disability/current paid family leave benefits* (MetLife).

Our participant service representatives are available by phone Monday through Friday 7:30 a.m. until 5:30 p.m. to assist with your questions about claims, benefits, and eligibility at (518) 869-9501.

New Paid Family Leave Claims can only be made by calling MetLife directly at (800) 504-7877, Monday through Friday. When you call, you must first choose option 2 to file a new claim. You must call MetLife to file a PFL claim, not the Fund.

Face-to-face communication is another important way in which we strive to help you understand and get the most from your benefits. Our communications representative, Sharron Carlson, regularly visits every facility that participates in the NYSNA Benefits Fund. She's there to answer any questions you may have, as well as provide Fund orientations for new participants. Text messages and emails are made before her visit to your hospital, so please keep us updated with any changes to your contact information. Sharron's visits are also posted to the Fund's website and on our Facebook page, which you may access by scanning this QR code. **- FYB**

Know your rights: The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. In addition to providing coverage for mastectomies, the NYSNA Benefits Fund covers reconstructive surgery, prostheses, and bras (as medically necessary) for women after their mastectomies.

Coverage includes reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications of all stages of a mastectomy, including lymphedema.

This coverage must be provided in consultation with the attending physician and is subject to annual deductibles and coinsurance or copay consistent with those established for other benefits under the plan.

For more information on the Women's Cancer Rights Act, visit **cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet**. **- FYB**

Inside:

Reminder: Open enrollment begins November 1

Open enrollment for the NYSNA Benefits Fund begins Nov. 1, 2025 and runs through Dec. 31, 2025 with a coverage effective date of Jan. 1, 2026. Individuals eligible for enrollment in the Benefits Fund during this two-month period include:

- Full- or part-time employees who previously opted out of Benefits Fund health coverage for any reason;
- Spouses and eligible dependents who weren't added to the coverage when they first became eligible.

The easiest way to enroll in the NYSNA Benefits Fund during this fall's open enrollment is by accessing the "Open Enrollment" page on our website, rnbenefits.org, and using the secure upload site available. No need to print anything! However, if you prefer, you may also download an enrollment form, print and sign it, and then submit it via fax or email to the Fund. If you have any questions about this process, contact a participant service representative at (518) 869-9501.

Please note: Documentation verifying your spouse or dependent eligibility must be submitted with your open enrollment form.

Opting out of Benefits Fund coverage is allowed during this time.

If you choose not to enroll yourself, your spouse, or an eligible dependent in the Benefits Fund during the annual open enrollment period because you or they are covered under another group health plan, you won't be able to re-enroll in the Benefits Fund again until the 2026 open enrollment period, which begins in November 2026.

No enrollment action is required if you, your spouse, or eligible dependents are already enrolled in the Benefits Fund. However, if you opt out of coverage and subsequently lose coverage from another health plan due to a qualifying event, you may be eligible to enroll in the Benefits Fund if you contact us within 60 days of your loss of coverage.

Please call the NYSNA Benefits Fund office at (518) 869-9501 or review the Benefits Fund *Summary Plan Description* for more information on this enrollment opportunity. **- FYB**

New baby? Now what? The Fund provides postpartum support

The Benefits Fund covers services for postpartum maternity care provided by a physician or midwife, nurse practitioner, hospital, or birthing center.

Inpatient maternity care coverage

The Fund covers inpatient maternity care in a hospital for the mother, and inpatient newborn care in a hospital for the infant. Inpatient coverage covers at least 48 hours following a normal delivery and at least 96 hours following a cesarean section delivery, regardless of whether such care is medically necessary.

Home care assistance postpartum

The Fund also covers any additional days of care deemed to be medically necessary by Anthem BlueCross BlueShield, including a home care visit. The home care visit must be provided within 24 hours after the mother's request or her discharge from the hospital, whichever is later. The home care provided may include parent education, assistance and training in breast or bottle-feeding, and the performance of any necessary maternal and newborn clinical assessments. The Benefits Fund also covers breast feeding support, counseling, and full coverage for the purchase of one personal use electronic breast pump (per pregnancy) from an in-network provider.

Know the signs of postpartum complications

The care you receive after giving birth is just as important as your prenatal care, after all, many pregnancy-related complications arise after delivery. Women are stretched thin after delivery, both physically and emotionally. It can be a challenge to think about self-care, let alone make time for it.

While the postpartum period is defined as anywhere within the first six to 12 weeks after birth, the whole first year is a high-risk time for new mothers. This is especially true if you had complications during pregnancy or delivery. New parents need a baseline of support - sleep, healthy food, time for self care - and there may also be reasons for requiring extra care and attention.

Preeclampsia, gestational diabetes, heavy bleeding, and cesarean birth are just some of the factors that may put you at higher risk for postpartum complications. You and your ob-gyn should talk about whether you are at higher risk for complications and what type of extra care you may need.

Building Healthy Families

Whether it's your first child or your fifth, the Fund can offer the resources you need. Anthem's all-in-one program, Building Healthy Families, can help you during your post-partum period.

Building Healthy Families offers personalized, digital support through the Sydney Health mobile app or on **anthem.com.** This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique postpartum journey.

When you enroll in Building Healthy Families, you can count on personalized support at every stage. You'll have unlimited access to:

- digital tools to log feedings, diaper changes, growth, vaccinations, and developmental milestones.
- health and wellness expertise for your family.
- a health coach via chat or phone postpartum to answer your questions and concerns.
- a library with thousands of educational articles and videos.
- a postpartum nurse and lactation support.

Building Healthy Families offers the support you need to nurture yourself and your newborn and tackle every stage of your family's growth with confidence.
How to enroll: Open the Sydney Health mobile app or go to **anthem.com** and click on the My Health Dashboard tab. Choose the Building Healthy Families tile under Featured Programs. For more information call the Benefits Fund at (518) 869-9501.
- FYB

The National Maternal Mental Health Hotline may help new mothers

If you are pregnant or a new mother and you're in crisis, the National Maternal Mental Health Hotline is available for support. Those in need may call or text the hotline for free, confidential support 24/7 in English and Spanish. The hotline is staffed by nurses, doulas, and lactation consultants available to take your call or text in real time.

Hormonal changes, a history of mental health struggles, and the psychological shift of becoming a parent can contribute to perinatal mood disorders, which are those that occur during pregnancy and may last up to a year after giving birth.

Anyone in need of support may call or text the hotline at **(833) TLC-MAMA [852-6262)]. - FYB**

October is Breast Cancer Awareness Month: Screening guidelines

October is Breast Cancer Awareness Month, a time for women to prioritize their breast health through preventative screenings. Finding breast cancer early and getting state-of-the-art cancer treatment are two of the most important ways to prevent deaths from breast cancer.

If breast cancer is found early, when it's small and has not spread, it's easier to treat successfully. Getting regular screening tests is the most reliable way to find breast cancer early.

The American Cancer Society (ACS) has screening guidelines for women at average risk for breast cancer and for those at high risk for breast cancer.

Average risk guidelines

The following guidelines are for women at average risk for breast cancer. For screening purposes, a woman is considered to be at average risk if she doesn't have a personal history of breast cancer, a strong family history of breast cancer, or a genetic mutation known to increase risk of breast cancer (such as in a BRCA gene), and has not had chest radiation therapy before the age of 30.

- Women between 40 and 44 have the option to start screening with a mammogram every year.
- Women 45 to 54 should get mammograms every year.
- Women 55 and older may switch to a mammogram every other year or they may choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
- All women should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do.
- Clinical breast exams are not recommended for breast cancer screening among average-risk women at any age.

High risk guidelines

The ACS recommends women who are at high risk for breast cancer based on certain factors should get a breast MRI and a mammogram every year, typically starting at age 30. This includes women who:

- have a lifetime risk of breast cancer of about 20 to 25 percent or greater, according to risk assessment tools that are based mainly on family history (see below)
- have a known BRCA1 or BRCA2 gene mutation (based on having had genetic testing)
- have a first-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation and have not had genetic testing themselves
- had radiation therapy to the chest before they were 30 years old
- have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes

There's not enough evidence to make a recommendation for or against yearly MRI screening for women who have a higher lifetime risk based on certain factors, such as:

- Having a personal history of breast cancer,
- Ductal carcinoma,
- Lobular carcinoma,
- Atypical ductal hyperplasia,
- Atypical lobular hyperplasia,
- Having "extremely" or "heterogeneously" dense breasts as seen on a mammogram.

When an MRI is used, it should be in addition to, not instead of, a screening mammogram. Although an MRI is more likely to find cancer than a mammogram, it may still miss some cancers that a mammogram would find. The ACS recommends against MRI screening for women whose lifetime risk of breast cancer is less than 15 percent.

The U.S. Centers for Disease Control and Prevention and the ACS recommend that most women at high risk should begin screening with MRI and mammograms at age 30 and continue for as long as they're in good health. ***This is a decision that should be made with a woman's healthcare providers, taking into account her personal circumstances and preferences. Preauthorization is required for coverage through the Fund.***

The National Cancer Institute offers a breast cancer risk assessment tool online at **bcrisktool.cancer.gov**. The Breast Cancer Risk Assessment Tool (BCRAT) allows patients and health professionals to estimate a woman's risk of developing invasive breast cancer over the next five years and up to age 90.

The BCRAT tool uses a woman's personal medical and reproductive history and the history of breast cancer among her first-degree relatives (mother, sisters, daughters) to estimate absolute breast cancer risk. The calculator takes about five minutes to complete.

Your coverage with the Benefits Fund

The Benefits Fund covers mammograms as recommended by your provider as follows:

- One baseline screening mammogram for women age 35 through 39; and
- One baseline screening mammogram annually for women age 40 and over.

No more than one preventive screening per calendar year is covered by the Fund. *For more information, see page 40 of your* ***Summary Plan Description.*** Diagnostic mammograms that are performed in connection with the treatment or follow-up of breast cancer, are unlimited and are covered whenever they are medically necessary. However, diagnostic mammograms may be subject to copays, deductibles, or coinsurance. **- FYB**

Men are covered for annual mammograms

Men, and people assigned male at birth (AMAB), are also covered for annual mammograms as described in the article to the left, when medically necessary and referred by a physician. For more information on breast cancer in men and people AMAB you may visit **cdc.gov/breastcancer/about/men.html.**

Prepare for flu season with the Benefits Fund

The U.S. Centers for Disease Control and Prevention recommends that Americans receive their flu vaccinations by the end of October, especially this year. With COVID-19's ever-changing variants and unpredictable surges, and recent ever-growing cases of the measles, it is important we continue to protect ourselves from the flu. Protecting yourself from the flu can keep you safe from one virus while preparing your immune system in the event you are also exposed to another.

NYSNA Benefits Fund participants pay nothing for immunizations, including an annual influenza vaccination, when administered by an in-network provider. If the shot is administered as part of an office visit with your primary care provider, you'll be required to pay your usual $10 office visit copayment (routine physical exams are covered in full). Flu shots provided by an out-of-network provider are covered at 70 percent of the Anthem allowed amount. Participants are responsible for the remaining 30 percent, anything over the Anthem allowed amount, and your deductible, if applicable.

In addition, flu, shingles, COVID-19, and pneumonia vaccines are covered in full with Express Scripts, when administered at your participating pharmacy. Be sure to present your Express Scripts identification card at the time of vaccination.

In the event you need more information regarding immunizations, contact a Benefits Fund participant service representative at (518) 869-9501]. **- FYB**

This autumn brings attention to important health observances

October Health observances

Health Literacy Month

National Breast Cancer Awareness Month

National Down Syndrome Awareness Month

National Dental Hygiene Month

National Youth Sports Week

- October 6-11

National Latinx AIDS Awareness Day

- October 15

November Health Observances

American Diabetes Month

COPD Awareness Month

Bladder Health Month

National Epilepsy Awareness Month

National Stomach Cancer Awareness Month

These observances are just a few of those recognized. For a more detailed list, and how you can get involved with those you're passionate about, you may visit **medicalnewstoday.com** or **health.gov.**

New York State Nurses Association

N Y S N A Benefits Fund

PO Box 12430
Albany, NY 12212-2430

CHANGE SERVICE REQUESTED

Non-Profit Org.
US Postage
PAID
Permit No. 203
Albany, NY

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.

Ronald F. Lamy, CPA, CEBS, *Chief Executive Officer*
Christopher J. Rosetti, CPA, CFE, CFF, *Chief Operating Officer*
Linda M. Whelton, *Benefits Department Manager*
Tricia E. Cupp, *Senior Communications Specialist*
Meighan C. Rask, *Communications Specialist, FYB Editor*
Sharron Carlson, CEBS, *Communications Representative*

NYSNA Benefits Fund
PO Box 12430
Albany, NY 12212-2430
(518) 869-9501
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 and other important communications.

The Fund office will be closed for Columbus Day on October 13 and for the Thanksgiving holiday on November 27 & 28.
You may still leave a message for us at (518) 869-9501 or email us at benefitsdepartment@rnbenefits.org.
You may also contact Express Scripts at (855) 521-0777 and MetLife at (800) 504-7877.

In the event of a medical emergency, do you know what's covered?

In event of a medical emergency, do you know what the Benefits Fund covers? Being aware of your healthcare coverage for things like annual well patient visits and routine maternity care makes sense – you know in advance what's scheduled and what to prepare for. But what about unforeseen medical emergencies? It's certainly not something you want to have happen, or have to prepare for, but it's still good to know what's covered in advance.

Emergency care

Benefits Fund participants are covered in full for emergent ambulance services. An urgent care visit requires a $25 copay/visit (Plan A) and a $30 copay/visit (Plan B). If you visit a hospital emergency room you will be charged a $75 copay per visit (Plan A) and a $100 copay per visit (Plan B). In the event you're admitted, emergency copays are waived.

Inpatient coverage:
May require preauthorization

In the event of inpatient care, your room and board is covered in full in-network for both Plan A and Plan B. Out-of-network for Plan A requires a $500 copay/admission up to $1,000 maximum per individual or up to $2,000 maximum per family (deductible does not apply) and is then paid at 70 percent. Out-of-network for Plan B requires a $500 copay/admission up to $1,500 maximum per individual (deductible does not apply) and is then paid at 70 percent.

Outpatient care: *
May require preauthorization

In many cases, follow-up outpatient care may be necessary following a medical emergency. Some of these services may include:

- Skilled home health care,*
- Home hospice care,**
- Physician surgical services,
- Anesthesia,
- Second surgical opinion.

Outpatient care coverage varies. You may refer to your SPD, pages 16-17, for detailed information or Chapter 9: Medical Benefits starting on page 32.

*Skilled home health care is covered at no cost in-network for both Plan A and Plan B and is paid at 70 percent out-of-network with a 140 visit maximum (deductible does not apply).

Inpatient hospice care and home hospice care are covered at no cost in-network for up to 210 days maximum combined. **- FYB