#### LMHF

3786 Broadway Street Cheektowaga, NY 14227 PRESORT STD
US POSTAGE
PAID
PERMIT #2469
BUFFALO NY



## Birth of Newborn?

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



# Moving?

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.



Labor-Management Healthcare Fund <sup>6</sup>

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 September 2020

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### A Note from the Executive Director...

### Dear LMHF Member:

It is our sincere hope that this mailing finds you and your families safe, healthy and doing well. Our newsletter typically provides you with wellness program schedules and other updates regarding LMHF events. However, beginning in March of this year, all LMHF-sponsored events were cancelled in an effort to keep everyone safe during the COVID-19 pandemic.

Currently, the only LMHF-sponsored event that has recently restarted is LMHF Strive to Thrive held at the Beaver Hollow Conference Center. If this is something you are interested in attending, please contact the LMHF office as soon as possible.

LMHF has published a Facebook page for the purpose of continuing our wellness program on a virtual basis until it is safe to offer face-to-face classes again. Various exercise classes, seminars and cooking demonstrations have been recorded and are available for you to safely view and continue your wellness initiatives. Visit our Facebook page and click on the links that interest you. The links will bring you to our YouTube channel for viewing. Instructions regarding this participation as well as earning Part II credits are explained further in this newsletter.

There are no changes in the open enrollment process this year. As in the past, you will receive residential mailings from the LMHF office containing information specific to you and your employer group. Because our office remains closed to the public, please feel free to reach us via telephone if you have any questions regarding your plans of benefits. The annual retiree health fair held the Fairdale Banquet Facility during the open enrollment period will not take place this year. If you normally receive your flu vaccination at this event, please see the insert outlining the various sites/dates we have available for you to have the vaccine administered.

For those of you not reporting to your worksite at this time, please contact us if you are interested in receiving Part I & II wellness packets; we are happy to mail them to your residence. Otherwise, contact your employer. The H/R & Personnel Departments also have a supply.

We look forward to the time when we can meet again in person. Please remain safe and healthy!

Sincerely yours,

Vicki Martino

## This Newsletter is Dedicated to the Memory of Chuck Vicario...



As many of you know, we lost a beloved member of the Labor-Management Healthcare Fund staff to COVID-19. Although members of the Western New York Community knew Chuck Vicario as Big Wheelie from the 50's rock & roll band, Big Wheelie and the Hubcaps, we at LMHF knew him as a trusted and dedicated co-worker, friend and family member who served the organization well as our Certified Wellness Coordinator. Chuck designed and launched much of our wellness program from its inception, which has progressed into the successful program it is today. The good health and well-being of our members was his driving force and passion. He was a genuine and kind gentleman who whole-heartedly believed in his efforts.

We appreciate the many cards, messages, emails and letters expressing your condolences and comments about Chuck. He clearly touched the lives of so many he met along his journey with LMHF. He will be deeply missed.

2

	Changes in Fund Balances (Reserve for Fut	ure Benefits)		
	Reconcilement of Fund Balance	!		
<u>Item</u>		20	2019	
17. Fund balance (res	erve for future benefits) at beginning of year		\$	3,296,794
18. Total additions du	ring year (item 7)	220,182,377		
19. Total deductions during year (item 16)		220,325,866		
20. Total net increase (decrease)				(143,489)
21. Fund Balance (reserve for future benefits) at end of year (item 14, statement of assets and liabilities)			\$	3,153,305
	Only adults of Other Advantage for the			-
	Schedule of Other Administrative Exp	enses		0040
4 E D 61				<u>2019</u>
1. Employee Benefits			\$	201,747
<ul><li>2. Copier Expense</li><li>3. Enrollment Expense</li></ul>				10,590
4. Newsletter	<del>=</del>			30,419 10,474
5. Office Supplies and	Evnoncos			131,704
6. Postage	Expenses			19,064
7. Telephone				13,506
8 Depreciation				21,120
o Beprediation				21,120
Total: Line 12(h): Otl	ner Administrative Expenses		\$	438,624
	Statement of Assets and Liabilitie	·s		
	ASSETS			
Item:		2019		
1.Cash		22,696,732		
2. Receivables:				
	(a) Contributions			
	(1) Employer	5,345,397		
	(2) Other Administrative Fees	-		
3. Other Assets:				
	(a) Prepaid Expenses and Security Deposits	23,261		
	(b) Office Equipment	207,319		
		·		
4 7 4 4 4	(c) Less Accumulated Depreciation	(138,097)		
4. Total Assets		<u>28,134,612</u>		
	LIABILITIES			
	LIABILITIES			
5. Unpaid Claims (Not Covered by Insurance)		2,292,665		
6. Accounts Payable	7,702,835			
7. Other Liabilities – F	14,985,807			
8. Reserve for Future	3,153,305			
9. Total Liabilities and Reserves		28,134,612		

Additions to Fund Balance	ture Ber	ients)	
Itom			2010
Item 1.Contributions:			<u>2019</u>
(a) Employer	217	,660,357	
(b) Employee	217	,000,007	
(c) Other (Enrollment Reimbursement)			
(d) Total Contributions			217,660,357
2. Dividends & Experience Rating Refunds from Insurance Companies			217,000,001
3. Investment Income:			
(a) Interest		31,960	
(b) Dividends			
(c) Rents			
(d) Miscellaneous			
(e) Total income from investments			31,960
4. Profit on disposal of investments			31,300
5. Increase by adjustment in asset values investments			
6. Other Additions: (Itemize)			
(a) Administrative fees			1,757,386
(b) Brokers premium, expense reimbursements			732,674
(c) Total Other Additions			2,490,060
7. Total Additions			
7. Total Additions			<u>\$220,182,37</u>
Chairman in Frank Dalaman (Danama fan Frak	D	-£:4-\	
Changes in Fund Balance (Reserve for Fut		ents)	
Deductions From Fund Balance	е		
			2019
8. Insurance & Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)			\$217,660,357
9. Wellness program benefits			731,961
10. Payments to an Organization maintained by the plan for the purpose of providing benefits to participants			
11. Payments or contract fees paid to independent organizations or individuals providing plan benefits (clinics, hospitals, doctors, etc.)			
12. Administrative Expenses:			
(a) Salaries	\$	539,244	
(b) Allowances, Expenses, etc.		-	
		41,567	
(c) Payroll Taxes			
· · · · ·		782.208	
(d) Fees & Commissions		782,208 94.050	
(d) Fees & Commissions (e) Rent		94,050	
(d) Fees & Commissions (e) Rent (f) Insurance Premiums			
(d) Fees & Commissions (e) Rent (f) Insurance Premiums (g) Fidelity Bond Premiums		94,050	
(d) Fees & Commissions (e) Rent (f) Insurance Premiums (g) Fidelity Bond Premiums (h) Other Administrative Expenses		94,050 37,855	
(d) Fees & Commissions  (e) Rent  (f) Insurance Premiums  (g) Fidelity Bond Premiums  (h) Other Administrative Expenses  See schedule of other administrative expenses		94,050	1 033 549
(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		94,050 37,855	<u>1,933,54</u>
(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  13. Loss on disposal of investments		94,050 37,855	<u>1,933,54</u> 8
(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  13. Loss on disposal of investments  14. Decrease by adjustment in asset values of investments		94,050 37,855	1,933,548
(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  13. Loss on disposal of investments  14. Decrease by adjustment in asset values of investments  15. Other Deductions: (Itemize)		94,050 37,855	1,933,548
(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 13. Loss on disposal of investments 14. Decrease by adjustment in asset values of investments 15. Other Deductions: (Itemize) (a)		94,050 37,855	1,933,548
(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 13. Loss on disposal of investments 14. Decrease by adjustment in asset values of investments 15. Other Deductions: (Itemize)		94,050 37,855	1,933,548



## 2020 Session Schedule

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. Overnight required. Lodging and all meals included.

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. Indoor and outdoor activities included. Parking free of charge. Program begins at 7:30 a.m. Wednesday and adjourns 3:30 p.m. on Friday.

If interested, your supervisor should contact:

Vicki Martino at <u>Vicki.Martino@LMHF.net</u> Cindy Meagher at <u>Cindy.Meagher@LMHF.net</u> <u>Or call (716) 574-4580</u>

Remaining for 2020
September 23 - 25
October 7 - 9
October 14 - 16



# LMHF IS ON F&CEBOOK



Search for and "like" our new
Labor-Management Healthcare Fund
Facebook page and stay on track with your
wellness routine. You will find exercise
classes, cooking classes, seminars and more.
The Facebook link will direct you to the

LMHF YouTube

channel where you can view the class anywhere at your convenience. After viewing a class, comment on our Facebook page and earn a point toward Part II of the LMHF Wellness Incentive



plan (be sure to document the event on Part II of the Activity Redemption Form).

Special thanks to our Videographer, Terry!



We appreciate our trainers for sharing their expertise on our Facebook videos:

Alex, Amanda, Anna, April, Jared, Jessica, Julie, Leanne, Melissa, Michael, Richard, Rob, Soda, Steve, & Tom!

# 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, Suite 2 West Seneca, NY 14224 (716) 668-0711

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

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

7900 Buffalo Avenue Niagara Falls, NY 14304 (716) 283-9746

2180 Monroe Avenue Rochester, NY 14618 (585) 730-5835

### Hamburg Optical

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

### Your Local Optical

5827 South Transit Road Lockport, Ny 14094 (716) 727-0085

### Whelpey & Paul

3180 Latta Road Greece, NY 14612 (585) 663-6655

2815 Monroe Avenue Brighton, NY 14618 (585) 473-1800

950 Ridge Road Webster, NY 14580 (585) 671-6630

6800 Pittsford Palmyra Road Fairport, NY 14450 (585) 223-8480

### Buffalo Optical

280 Delaware Avenue Buffalo, NY 14202 (716) 854-1620

1567 Military Road Kenmore. NY 14217 (716) 875-7779

4080 Seneca Street West Seneca, NY 14224 (716) 674-4110

5350 Main Street, Suite 4 Williamsville, NY 14221 (716) 631-3820

### Southgate Optical

1028 Union Road, Suite B 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.

# 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	~	

# OPEN ENROLLMENT

# Attention Active Employees:

Open enrollment period for all LMHF groups:

Monday, October 19 through

Friday, November 20, 2020

Your employer will have packets available during the open enrollment period 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.

# **Attention Retirees:**

Open enrollment period for all LMHF groups:

Monday, October 19 through

Friday, November 20, 2020



Due to current circumstances, there will be no retiree health fair this year at the Fairdale. If you have questions regarding open enrollment, call the LMHF office, BlueCross BlueShield WNY,

Independent Health, Pharmacy Benefit Dimensions or your former employer. Open enrollment packets will be mailed in October with further details and contact information.

## LMHF Wellness Incentive Program

### Part I & Part II Instructions

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

### Wellness Incentive Program - 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. Upon completion and LMHF verified, participant will receive a \$50.00 HRA debit card.

- 1. Retrieve a LMHF "Wellness" packet. All required forms are included in the packet.
- 2. Applicant is required to receive 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. Must receive physical the same year in which member is applying and be an active LMHF member at the time of his/her annual physical.
- 4. The completed and signed form must be submitted to the LMHF office either in person or via U.S. Postal Service (*Self-addressed envelopes are provided in packets*).
- 5. A debit card will be delivered to their residence via U.S. Postal Service. Please allow three to four weeks for delivery following LMHF's receipt of documentation.

### Wellness Incentive Program - Part II

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

- 1. Participate in twelve (12) approved wellness activities.
- 2. Complete the Wellness Activity Redemption form.
- 3. Healthcare provider must complete and sign the Preventative Screening Verification form(s) (if applicable). Must receive screenings the same year in which member is applying and be an active LMHF member at the time of his/her screening(s).
- 4. 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.
- 5. If Part II is fulfilled prior to Part I, documentation will be accepted and kept on file at LMHF. Participant 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 and <u>must contain original signatures!</u> Faxes and/or scans are Not Accepted

Wellness Packets can be obtained through your Human Resources/Personnel Department, LMHF office at 601-7980 or online at www.LMHF.net

## Retirees with health coverage through Independent Health

# 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: 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 a previous year 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 **any Medicare Part D plan** 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 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.

### 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

### **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.

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

<u>Children's Health Insurance Program Reauthorization Act (CHIPRA)</u> 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.

**Summary Plan Description (SPD)** 

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.

Summary of Benefits of Coverage (SBC)
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.

# Women's Health and Cancer Rights Act

### **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 of WNY at 1-888-839-5169 or Independent Health at 1-800-665-1502 for Medicare Advantage plans.

# **Attention BCBS of WNY Members Stay Connected to Your Care Team**

Life moves fast. Don't put taking care of yourself last on your to-do list! As part of BlueCross BlueShield of Western New York's care management program, you have access to *Wellframe*, a tool that makes keeping in touch with your care team easier than ever.

### The Convenience of a mobile app

Wellframe connects you directly to a health professional who will work with you to set and meet personalized health goals - on your own terms. There is no cost for the app or service. Once you download the app to our smartphone or tablet, you'll connect with a nurse, care manager, or health coach who will begin assessing your daily progress toward your goals. Use Wellframe to message your care team directly and read educational materials about health topic that interests you. Whether you just left the hospital, want to better control your diabetes, or are working with a health coach to lose weight or lower stress, BCBS and Wellframe are here to help you stay on track.

### Getting started is easy

Visit the App Store, Google Play, or **wellframe.com/download** and select *Create New Account* to install the Wellframe app. You will need to enter your member ID (found on your member ID card) and **access code**, **bcbswny**, when prompted.

### Once you sign up, you'll have access to:

- -A personal daily health checklist of ways to meet your wellness goals
- -Customized notifications for your medications, doctor appointments, or other daily tasks
- -Your personal dashboard showing how many steps you've walked, what medications you've taken today, and what day of the program you're on.
- -A direct chat with your health coach or care manager for you to ask questions, get advice, or just touch base
- -A library of articles, pictures, and videos to learn about different health topics

If you have questions, want to see if you're eligible, or need an access code, call BCBS Customer Service team at the number on the back of your member ID card.





# **EmblemHealth**

Attention members with dental coverage through Emblem Health

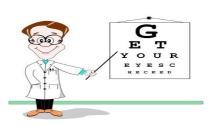
Emblem Health will be issuing new identification cards to all members effective January 1, 2021.

# Attention BCBS members

The vision discount program offered through BCBS of WNY will be moving from EyeMed to Davis Vision effective January 1, 2021.

More details to follow with a communication from BCBS of WNY.



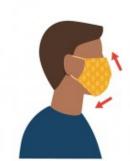


# CDC Guidelines / Masks

### **Wear Your Mask Correctly**

- Wash your hands before putting on your mask
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- CDC does not recommend use of masks or cloth masks for source control if they have an exhalation valve or vent







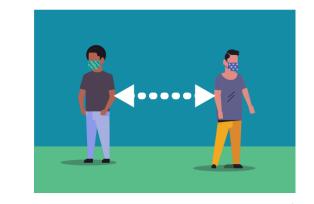


### Wear a Mask to Protect Others

- Wear a mask that covers your nose and mouth to help protect others in case you're infected with COVID-19 but may not have symptoms
- Wear a mask in public settings when around people who don't live in your household, especially when it may be difficult for you to stay six feet apart
- Wear a mask correctly for maximum protection
- **Don't** put the mask around your neck or up on your forehead
- **Don't** touch the mask, and, if you do, wash your hands or use hand sanitizer to disinfect

### Follow Everyday Health Habits

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



# During the COVID-19 pandemic, follow CDC Guidelines as much as possible

## Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus. The virus is thought to <u>spread mainly from person-to-person</u>.
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

## Wash Your Hands Often

- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth because that' how germs enter our bodies:
- 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- 2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- 4. Rinse your hands well under clean, running water.
- 5. **Dry** your hands using a clean towel or air dry them.
- **6.** If soap and water are not readily available, **use a hand sanitizer that contains** at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.



### Stop in while you shop

It only takes a few minutes, no appointment necessary!

### Skip the trip to the doctor's office

One way Wegmans Pharmacy can help you stay healthy is with easy, quick immunizations for adults and kids! Our licensed pharmacists can provide flu shots for the family while you're here or any other available vaccine. No appointment or prescription needed!

### **Reserve-A-Spot Program**

For our 65+ year old community members we have a "Reserve-A-Shot" program. You can call ahead and make an appointment to get your flu shot. This convenient process will decrease your contact in the store and speed up the wait time.

Here are the Pharmacy Numbers of Buffalo Locations:

Alberta Dr: 675 Alberta Dr, Amherst, New York 14226 (716) 831-6340

Amherst St. 601 Amherst St. Buffalo, New York 14207 (716) 877-1477

Dick Rd: 651 Dick Rd, Depew, New York 14043 (716) 681-2715

<u>Iamestown</u>: 945 Fairmount Ave, Jamestown, New York 14701 (716) 483-9909

Losson Rd: 4960 Transit Rd, Depew, New York 14043 (716) 685-7310

McKinley: 3740 McKinley Pkwy, Buffalo, New York 14219 (716) 824-8013

Military Rd: 1577 Military Rd, Niagara Falls, New York 14304 (716) 298-3140

Niagara Falls Blvd: 3135 Niagara Falls Blvd, Amherst, New York 14228 (716) 691-0810

Sheridan Dr.: 5275 Sheridan Dr, Williamsville, New York 14221 (716) 633-1781 Transit Rd: 8270 Transit Rd, Williamsville, New York 14221 (716) 636-5613

West Seneca: 370 Orchard Park Rd, West Seneca, New York 14224 (716) 826-9800



Minimum age requirements vary by state.\*

the flu vaccine as soon as it becomes available to help protect you

For more information check out the website at: https://www.wegmans.com/pharmacy/

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Helping you live a healthier, better life