

# LOVE CANAL MEDICAL FUND

Winter 1999 BULLETIN - HEALTH NEWS AND BENEFITS

Issue 4

Over the years the Love Canal Medical Benefit Plan evolved and changed offering more and more benefits. If you are a named beneficiary of the Love Canal lawsuit, you are entitled to these benefits. The last newsletter outlined some of these new benefits.

You should take advantage of the medical coverage offered to you by this plan so that you may receive reimbursement for medical expenses not covered by your health insurance. If you have questions about coverage, please call Ralph Anderson at Albert F. Stager, Inc., 3815 California Road, Orchard Park, NY 14127, 716-667-6000.

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 am 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 the medical benefits booklet which describes in detail what is and what is not covered — this is only a summary.

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

? Preventive 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.

? 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 medication for covered conditions up to a maximum of \$2,000 per beneficiary per year.

? Hearing Aids or other devices to assist hearing impaired, when such expenses 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 \$2,00 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 medical 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:** 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:** 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 procedure outlined on the form.

**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 your bills to Ralph Anderson. If he has any questions, he will contact you. LCMF does not accept blank or almost blank claim forms.

Remember, as a named beneficiary, you are entitled to submit a claim for unreimbursed medical expenses.

**For more information write: LCMF,  
P.O. Box 540, Grand Island, NY 14072**