New York State Nurses Association
NYSNA Benefits Fund
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Schedule of Benefits 2027
(Benefit Coverage Plans A and B)

	Benefit	Benefit Coverage Plan A		Benefit Coverage Plan B	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs	Yearly deductible	None	None	None	None
	Maximum network out-of-pocket cost (doesn't include clinical pharmacy program penalties)	$11,000 Individual; $22,000 Family	None	$11,000 Individual $22,000 Family	None
	Prescription drugs at retail pharmacy (up to a 34-day supply)	Tier 1: $0 Generic Tier 2: $10 Preferred Tier 3: $20 Non-preferred	Reimbursed at contracted amount minus applicable in-network copayment	Tier 1: $7 Generic Tier 2: $20 Preferred Tier 3: $35 Non-preferred	Reimbursed at contracted amount minus applicable in-network copayment
	Mail-order prescription drug program (mandatory for all maintenance prescription medications for up to a 90-day supply)	Tier 1: $0 Generic Tier 2: $20 Preferred Tier 3: $40 Non-preferred	Not applicable	Tier 1: $15 Generic Tier 2: $40 Preferred Tier 3: $70 Non-preferred	Not applicable
	Routine vaccinations (influenza, pneumococcal disease, zoster/ shingles, and COVID-19) administered at the pharmacy	No cost	Not covered	No cost	Not covered
Dental Care	Yearly deductible	None	$50/individual; $150/family	None	$50/individual; $150/family
	Maximum yearly benefit	$2,000	$2,000	$2,000	$2,000
	Orthodontia maximum	$1,000 per course of treatment separated by two years	$1,000 per course of treatment separated by two years	$1,000 per course of treatment separated by two years	$1,000 per course of treatment separated by two years
	Diagnostic and preventive services	No cost	Paid at 80% of usual and prevailing fee	No cost	Paid at 80% of usual and prevailing fee
	Basic restorative services, endodontics, periodontics, maintenance of prosthodontics, and oral surgery	Paid at 80% of fee schedule	Paid at 80% of usual and prevailing fee	Paid at 80% of fee schedule	Paid at 80% of usual and prevailing fee
	Major restorative services, installation of prosthodontics, and orthodontics	Paid at 50% of fee schedule	Paid at 50% of usual and prevailing fee	Paid at 50% of fee schedule	Paid at 50% of usual and prevailing fee