Information Directory

Aetna, Inc.
(Aetna Choice POS II)

Locate an Aetna provider:
- By phone
(518) 869-9501 (Fund office)
- Online
www.aetna.com

Precertification:
- By phone: (888) 632-3862
(Option 3)

Claim form submission:
Out-of-network claim forms can be found on our website at rnbenefits.org or can be emailed to you by calling us at (518) 869-9501.

Online
Once registered on Aetna.com participants may submit out-of-network claim forms through the member portal.

By mail
Aetna
PO Box 981106
El Paso, TX 79998-1106

Only our medical benefits provider is changing. All other Benefits Fund coverage providers, including prescription drug (Express Scripts), dental (Aetna), and vision (Davis Vision), remain the same.

New York State Nurses Association

Benefits Fund

Plan changes for 2027

Benefit improvements coming in 2027

The NYSNA Benefits Fund is pleased to announce that its Board of Trustees recently agreed to significant improvements within the Fund's infertility and dental benefits effective January 1, 2027.

Infertility benefit improvements

Beginning January 1, 2027, there will no longer be a $5,000 lifetime maximum benefit for IVF or covered fertility drugs. Instead, the Fund will cover up to three cycles of in vitro fertilization (IVF) and covered fertility drugs per lifetime.

Dental benefit improvement

Beginning January 1, 2027, the maximum amount payable for each individual for all covered dental expenses incurred during a calendar year is increasing to $2,000. The maximum amount was previously $1,200.

The orthodontic maximum remains at $1,000 per course of treatment for each eligible individual.

Medical benefits provider changes to Aetna

Following an in-depth review process focused on finding a provider committed to offering a high level of service to our participants and an extensive network of hospitals and providers, the Benefits Fund Trustees have selected Aetna, Inc. as the NYSNA Benefits Fund's new medical benefits provider, replacing Anthem BlueCross BlueShield beginning January 1, 2027.



Participants don't have to fill out any enrollment paperwork. You and all of your covered dependents will be automatically enrolled in Aetna.

Frequently Asked Questions

Can I remain covered by Anthem BlueCross BlueShield?

No. Effective January 1, 2027, all Benefits Fund participants and eligible spouses and/or dependents will be covered by Aetna for medical benefits.

If I already had a service authorized by Anthem do I have to go through the entire process again with Aetna?

No. Previously approved open authorizations with an end date after December 31, 2026 will transferred from Anthem to Aetna. If a requested service hasn't received authorization under Anthem, after January 1 and once your Aetna identification number is issued, your provider may contact Aetna for precertification by calling (888) 632-3862 .

Will I receive new ID cards?

Yes. Benefits Fund participants and their spouses will be mailed a medical identification card from Aetna in mid-December. Identification cards will contain the names of your covered dependents (up to five names per card). Your Aetna ID number will be the same for both medical and dental purposes. However, the ID card you receive should only be used when getting medical services. ***Remember to give your medical providers your new Aetna identification card when you receive medical services after January 1, 2027.***

Do I need to submit my own claims?

No. Your in-network Aetna provider will submit medical claims electronically and most out-of-network providers will do so as well. If your out-of-network provider doesn't submit a claim for you, out-of-network claim forms can be found at **rnbenefits.org** or sent to you by calling the Fund at (518) 869-9501. Out-of-network claims must be received by Aetna within 12 months from the date of service.

Participants may request that out-of-network claims reimbursement be paid directly to the out-of-network provider. The benefits of having reimbursement sent directly to your out-of-network provider include:

- If you didn't pay the out-of-network provider up front, you don't have to wait to get payment directly by check or direct deposit if you chose that option.
- You aren't required to cash the check and then forward the reimbursement to the out-of-network provider
- You don't need to sign over the check to the out-of-network provider

Does Aetna need to be contacted if I'm admitted to a hospital?

Yes. In the event you're admitted to an in-network hospital, the hospital is required to obtain precertification for inpatient admissions. Aetna should be notified within two business days of your admission. If the hospital is out-of-network, it's your responsibility as the patient to contact Aetna regarding your admission. However, most facilities will call on your behalf for authorization. If you're ever unsure, please contact the Fund office at (518) 869-9501.

Temporary Transition of Care coverage available with Aetna

Are you a Benefits Fund participant who is currently receiving care for a serious or complex condition, chronic or terminal illness, or pregnancy? If your current provider does not participate in the Aetna provider network (see steps for verifying provider network participation on Page 3), please know you have the right to ask for a temporary continuation of treatment with your provider for a limited time. In most cases, transition of coverage lasts up to 90 days but it may vary based on your condition.

To be considered for transition of care coverage, your treatment must have started before the Fund's enrollment date with Aetna of January 1, 2027 and you must submit your request to Aetna within 90 days of enrollment. In addition to doctors, transition of care coverage also includes treatments provided by health-care professionals such as physical therapists, speech therapists, and agencies that provides skilled home health care services.

To request continuation of care coverage, participants must contact the Benefits Fund at (518) 869-9501 for a Transition of Coverage Request form or find it online at **rnbenefits.org**. If you have more than one provider for whom you're requesting continuation of coverage, a separate form is required for each provider.

If your request is accepted, Aetna will notify you by mailed letter. Aetna will then consider your coverage for treatment of the condition as if it was in-network.

LIVE Q& A

with the Benefits Fund and Aetna

The Benefits Fund and Aetna will be holding virtual presentations to discuss the upcoming transition to Aetna on January 1. Plan to join us at a date and time listed below. You may join in at any time during the meeting.

Wednesday, December 2
8 pm until 9 pm EST

Join Meeting: https://us06web.zoom.us/j/87879374724?pwd=Xya6bvjBxFiKtLMWcuEniQhQWawlEH.1
Meeting ID: 878 7937 4724
Passcode: 807423

Thursday, December 3
12 pm until 1 pm EST

Join Meeting: https://us06web.zoom.us/j/83745770879?pwd=ee5AtG3BacxBeDd2L5izgEm9UJ6ESL.1
Meeting ID: 837 4577 0879
Passcode: 534653

Monday, December 7
8 am until 9 am EST

Join Meeting: https://us06web.zoom.us/j/87002527690?pwd=WlvbAbCzmCW3yY4Xi8ZedC2xqT0vt2.1
Meeting ID: 870 0252 7690
Passcode: 750734

Tuesday, December 8
8 pm until 9 pm EST

Join Meeting: https://us06web.zoom.us/j/85617150789?pwd=0tXRMNksa9ho5PXRq2u1WFBHK1oHSj.1
Meeting ID: 856 1715 0789
Passcode: 152305

Thursday, December 10
8 pm until 9 pm EST

Join Meeting: https://us06web.zoom.us/j/83998135469?pwd=PXtiXczQ79KpA03ykbs98A13mAoOcI.1
Meeting ID: 839 9813 5469
Passcode: 094669

Is your medical provider in Aetna's network?

The Fund encourages participants to confirm that your current medical providers are part of the Aetna network. Verifying this information is as easy as going to Aetna's website, **www.aetna.com**. *Printed provider directories are not available.*

You may contact your provider's office directly to confirm they participate in the Aetna Choice POS II (Open Access) network or search online.

- **Step 1** Go to aetna.com and click "Find a Doctor."
- **Step 2** Scroll to "Don't have a member account?" and select "Plan through employer."
- **Step 3** Enter your ZIP code, choose "Medical" for the plan type, and click "Continue as a guest."
- **Step 4** Scroll to "Aetna Open Access Plans" and choose "Aetna Choice POS II (Open Access)."
- **Step 5** Search for your providers by name, specialty, or location.

As always, please call the Benefits Fund office with any questions you may have. We're here to help you Monday through Friday, 7:30 AM to 5:30 PM. Call (518) 869-9501.