

LOVE CANAL MEDICAL FUND

Winter 2015 BULLETIN - HEALTH NEWS AND BENEFITS Issue 30

Prescription Coverage

The Love Canal Medical Fund's Board **extended the Prescription Benefit to \$500 per year** per beneficiary for calendar year (January - December) 2016. This benefit is subject to the \$100 deductible for medical claims.

Prescriptions covered by the plan are for medical conditions which reasonably could be related to exposure to toxic chemicals 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 your prescription information to submit is easy. Just ask the drug store, or other place where you have your prescription filled, to print out a summary of the prescription medications you purchased and their costs. They will usually do this at no cost. Indicate the ones that are related to Love Canal and submit them for reimbursement.

Note: If you are submitting prescription costs to the LCMF and have not sent in a claim for the disease that you are taking the medications for we need to have your physician's office send a letter indicating that you are being treated for the disease.



For example, if you are asking the fund to cover your prescription expenses for heart disease but have never submitted a claim for blood tests or other related expenses, there is no record on file that you have heart disease. A simple letter from your doctor saying you are being treated for the disease

which your prescriptions are related, would speed up the process and get your reimbursement money to you sooner.

Co/Pays

Many people have health insurance policies or programs which require a co-pay when visiting a doctor or undertaking diagnostic tests. Those co-pays are considered out-of-pocket costs and should be included in your claim for reimbursement of prescriptions or other medical costs. Including your co-pay charges will help you to meet the deductible for your expenses. All claims are subject to a \$100 deductible except annual physicals.

Are You On Facebook?

If you are a member of Facebook, you should visit the Love Canal Medical Fund's Facebook page. Meet new friends or old friends that might be trying to find you after 36 years.



LCMF Reached Our 30th Year of Operation.

It's been quite a journey. Like many events and programs that grew out of the Love Canal Crisis, this fund is one of the first of its kind. The Board created the program without an existing model to use as a guide. Today, others are looking at what the Love Canal Medical Fund (LCMF) has developed and are following our lead.

How Much has LCMF Paid Out In the Past 30 Years?

From the beginning of the LCMF in January 1985 until September of this year the fund provided over two million dollars in benefits to our beneficiaries. That is more than twice the amount of money LCMF began with in 1985. When the Fund was established the Board had one million dollars to work with.

Not surprising the first Board members never thought there was enough money to accomplish a program that would be meaningful to our beneficiaries. By working with professional investors, keeping overhead costs down and adjusting the Fund's programs along the way, the Board has been able to provide much needed aid to the survivors of the Love Canal crisis who are beneficiaries of the LCMF. The amount of funds the Board paid to beneficiaries, claim processing expenses and other costs total over \$2,000,000. Yet the Fund's balance today is a half million more than the original one million dollars, to use in the coming years.

Start the New Year Right.

Schedule an appointment now for your 2016 physical check up. As the Love Canal Beneficiaries are growing older, we have reached that point in time in which some diseases such as cancer starts to develop. Therefore, more than ever before, we are encouraging everyone to

take the time to go to your doctor and get a check up. The Plan will pay up to a maximum of two hundred and fifty dollars (\$250.00) for each beneficiary for one routine physical examination per year. The annual physical is not subject to any deductible. Covered expenses include health care provider and physician fees; laboratory work such as urine and blood tests; and any tests recommended by a physician or health care provider.

Diagnostic tests such as a mammogram, blood tests, urinalyses, chest x-ray and prostate tests including a PSA and colonoscopy are considered part of the routine physical exam. These tests may be done over several months, but they must be completed within one year.

Expenses for diagnostic tests that exceed the \$250 per beneficiary per year maximum may be covered under the Covered Medical Expenses portion of the Plan but that portion would be subject to a deductible.

For example, assume the total cost for your physical exam was four hundred dollars (\$400.00), broken down as follows:

Office visit:	\$150
Mammogram	\$100
Blood work and urinalysis	<u>\$150</u>
Total	\$400

According to the Plan, two hundred fifty dollars (\$250.00) of these expenses would be covered under the Physical Examinations portion of the Plan. The remaining one hundred fifty dollars (\$150.00) would be covered as diagnostic tests under the Covered Medical Expenses portion of the Plan, and therefore subject to a deductible.

What diseases did we frequently cover for members last year?

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/Medical-benefits-plan.php> which describes in detail what is and what is not covered.

All coverage is for medical problems that reasonably could be associated with exposure to toxic chemicals including expenses for treatment and diagnostic procedures related to such medical problems.



Some frequently covered diseases included various types of cancer, heart, kidney and lung diseases, a large number of thyroid problems, diabetes and reproductive related problems.

LCMF also frequently covered preventative and diagnostic procedures and tests in order to detect any medical problems that reasonably could be associated

with exposure to toxic chemicals. This included blood tests, x-rays, MRI's or biopsies.

Allergies were covered expenses that include desensitization shots and prescription medications.

Chemotherapy treatment prescription medication is treated differently than other prescriptions. The Fund has frequently paid up to \$2,000 per year for chemotherapy treatment protocol/regimen.

Only You Can Submit A Claim For Reimbursement

The Medical Fund does not accept bills directly from providers—hospital, doctors, the lab, etc. You must fill out a form and follow 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 or designated family member is not allowed.



A new feature on our website allows you to fill out your form on line. You just need to then print it, sign it and mail a copy of the form and your bill(s) to our claims adjuster at:

**First Niagara Risk Management, Inc.
239 Van Rensselaer Street
Buffalo, NY 14210
(716) 849-8177 -(800) 899-3078**

If they have any questions, they will contact you. LCMF does not accept blank or almost blank claim forms.

Love Canal Medical Fund Contact Information

If you have any questions about whether your illness is covered by the Fund, please let us know using e-mail, the telephone, or the U.S. postal system.

Our phone number is 716-773-6578 and our email address is lovecanalfund@gmail.com.

Please leave a message and we'll make sure that your question or call receives a quick response. You can write to us at Love Canal Medical Fund, P.O. Box 1782, Amherst, NY 14226.

Don't forget to visit our website: www.LCMF.org

Please make sure your address is current in our files so we can notify you of changes in the Medical Benefits Plan. You can even send the Fund's Administrator an e-mail direct from the website's home page. How easy is that to make certain we have your, and your families, current mailing address for future mailings.