

LOVE CANAL MEDICAL FUND

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NEW ***Prescription Coverage***

Prescription coverage has been reinstated.

The Love Canal Medical Benefits Plan will pay a total of \$250 per year, per beneficiary, for prescription medication purchased beginning January 1, 2010.

Prescriptions covered by the plan are for conditions which reasonably could be related to toxic chemical exposure at Love Canal. For example, if you are a diabetic, take thyroid or heart medication you should submit your prescription costs to the Love Canal Medical Benefits Plan.

Getting the information together to submit is easy. Just ask the drug store or other place where you go to have your prescription filled, to print out a summary of prescription medications you purchased and their cost. They will usually do this for you at no charge.

Over the years the Love Canal Medical Benefit Plan has evolved and has offered different benefits at times. If you are a named beneficiary of the largest Love Canal lawsuit, you are entitled to these benefits.

You should take advantage of the medical coverage offered to you by this plan so that you will receive reimbursement for medical expenses not covered by your health insurance. If you have questions about coverage, please call 716-773-6578.

There are many questions that beneficiaries have frequently asked over the years. We want to share with you some of these questions and the answers.

Q: *I was a resident of Love Canal and a participant in the Love Canal Medical Fund. I developed a medical problem seven years after the settlement. Am I covered for this problem?*

A: Yes, as long as the medical problem can be reasonably related to exposure to chemicals at Love Canal.

Q: *How do I know if my problem is related to Love Canal? I'm confused about what can be reasonably associated with exposure to chemicals at Love Canal.*

A: Whenever you have a question about coverage you should submit a claim for reimbursement and our claims adjuster will let you know if it's covered.

Q: *What is covered?*

A: A brief summary of covered medical expenses follows. But please, refer to your medical benefits plan booklet or read the online version at <www.lcmf.org/Medplan.pdf> which describes in detail what is and what is not covered—below is only a summary.

- Medical problems that reasonably could be associated with exposure to toxic chemicals includes expenses for treatment and diagnostic procedures related to such medical problems.
- Preventative and diagnostic procedures and tests in order to detect any medical problems that reasonably could be associated with exposure to toxic chemicals.
- Routine Physical Examinations—up to a maximum of \$250 for one physical examination per calendar year, per beneficiary. You will not be charged a deductible for a routine physical exam.
- Mental Health and Emotional Disorders — diagnosis and treatment related to an illness or other medical condition that reasonably could be associated with exposure to toxic chemicals at Love Canal up to a maximum of \$2,000 per beneficiary per year.
- Allergies—covered expenses include desensitization shots and prescription medications.
- Prescription medications for covered conditions up to a maximum of \$250 per beneficiary per year.

- Chemotherapy treatment prescription medication is treated differently than other prescriptions. The Fund will pay up to \$2,000 per year for chemotherapy treatment protocol/regimen.
- Hearing Aids or other devices to assist hearing impaired, when such expense are related to a birth defect or other medical condition which reasonably could be associated with toxic chemical exposure at Love Canal.
- Rental or purchase of appliances such as devices to assist in walking or mobility (walker, crutches, wheelchair) or hospital bed, etc. These must be prescribed by a health care provider for medical conditions that reasonably could be associated with exposure to toxic chemicals at Love Canal. Maximum benefit is up to \$2,000 per beneficiary per year.
- Dental care, if such care is related to a birth defect or other medical condition diagnosed by a dentist or physician that reasonably could be associated with exposure to toxic chemicals at Love Canal.
- Expenses associated with miscarriages and stillbirths of a female beneficiary. Also covered are amniocentesis, sonograms and other procedures designed to detect potential problems with the fetus of a female beneficiary.
- Foot care and eye care when such care is related to a birth defect or other condition that reasonably could be associated with toxic chemical exposure at Love Canal.
- Reconstructive surgery for a medical condition that reasonably could be associated with toxic chemical exposure at Love Canal.

Q: *Is cancer covered by the Fund?*

A: Yes. We have paid claims for cancer treatments for beneficiaries. The claims adjuster reviews all claims. If you have cancer, submit a claim and a determination will be made.

Q: *What about heart problems—are they covered?*

A: Yes, the Medical Fund has paid claims for heart problems. Again, if you have a heart problem, submit your claim.

Q: *My doctor said the bill he sent to LCMF was returned to him unpaid. Why?*

A: The Medical Fund does not accept bills directly from providers—hospital, doctors, the lab, etc. You must fill out a form following the procedures outlined on the form. The LCMF reimburses the beneficiary according to the plan outline. Thus direct payments to anyone other than the beneficiary is not done.

Q: *I don't understand how to fill out the claim form. Can I get help?*

A: Yes. Do the best you can in filling out the form and mail it with a copy of your bill (s) to our claims adjuster at: First Niagara Risk Management, Inc., 282 Delaware Avenue, Suite 200, Buffalo, NY 14202. If they have any questions, they'll contact you.

** LCMF does not accept blank or almost blank claim forms.

Love Canal Medical Fund Contact Information

If you have any questions about cancer or whether your illness is covered by the Fund, please let us know using e-mail, the telephone, or the U.S. postal system. Our e-mail address is lcmf@yahoo.com and our phone number is 716-773-6578. Please leave a message and we'll make sure that your call receives a quick response. You can write to us at Love Canal Medical Fund, P.O. Box 1782, Amherst, NY 14226.

Completed Medical Expense claim forms and related documentation must be submitted to:

First Niagara Risk Management, Inc.
282 Delaware Avenue, Suite 200
Buffalo, NY 14202
(716) 631-9505 or (800) 899-3078

Please keep a photo copy of your form and attachments. Blank forms can be obtained by contacting the Love Canal Medical Fund at the address above or you can print a form from the website at: www.lcmf.org.