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NYSNA Benefits Fund

Benefit Coverage Plan A

• (518) 869-9501 • 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, NYS Paid Family Leave, life insurance and accidental death and dismemberment for you only.

Medical coverage: Anthem BlueCross BlueShield

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, and allergy treatment): \$25
- Outpatient behavioral/mental health, substance abuse/addiction care visit: \$10
- 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 needs precertifications in advance • Claim forms needed
- Deductible: \$250 Single/\$500 Family
Coinsurance: 70%/30%

The information contained herein should not be viewed as a substitute for the most recent Summary Plan Description and any relevant Summary of Material Modifications. In case of discrepancies or contradictions, the language and terms of the SPD and SMMs shall prevail.

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Prescription drug coverage through Express Scripts

Participant is mailed two Express Scripts 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 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.

- 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

Participants may go to aetna.com to register for a downloadable ID card containing a personal membership 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, NYS Paid Family Leave, and accidental death and dismemberment benefits coverage available for the *participant only* through MetLife. Long-term disability available from the Benefits Fund for participant only.

Call (518) 869-9501 to notify us about life changes

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