LMHF

3786 Broadway Street Cheektowaga, NY 14227 PRESORT STD
US POSTAGE
PAID
PERMIT #862
BUFFALO NY



Birth of Newborn?

Please contact your
employer to add your
newborn to your
Insurance coverage within
30 days from date of birth.



LMHF

Labor-Management Healthcare Fund [®]

3786 Broadway Cheektowaga NY 14227 Phone (716) 601-7980 Fax (716) 601-7984

E-MAIL:

suggest@LMHF.net

We're on the Web!

Visit us at:

www.LMHF.net

Labor-Management Healthcare Fund

Annual Newsletter July 2018

In This Issue

- Important documents regarding Health Care Reform are available on the LMHF website.
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- Healthy Benfefits
 Fitness Program
- IHA-Hearing Aid Coverage through TruHearing
- Senior Savings
- Extra Help from Medicare
- · Healthy Cooking Classes
- · Strive to Thrive
- LMHF 4th Annual Walkathon
- East Aurora School District
- Urgent Care
- SCAP
- Discounts on Eyeglass frames
- WHCRA
- Financials

A Note from the Executive Director...

Dear Fellow LMHF Member:

I hope this past year has been a happy and healthy one for you and your family. Labor-Management Healthcare Fund is one of your leading advocates in the advancement and support of a healthy lifestyle. Please take advantage of the many wellness activities and incentives LMHF has to offer.

I'd like to take this opportunity to announce a new group to the Labor-Management Healthcare Coalition. The East Aurora School District employees joined us on July 1, 2018. We are pleased to welcome them as part of our organization.

Our improved website is scheduled to launch in the near future. Please take a few minutes and review our current website at www.LMHF.net. If you have any recommendations or information you would like included on our website that does not yet appear, please let us know!

Last year, we announced our newest program, "LMHF® Strive to Thrive", which takes place at Beaver Hollow Conference Center/Biggest Loser Niagara. Since our announcement, we have sent hundreds of LMHF members to this three-day retreat. Attendees have found this program to be a significant benefit to their overall health and emotional well-being. The LMHF® Strive to Thrive program is a holistic approach to improving the health and quality of life for First Responders and other public employees in high-stress positions or those who have experienced stressful personal situations. This program is designed through learning and experience, to develop the skills and knowledge to manage stress through proper rest/sleep, exercise & proper nutrition. To learn more about the program and attendance eligibility, please contact your supervisor or the LMHF office.

Have an enjoyable & safe summer!

Sincerely,

Vicki Martino

Vicki Martino

<u>To All Active Employees Who Are Earning Points Towards Part II of the LMHF Incentive Program:</u> If you are taking part in a workplace wellness event, BE SURE YOU SIGN A SIGN-IN SHEET. Points will not be accepted unless your signature appears confirming your participation.

THE FOLLOWING DOCUMENTS REGARDING HEALTHCARE REFORM ARE AVAILABLE ON THE LMHF WEBSITE AT WWW.LMHF.NET

Children's Health Insurance Program Reauthorization Act (CHIPRA) CHIPRA allows states to subsidize premiums for employer-provided group health coverage for eligible children.

Letter of Creditable Coverage

An important notice about your prescription drug coverage and Medicare.

Notice of Privacy Practices

The HIPAA Privacy Rule permits the disclosure of personal health information needed for patient care and other important purposes and gives patients an array of rights with respect to that information. The notice describes how medical information may be used and disclosed and how you can get access to this information.

Notice of Special Enrollment Rights

Notice to employees eligible to enroll in a group health plan describing the plan's special enrollment rules.

Notice of Patient Protections

Notice to participants of their rights to choose a primary care provider or pediatrician and obtain obstetrical or gynecological care without prior authorization.

<u>Summary Plan Description (SPD)</u>
The Summary Plan Description provides information about the plan and how it operates, such as when an employee can begin to participate in the plan, how services and benefits are calculated, when benefits becomes vested, when and in what form benefits are paid, and how to file a claim for benefits.

Women's Health and Cancer Rights Act
Provides information on the availability of certain mastectomy-related benefits for individuals who elect breast reconstruction after a mastectomy.

<u>Summary of Benefits of Coverage (SBC)</u> An easy to understand summary about health plan's benefits and coverage.

Glossary of Health Coverage and Medical Terms

A uniform glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment". This document may assist you when reviewing vour SBC.

	Changes in Fund Balances (Reserve for Future Reconcilement of Fund Balance			
	Trecondition of Fund Balance			
<u>Item</u>		20)17	
17. Fund balance (res	serve for future benefits) at beginning of year	T	\$	3,241,053
18. Total additions du	, , ,	206,208,293		
19. Total deductions		206,040,386		
20. Total net increase (decrease)				167,907
21. Fund Balance (reserve for future benefits) at end of year (item 14, statement of assets and liabilities)			\$	3,408,960
	Schedule of Other Administrative Expe	enses		
				<u> 2017</u>
1. Employee Benefits			\$	160,896
2. Copier Expense				11,456
3. Enrollment Expens	se			23,401
4. Newsletter	d Evnance			14,817
5. Office Supplies and6. Postage	u Expenses			90,376 23,789
7. Telephone				9,703
8 Depreciation				25,497
O Depresianon				20,101
Total: Line 12(h): Of	ther Administrative Expenses		\$	359,935
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<u>Item:</u> 1.Cash	Statement of Assets and Liabilitie		Ψ	000,000
<u>ltem:</u>	Statement of Assets and Liabilitie ASSETS	2017	Ψ	000,000
<u>Item:</u> 1.Cash	Statement of Assets and Liabilitie ASSETS (a) Contributions	<u>2017</u> 22,739,399	Ψ	000,000
<u>Item:</u> 1.Cash	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer	2017	<u>y</u>	000,000
Item: 1.Cash 2. Receivables:	Statement of Assets and Liabilitie ASSETS (a) Contributions	<u>2017</u> 22,739,399	9	000,000
<u>Item:</u> 1.Cash	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees	2017 22,739,399 7,274,212	9	000,000
Item: 1.Cash 2. Receivables:	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer	<u>2017</u> 22,739,399	<u>9</u>	000,000
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Item: 1.Cash 2. Receivables:	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees (a) Prepaid Expenses and Security Deposits (b) Office Equipment	2017 22,739,399 7,274,212 - 26,963 250,859	9	
Item: 1.Cash 2. Receivables: 3. Other Assets:	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees (a) Prepaid Expenses and Security Deposits (b) Office Equipment	2017 22,739,399 7,274,212 - 26,963 250,859 (204,748)	9	
Item: 1.Cash 2. Receivables: 3. Other Assets: 4. Total Assets	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees (a) Prepaid Expenses and Security Deposits (b) Office Equipment (c) Less Accumulated Depreciation	2017 22,739,399 7,274,212 - 26,963 250,859 (204,748) 30,086,685	9	
Item: 1.Cash 2. Receivables: 3. Other Assets: 4. Total Assets 5. Unpaid Claims (No	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees (a) Prepaid Expenses and Security Deposits (b) Office Equipment (c) Less Accumulated Depreciation LIABILITIES	2017 22,739,399 7,274,212 - 26,963 250,859 (204,748) 30,086,685 2,056,000	9	
Item: 1.Cash 2. Receivables: 3. Other Assets: 4. Total Assets 5. Unpaid Claims (No. 6. Accounts Payable)	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees (a) Prepaid Expenses and Security Deposits (b) Office Equipment (c) Less Accumulated Depreciation LIABILITIES of Covered by Insurance)	2017 22,739,399 7,274,212 - 26,963 250,859 (204,748) 30,086,685 2,056,000 5,776,300	9	
Item: 1.Cash 2. Receivables: 3. Other Assets: 4. Total Assets 5. Unpaid Claims (No. 6. Accounts Payable 7. Other Liabilities – I	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees (a) Prepaid Expenses and Security Deposits (b) Office Equipment (c) Less Accumulated Depreciation LIABILITIES of Covered by Insurance)	2017 22,739,399 7,274,212 - 26,963 250,859 (204,748) 30,086,685 2,056,000 5,776,300 18,845,425	9	
Item: 1.Cash 2. Receivables: 3. Other Assets: 4. Total Assets 5. Unpaid Claims (No. 6. Accounts Payable 7. Other Liabilities – I	Statement of Assets and Liabilitie ASSETS (a) Contributions (1) Employer (2) Other Administrative Fees (a) Prepaid Expenses and Security Deposits (b) Office Equipment (c) Less Accumulated Depreciation LIABILITIES of Covered by Insurance) Funds held for others Benefits (Fund Balance)	2017 22,739,399 7,274,212 - 26,963 250,859 (204,748) 30,086,685 2,056,000 5,776,300		

	Additions to Fund Balance	ture Benefits)	
	Additions to Fund Balance		
Item		2	2017
1.Contributions:			.017
r.commodiono.	(a) Employer	203,755,658	
	(b) Employee		
	(c) Other (Enrollment Reimbursement)		
	(d) Total Contributions		203,755,658
2. Dividends & Ext	perience Rating Refunds from Insurance Companies		200,100,000
3. Investment Inco			
	(a) Interest	3,665	
	(b) Dividends		
	(c) Rents		
	(d) Miscellaneous		
	(e) Total income from investments		3,66
1 Drofit on dianas	· /		3,000
4. Profit on dispos			
Increase by adjusted.Other Additions	ustment in asset values investments		
o. Other Additions	(a) Administrative fees		0.440.404
	()		2,143,102
	(b) Brokers premium, expense reimbursements		305,868
	(c) Total Other Additions		2,448,970
7. Total Additions			<u>\$206,208,293</u>
	Deductions From Fund Balance 2017		2017
Insurance & Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)			
9. Wellness program benefits			\$203,755,658
a. Memiess brodis			\$203,755,658
10. Payments to a			. , ,
10. Payments to a of providing be11. Payments or c	am benefits n Organization maintained by the plan for the purpose		
10. Payments to a of providing be11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.)		
10. Payments to a of providing be11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries	\$ 452,425	
10. Payments to a of providing be11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries (b) Allowances, Expenses, etc.	\$ 452,425	
10. Payments to a of providing be11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries	\$ 452,425 - 35,941	
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10. Payments to a of providing be11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries (b) Allowances, Expenses, etc. (c) Payroll Taxes (d) Fees & Commissions	35,941 736,684	
10. Payments to a of providing be11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries (b) Allowances, Expenses, etc. (c) Payroll Taxes (d) Fees & Commissions (e) Rent	35,941 736,684 87,618	
10. Payments to a of providing be 11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries (b) Allowances, Expenses, etc. (c) Payroll Taxes (d) Fees & Commissions (e) Rent (f) Insurance Premiums (g) Fidelity Bond Premiums	35,941 736,684 87,618	
10. Payments to a of providing be 11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries (b) Allowances, Expenses, etc. (c) Payroll Taxes (d) Fees & Commissions (e) Rent (f) Insurance Premiums (g) Fidelity Bond Premiums (h) Other Administrative Expenses	35,941 736,684 87,618 27,537	
10. Payments to a of providing be 11. Payments or c individuals pro	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries (b) Allowances, Expenses, etc. (c) Payroll Taxes (d) Fees & Commissions (e) Rent (f) Insurance Premiums (g) Fidelity Bond Premiums (h) Other Administrative Expenses See schedule of other administrative expenses	35,941 736,684 87,618	584,588
10. Payments to a of providing be 11. Payments or c individuals pro 12. Administrative	am benefits n Organization maintained by the plan for the purpose enefits to participants ontract fees paid to independent organizations or viding plan benefits (clinics, hospitals, doctors, etc.) Expenses: (a) Salaries (b) Allowances, Expenses, etc. (c) Payroll Taxes (d) Fees & Commissions (e) Rent (f) Insurance Premiums (g) Fidelity Bond Premiums (h) Other Administrative Expenses See schedule of other administrative expenses (i) Total Administrative Expenses	35,941 736,684 87,618 27,537	584,588
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LMHF Wellness Incentive Program

Beginning January 1 of each year, active employees, along with their spouses, (who are LMHF members) are eligible to participate in Part I and Part II of the LMHF Wellness Incentive Program. The program runs January 1 through December 31, at which time, the benefit re-sets and begins tracking the next year's activities.

THE FOLLOWING DESCRIBES PART I:

Employee and/or spouse is required to receive an annual physical by their Primary Care Physician and submit the necessary paperwork to LMHF. NOTE: Applicant must be an active LMHF member at the time of his/her annual physical. When the participant completes the necessary steps for Part I, they will receive a \$50.00 HRA debit card.

Employee Responsibility for Part I

- 1. Obtain a LMHF "Wellness" packet from employee's Human Resources/Personnel Department or LMHF office. All required forms are included in the packet.
- 2. Applicant is required to have an Annual Physical provided by his/her Primary Care Physician.
- 3. Applicant must complete the "Employee Verification" section. Applicant's physician must complete "Annual Physical Verification" section.
- 4. The completed and signed form must be submitted to the LMHF office via U.S. Postal Service . (Self-addressed envelopes are provided in packets).

THE FOLLOWING DESCRIBES PART II:

To qualify, employee and/or spouse must complete the BlueCross BlueShield on-line Health Assessment and each participate in twelve (12) additional wellness-related activities. Upon completion and LMHF verified, participant will receive an additional \$50.00 credit added to their HRA debit card.

Employee Responsibility for Part II

- 1. Complete the BlueCross BlueShield WNY on-line Health Assessment.
- 2. Participate in additional twelve (12) approved wellness activities.
- 3. Complete the Wellness Activity Redemption form.
- 4. Physician must sign the Preventative Screening Verification form(s) (if applicable). NOTE: If including screening verifications, the applicant must receive preventative screenings the same year in which application is made for Part II. Applicant must also be an active LMHF member at the time of his/her screenings. A SEPARATE FORM (SIGNED & DATED BY YOUR PHYSICIAN) IS REQUIRED FOR EACH SCREENING
- 5. Submit the Wellness Activity Redemption Form and Preventative Screening Verification form(s), vaccination certification (if applicable) to the LMHF office either in person or via U.S. Postal Service. Faxes Not Accepted

If Part II is fulfilled prior to Part I, your documentation will be accepted and kept on file at LMHF. You will not be rewarded \$50 for Part II until LMHF receives documentation confirming completion of Part I.

All documents must be submitted no later than February 15 for the prior year's participation. All documents <u>must contain original</u> signatures! Copies/faxes are not accepted.

These documents are also available online at www.lmhf.net for your convenience. (Located in the Wellness section – HRA Wellness Incentive Documents)

ATTENTION! Retirees

Mark Your Calendar!



Labor-Management Healthcare Coalition Open Enrollment Period Monday, October 15 through Wednesday, November 21, 2018.

Changes made during this period will take effect January 1, 2019.

Our Annual Open House/Health Fair at the Fairdale Banquet Facility for Retirees will be:

Thursday, November 1, 2018 8:00 a.m - 4:00 p.m

Representatives from BCBS of WNY, Independent Health & Pharmacy Benefit Dimensions will be present to answer questions you may have regarding your health & prescription benefits. Informational packets will be mailed directly to your residence during the weeks prior to the commencement of open enrollment, at which time you will be directed to call the LMHF office (716) 601-7980 if you would like to attend. Reservations are required. If you will be away during this time and would like your packet mailed to a different address, please call the LMHF office. If for any reason we need to cancel, please check Channel 4 (<u>WIVB.com</u>) for closing information. The rescheduled date will be November 9. *You must be a LMHF member and present your* BCBS or Independent Health identification card to receive a flu vaccine.



- ◆ Screenings: Total Cholesterol, HDL Cholesterol, Glucose, Flu Vaccines Participating Vendors:
- * Wegmans Blood Pressure Screening by Registered Pharmacist (offering \$6 Meal Coupon)
- ❖ BlueCross BlueShield Let's Talk Health: Opportunity to ask health related questions
 - ❖ Pharmacy Benefit Dimensions
 - ❖ Independent Health
 - ❖ Value Vision Eye Care
 - ❖ Biggest Loser Niagara Resort
 - Erie County Senior Services



Fairdale Banquet Center 672 Wehrle Drive Amherst, NY 14225





Annual Benefits Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under WHCRA. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- ❖ All stages of reconstruction of the breast on which mastectomy was performed;
- ❖ Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- ❖ Prostheses: and
- * Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator, BCBS WNY at 1-888-839-5169.

Dr. BeyeR Opticals 646-EXAM

Dr. Beyer Opticals/Value Vision is offering the following to LMHF members:

Eye Exam	Copay Specific to Your Plan
Insurance Frame	\$19
Value Vision Frame	\$65
Designer	\$90+
SV CR39 with UV	\$51
BF CR 39 with UV	\$66
No-Line CR39 with UV	\$136
Digital No-Line with UV	\$151
Varilux Comfort with UV	\$175

Value Vision

3035 Genesee Street Buffalo, NY 14225 (716) 896-3351

2305 Union Road West Seneca, NY 14225 (716) 668-0711

1234 Abbott Road / Abbot Road Plaza Lackawanna, NY 14218 (716) 826-9230

642 Sheridan Drive Tonawanda, NY 14150 (716) 695-3733

Hamburg Optical

50 Buffalo Street Hamburg, NY 14075 (716) 649-1035

Baker Optical

7900 Buffalo Avenue Niagara Falls, NY 14304 (716) 283-8746

Southgate Optical

1028 Union Road / Southgate Plaza West Seneca, NY 14224 (716) 674-6060

www.drbeyeropticals.com

• The LMHF does not endorse any single provider. This is not an endorsement.

LMHF Retiree Wellness 2018

Remaining 2018 Retiree Seminars at the Fairdale Banquet Center

(672 Wehrle Drive, Amherst NY)

Retiree "Lunch & Learn" wellness seminars are held on Wednesdays from 11:30 a.m. to 1:00 p.m. on the following dates. All LMHF sponsored seminars are strictly for LMHF members. When making phone reservations, retirees must provide their BCBS, PBD or Independent Health group number to validate their LMHF membership. In addition, when attending the seminar, attendees must produce their identification card. Please make all reservations and cancellations by 12:00 p.m. on the <u>Monday before the seminar</u>.

July 18, 2018 Step Up To The Plate

August 15, 2018 Healthy Lunches At Home & On The Go

September 19, 2018 Just The Facts (About Vaccines)

October 17, 2018 Get Fit With Mr. Fitness

November 14, 2018 Secrets For A Healthy Holiday

<u>Limited Seating!</u> Please call the LMHF office at 601-7980 to make your reservation today!

REMINDER: Please bring your BlueCross BlueShield, PBD or Independent Health identification card with you.

Please check CHANNEL 4 or WIVB.COM for any weather related closings

"Labor-Management Healthcare Seminar"

Two-Day Retiree Wellness Retreat at Beaver Hollow

October 2 & 3, 2018

This two-day retreat is all-inclusive and consists of nutritious meals, educational courses, structured exercises modified to meet your personal ability, and an overnight stay at Beaver Hollow in Java Center, NY. This is an amazing opportunity to take charge of your health and wellness in a restful and picturesque setting.

Retirees can complete an entry form between January 1 - August 17, 2018 at the LMHF office located at 3786 Broadway, Cheektowaga NY 14227, at the Retiree Seminars held at the Fairdale Banquet Center or call the LMHF office at (716) 601-7980 to request an entry form.

Retirees with health coverage through Independent Health

Independent Health's

Healthy Benefits Fitness Program

In order to begin using this benefit, please present your Member ID card at the participating facility. For more information, a list of providers or a reimbursement form, call Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users call 1-800-432-1110).

Please note, that when you present your ID card to begin your membership at a participating facility, you will be required to pay a \$20 activation fee to the fitness facility. Memberships will not roll over from year-to-year; they will restart in January each year.

Members can be reimbursed for the \$20 activation fee by submitting an Independent Health "Claim Form" along with a copy of their gym membership receipt to



Independent Health Attn: Healthy Benefits P.O. Box 9066 Buffalo, NY 14221 Fax (716) 774-8092



Independent Health's Medicare Advantage Hearing Aid Coverage

All of our plans cover up to two hearing aids per year when purchased through TruHearing. View the copayments and fees for the hearing aid evaluation exam and hearing aids in the chart below. To take advantage of this benefit, call TruHearing to schedule a hearing exam.

1-844-211-1723 (toll-free) TTY: 1-800-975-2674 8:00 a.m – 8:00 p.m, Monday-Friday

Coverage includes:

- 2 hearing aids per year when purchased through TruHearing
- 3 follow-up visits with an in-network provider for fit ting & adjustment of hearing aids
- 45-day trial
- 3-year manufacturer warranty for repairs & one-time loss & damage replacement
- 48 batteries per aid

	Independent Health Member copay	Retail Price
Flyte 700 14 channels, 4 programs, 6 styles, advanced features	\$699 copayment (per aid)	\$1,850 (per aide)
Flyte 900 17 channels, 4 programs, 9 styles, premium features	\$999 Copayment (per aid)	\$2,995 (per aid)
Hearing Aid Evaluation Exam Hearing Exam performed by a TruHearing provider	\$45 evaluation copayment	

Attention! Members with coverage through BCBS/PBD only

(Members enrolled in a Medicare Advantage plan are not eligible for the following SCAP program.)



Using a specialty drug?

Pharmacy Benefit Dimensions® and Labor-Management Healthcare Fund are pleased to offer a Specialty Copay Assistance Program (SCAP) which helps members save on specialty prescription drug copayments, and offers participants a unique benefit to offset other healthcare costs.

Once enrolled, members who utilize a specialty drug in the program and obtain their medication through Reliance Rx will receive their medications with \$0 member obligation. In addition, LMHF Members who choose to participate in the program are offered \$400 per year (paid quarterly) into their HRA account.

Below is a list of the most commonly used specialty medications in the program. When ordering a specialty medication from Reliance, the Patient Representative will let you know if your drug is part of the program or you can call Reliance Rx at any time for more information.

Avonex®	• Gilenya™
Betaseron®	• Jadenu™
• Cimzia [®]	• Simponi®
• Copaxone [®] (Glatopa [™])	• Sovaldi®
• Enbrel®	• Stelara®
• Extavia®	• Rebif®
• Harvoni®	• Orencia®
• Humira®	• Xeljanz®

In order to receive any of the above specialty medications with \$0 member obligation, and qualify for up to \$400 per year in your HRA account (\$100 per quarter), you will need to sign up for this program with Reliance Rx. If you are eligible and do not enroll, your copayment for these medications will be your appropriate tier copay (cost varies per plan).

For more information, or to sign up for the Specialty Copay Assistance Program, please contact Reliance Rx at (716) 929-1000 or 1-800-809-4763, Monday through Thursday from 8 a.m. to 7 p.m. and Friday from 8 a.m. to 5 p.m. (EST).

Pharmacy Benefit Dimensions

www.pbdrx.com

Urgent Care vs. Emergency Room tips:

- 1. Know how your insurance covers urgent care before you go. If you have a PPO plan, often the urgent care copay is MORE than a regular office visit copay. (e.g. \$75 urgent care copay vs. \$50 specialist visit copay vs. \$25 PCP copay). However, usually urgent care copays are LESS than emergency room visit copays (which are often \$100 or more).
- 2. Some "urgent care clinics" are actually hospital emergency rooms in DISGUISE. You need to ask the urgent care clinic in advance if it bills as urgent care or as an ER and know the name of the person who gives you the information.
- 3. If you have an established relationship with a doctor (e.g. family practice physician, Ob/Gyn, pediatrician), you can often call the doctor's office or their afterhours line to tell them your symptoms and often they can call you in a prescription.
- 4. If you are traveling and have forgotten a medication or have run out of a medication and you have refills still left at your home pharmacy, often you can have your pharmacy transfer a refill to a pharmacy at your travel location.

Congratulations!

LMHF hereby acknowledges our exceptional "Wellness Achievers"; namely members who have participated in 100+ wellness classes throughout the year. The following Erie County employees are our 2017 "Wellness Achievers". Congratulations on your participation in our classes and practicing such a great healthy lifestyle!

Rita Gallagher

Cheryl Ballard

MARY WASCH

Cheryl Gould Emotional

Rai Titual Mediadina State

Responsibility, Relation St.

Responsibility, Relation St.

Responsibility, Relation St.

Responsibility, Relation St.

Noriko Herrington

Luanne Kozlowski

SANDRA SWEENEY Communication Mental

BE PROACTIVE. LIVE HEALTHY. GET REWARDED.

At Independent Health, we want you to get the most from your health care. Schedule your **Enhanced Annual Wellness Visit (EAV)** and talk with your doctor or health provider. Together, you'll develop a plan to help maintain or improve health.

Get Rewarded with Senior Savings
LMHF Retirees: with health coverage through Independent Health
Take charge of your health.
Complete your EAV and get a \$30 HRA card.

HOW IT WORKS

- Schedule an appointment with your doctor. Tell your doctor's office that the visit is for your *Enhanced Annual Wellness Exam*. There is no copayment for this visit.
- Complete your Health Risk Assessment provided by your doctor. Answer each question to the best of your ability to help your doctor accurately gauge your health.
- **Discuss your results with your doctor**. Discuss your Health Risk Assessment, your health goals/treatments and any current medical conditions.
- Get your rewards card. Within 90 days of your EAV, you'll receive a \$30 Health Reimbursement Account (HRA) card in the mail. Use it toward qualified health care expenses, such as prescriptions drugs, dental and vision services, and more. Please note: This is an annual reward. If you completed your EAV in 2017 and received an HRA card, keep it and the card will be reloaded when you complete your next year's EAV. Remember, having the conversation now may save you from complications or illness later.

For more information, please call Member Services:

(716) 250-4401 or 1-800-665-1502 (TTY Users: 1-800-432-1110)

October 1-February 14:Monday-Sunday, 8 a.m.-8 p.m.

February 15-September 30: Monday-Friday, 8 a.m.—8 p.m.





Attention Retirees with coverage through Independent Health!

Important Information regarding your Prescription Drug and Medical Insurance Coverage with LMHF Through Independent Health/Pharmacy Benefit Dimensions

PLEASE NOTE:

If you enroll in <u>any Medicare Part D plan</u> or Medicare Advantage health insurance plan (with or without prescription drug coverage) that is not through the LMHF/Independent Health, you will be terminated from your current medical and prescription drug coverage.

Depending on the offerings presented to you that are in addition to your current plan with LMHF/ Independent Health, you may actually be enrolling in a Medicare Part D plan which will supersede and cancel your current coverage. According to Medicare regulations, you cannot be covered under two separate Medicare plans.

If you are unsure about what is being offered to you and <u>before signing any application engaging you in a prescription discount program and/or coupon offering associated with your prescription plan OR you enroll in another healthcare plan either as an individual or through your spouse, PLEASE CALL LMHF. We can provide assistance and advise whether your participation will affect your current coverage.</u>

Important Message from Medicare

New Medicare cards start mailing in April 2018



The Centers for Medicare & Medicaid Services (CMS) is required to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. CMS is removing SSN from Medicare cards to prevent fraud, fight identity theft, and keep taxpayer dollars safe. A new, unique Medicare number is replacing the SSN-based Health Insurance Claim Number (HICN) on each new Medicare card. New Medicare cards will mail from April 2018 through April 2019. New York State residents are due to start

receiving their new Medicare card after June 2018 according to CMS.

Medicare number 1-800-633-4227

FAQ's regarding new Medicare cards: https://www.cms.gov/Medicare/New-Medicare-Card/NMC-FAQs.pdf

CMS Web site: https://www.cms.gov/Medicare/New-Medicare-Card/index.html

Resources for Medicare card: https://www.cms.gov/medicare/new-medicare-card/nmc-home.html



Attention Active Employees:

Open enrollment period for all LMHF groups:

Monday, October 15 through

Wednesday, November 21, 2018

Your employer will have packets available during that time if you wish to make changes and/or enroll at that time. Additional information will be posted at employer sites as the open enrollment period draws near.



Please change your address with your health insurance provider,

CMS and employer. If you will be away during open
enrollment period and would like a packet mailed to a different
address please call the LMHF office at (716) 601-7980

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LMHF Family Wellness Event

Saturday, September 8, 2018. Walk begins at 9:00 a.m.

- ~ Run or walk at your own pace ~
- ♦ Check-in at the park will be from 8:00 a.m. 8:45 a.m.

Beaver Hollow - The Biggest Loser Niagara 1083 Pit Road Java Center. NY 14082

You will find several (free of charge) parking areas available. Upon arriving, report to the registration desk located in the Main Lodge which is down the path on the right-hand side. Staff will assist/direct you from there.

Free to all LMHF subscribers and (any age) family members

- * All attendees, including spouses & dependents must be an LMHF member.
 - ♦ Please call (716) 601-7980 to register by the deadline August 11th
 - ♦ LMHF Vendors will be present ♦ No Registration Fee Required
 - ♦ Bike Raffle for LMHF Members Who Participate
 - ♦ Choose your own "Special K" course. Easy, Difficult or In-Between









LMHF HEALTHY COOKING DEMONSTRATIONS 2018 SCHEDULE

All Cooking Demonstrations are FREE to LMHF Active and Retiree Members

The following Thursday nights from 5:30 p.m. – 7:00 p.m.

July 12

Enjoy a perfect picnic with these lightened-up picnic favorites for the summer!

August 9

Ancient grains! What are they? How to cook them? Learn easy recipes to enjoy the grains our ancestors discovered!

September 13

Omega 3 fatty acids! Come learn about the health benefits of Omega 3's and taste some delicious recipes!

October 11

Pumpkin spice and everything nice! Sweet and savory recipes with pumpkin and fall spices!

November 8

Healthier holiday favorites! Introduce healthy twists to your favorite holiday recipes and stay on track this season!

<u>Location Addresses:</u> <u>To Register:</u> LMHF Wellness Zone Call (716) 601-7980

3786 Broadway Street Please have your Identification card to register.
Cheektowaga, NY 14227

We will take reservations up to two months in advance. <u>PLEASE</u> contact this office if you must cancel your reservation. In an effort to avoid vacancies in the class and to promote fairness to both the presenters and the members who are on the waiting list, we ask that registrations & cancellations be made by 12 noon on the Monday of its respective week. Missing three classes without notifying this office will result in the member being placed on the waiting list of future classes; they will then only be eligible to attend in the event of a cancellation/vacancy. <u>Must be at least 18 years of age to participate.</u>

♦ Please check CHANNEL 4 or <u>WIVB.COM</u> for any weather related closings "Labor-Management Healthcare Fund Seminar"

LMHF® Strive to Thrive

ATT: LMHF Members

The LMHF® Strive to Thrive program is a holistic approach to improving the health and quality of life of all First Responders and other public employees in high stress positions or personal situations by learning and experiencing the skills and knowledge to manage stress through proper rest/sleep, exercise & proper nutrition.

The Strive to Thrive program is designed to provide First Responders the tools necessary to perform vital functions while building better relationships within the community.

Our three-day, two-night program is held on the beautiful grounds of the Beaver Hollow Conference Center Biggest Loser/Niagara in Java, New York.



Call 716-601-7980 or check with your supervisor to determine if you qualify to attend this worthwhile program at no cost to you. Lodging and all meals included. Overnight required.









Retirees enrolled in a commercial plan with coverage through BCBS
Please Read

If you:

- ❖ Are retired
- ♦ Became Medicare eligible after 1/1/2009
- ❖ Or your spouse became Medicare eligible after 1/1/2009

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INFORMATION FROM MEDICARE

When you first become eligible for Medicare Part A (hospital insurance), you have an initial enrollment period (seven months) in which to sign up for Part B (medical insurance). A delay on your part will cause a delay in coverage and result in higher premiums. Your monthly premium increases 10 percent for each 12-month period you were eligible for, but did not enroll in, Medicare Part B. Active employees and/or spouses/dependents of active employees who become Medicare-eligible, are not required to enroll in Part B until the subscriber of the plan is enrolled in a retiree plan of benefits.

INFORMATION FROM BLUECROSS BLUESHIELD OF WNY

If you are eligible for Medicare Part B and are not currently enrolled, payments on claims will be reduced by the benefit amount you are entitled to under Medicare. **Without Part B coverage, you will be responsible for whatever would have been paid under Medicare. For example:** You submit a bill for \$100. The amount Medicare would pay if the member has Part B is 80% or \$80. BCBS would pay the balance, which in this case is \$20. Without Medicare Part B, your responsibility is the amount Medicare would have paid if you were enrolled, which in this case is \$80. Non-participating providers also can bill any remaining balance for additional amounts.

CONTACT FOR FURTHER INFORMATION:

Social Security Administration: 1-800-772-1213

Medicare: www.medicare.gov; Toll free number 1-800-633-4227; TTY number 1-877-486-2048

If your spouse and/or dependent are becoming Medicare eligible, regardless of reason, please contact your employer's Human Resources/Personnel Department for additional information and requirements.