

Health Matters

A publication of the NY44 Health Benefits Plan Trust

www.ny44.e1b.org

Fall 2016



Emergency Room Visits

What does the ER Cost?
See page 2.



Wellness on W2

IRS deems wellness payments as income.
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Out-of-Network

New maximum limits effective Jan. 1, 2017.
See page 5.

Sharing the State of the Trust

Dear NY44 Health Benefits Plan Trust Enrollees,

In late September and early October, the NY44 Health Trust hosts its annual meetings for benefit administrators, business officials, superintendents and labor representatives from the 56 schools enrolled in our plans. We hold meetings in Western New York and at the GST BOCES, the DCMO BOCES and at Franklin-Montgomery Community College.

At the meetings, I present an overview of the Trust and our consultants and third-party medical and pharmacy providers are invited to present. Each presentation is designed to inform district representatives on valuable information that may impact plan design and contribution rates, as well as the general operation of the Trust.

This year, presentations focused on trends and factors that affect the Trust's costs, some of which are in our control, such as emergency room utilization, and some which are beyond our control, for instance, pharmacy costs.

An area of particular interest for the NY44 is emergency room utilization. The Claims Risk Manager presented an analysis of emergency room usage across all geographic regions, for the first eight months of 2016. Within that timeframe, research shows there are large percentages of non-urgent cases being seen in the emergency room. If we can



encourage enrollees to use an alternative to the ER, like the 24-hour Nurses Hotline or urgent care centers, the number of non-emergent cases in the ER could be reduced. There are additional articles in this issue about the 24-hour Nurses Hotline and 247 Online Care, and the high cost of emergency room utilization for non-emergent visits.

Please refer to our website, ny44.e1b.org, to access the Annual Meeting presentation, as well as the most current Summary Plan Descriptions (SPDs) and Summary of Benefits and Coverages (SBCs) which

detail the benefits currently being offered to our enrollees.

As we enjoy the fall colors and look forward to the winter weather, I encourage you to continue your pro-active approach to a healthy lifestyle, including exercise, a balanced diet, as well as getting your annual flu shot. I wish you health and happiness as we enter this festive time of year.

Sincerely,

A handwritten signature in cursive that reads "Darleen Michalak".

Darleen A. Michalak, Ph.D.
Plan Administrator / Ex Officio Trustee

A General Guideline to ER, Urgent Care and PCP

Use the **EMERGENCY ROOM** for:

- Chest pain or squeezing sensation in chest
- Trouble breathing
- Seizure or loss of consciousness
- Severe abdominal pain
- Heavy or uncontrolled bleeding
- Large open wounds
- Major burns
- Spinal injuries
- Sudden paralysis or slurred speech
- Severe head injuries
- Poisoning or suspected overdose of medication

Use the **URGENT CARE CENTER** for:

- Mild asthma attacks
- Ear infections
- Other minor infections
- Headaches
- Sprains and strains
- Minor broken bones
- Small cuts
- Stitches
- Minor burns and injuries

Use the **PRIMARY CARE PHYSICIAN** Office for:

- Flu
- Rashes
- Fevers
- Treatment for chronic conditions - such as diabetes or high blood pressure
- Preventive care visits
- Immunizations
- Screenings
- General questions about your health
- Routine care

Plan Documents are Online

Bookmark our website, ny44.e1b.org, to access the most current Summary Plan Descriptions (SPDs) and Summary of Benefits and Coverage (SBCs) which detail the benefits currently being offered to our enrollees.



What do Emergency Room Visits Cost?

Analyzing claims from emergency room visits between January through August 2016, the NY44 Health Trust has found each region had a significant percentage of emergency room visits for non-urgent care that would have been more appropriately handled at an urgent care facility or a primary care physician's office.

Emergency room costs vary greatly across the state by geographic region and each region was analyzed as a whole.

The Trust wants to emphasize that medical emergencies of chest pain, seizures, overdoses and others listed in the sidebar should be seen at the ER. There are appropriate care alternatives for the non-urgent medical care, rather than a trip to the ER, such as urgent care, your primary care physician or the 247 online telehealth option piloted in the East Central region.

During the eight months studied, members of WNY school districts made 4,504 visits to the ER. Of those, 38% or 1,712 visits were classified as non-urgent care. Since January 1, 2016, emergency room usage has cost the Trust in the WNY region \$2,173,134. Using an urgent care center or physicians' office for these non-emergent visits would have saved the Trust \$568,384 for the first eight months of 2016.

Members of the school districts in the East Central region made 2,104 visits to the ER. Of those, 69.1% or 1,456 were classified as non-urgent care. Since January 1, 2016, emergency room usage has cost the Trust in the East Central New York region, \$2,503,949.36. Using an urgent care center, physicians' office or 247 Online Care for these non-emergent visits would have saved the Trust \$1,396,435 for the first eight months of 2016.

Members of the school districts in the Mid Central-Albany region, made 672 visits to the ER. Of those, 38% or 256 were classified as non-urgent. Since January 1, 2016, emergency room usage has cost the Trust in the Mid Central/Albany region, \$475,634. Using an urgent care center or physicians' offices for these non-emergent visits would have saved the Trust \$142,615 for the first eight months of 2016.

For all regions, the savings seen by reducing the number of non-urgent visits to the emergency room could potentially reduce enrollee contribution rates.



WNY Enrollees Can Access 24-Hour Medical Help Line

The registered nurses at Independent Health's 24-Hour Medical Help Line can help WNY enrollees with non-emergency medical issues. They can assist you with understanding your symptoms and choosing the proper care by determining if a visit to an urgent care center is necessary.

247 Online Care Piloted in East Central Area

Beginning in July 2016, the NY44 Health Trust began a pilot program with 247 Online Care in the East Central New York region. This new telehealth service is an exciting option when enrollees cannot reach their primary care physician. Telehealth uses phone and/or video to connect patients with online physicians to receive treatment for minor injury or illness. Rather than go to the emergency room, you phone into a telehealth system and speak directly to a board certified physician who can provide medical advice and prescribe medication. It is a convenient way to get treatment for illnesses, such as sinus problems, bronchitis, allergies, ear infections, pinkeye and cold and flu symptoms, without leaving the comfort of your home.



What's New This Flu Season?



According to the Centers for Disease Control and Prevention, a few things are new this flu season:

- Only injectable flu shots are recommended for use this season.
- Flu vaccines have been updated to better match circulating viruses.
- There will be some new vaccines on the market this season.
- The recommendations for vaccination of people with egg allergies have changed.

What has not changed is the recommendation that everyone should get a flu vaccine. All NY44 plans offer the flu shot at a \$0 copayment no matter where you get the vaccine – at your physician's office, at a work clinic or at a drug store/pharmacy site. Everyone six months of age and older should get a flu vaccine every year by the end of October, if possible. However, getting vaccinated in November and December is also beneficial to helping prevent the flu..

The nurses' hotline can also provide information about heart disease, asthma or diabetes, details about common surgeries, advice on how to treat a child's fever or minor injury, drug interactions and side effects. The nurses can help you learn more about treatment and procedure options available to you for different health problems and diseases. They'll also give you information to speak to your doctor about when deciding what kind of treatment is best for you.

Call 1-888-878-9174 to speak to an experienced registered nurse 24 hours a day, 7 days a week.



MVP, NOVA Offer Ways to Help You Choose a Primary Care Physician

Our newsletters have repeatedly printed articles about the benefits of having a primary care physician (PCP). The message bears repeating because having a PCP is the first step toward being proactive about your health. Both Nova and MVP have online service provider areas, available on the Health Trust website (NY44.e1b.org), where you can search for a PCP, but they also offer enrollees more personalized help in choosing a PCP through their customer service departments.

Nova Care Navigators: If you need to speak with someone to help you find a PCP, call the Member Services number on the back of your medical ID card. Tell them you need help locating a primary care physician; this includes helping identify a PCP for adult children who have aged out of their pediatrician's services. With the Independent Health network, 98% of area doctors and 99% of local facilities are in-network. The customer service and medical management departments are available to help you understand your health care options to make the best choice for yourself and your family.

MVP: NY44 enrollees can call the Customer Care phone number on the back of their medical ID card to receive assistance in finding a PCP. Enrollees can also use the MVP Find a Doctor function online at the NY44 website or download the myMVP – MVP Health Care mobile app.

IRS Change Affects Enrollees' W-2

Wellness Reimbursement and Reward Payments Deemed as Income

Wellness reimbursements and reward payments in 2016 will be required to be reported on enrollees' W2 forms as income.

The IRS Chief Counsel Advice Memorandum 201622031 details that cash rewards (regardless of the amount) must be included in an employee's gross income.

Please be advised that the Internal Revenue Service, not the NY44 Health Benefits Plan Trust, has indicated that wellness payments made in connection with the performance of services by an employee for an employer with regard to their health insurance benefit are wages, subject to withholding and payment of employment taxes.

This IRS change affects NY44 enrollees that received payment during 2016 for any fitness reimbursement and/or the physical exam reward. Reimbursement of gym membership fees are not excludable from income.

Wages are reflected and reported on W-2s. The NY44 Health Trust will be working with the districts' benefit administrators and business officials to develop a procedure to address this IRS decision.

Information about Bacterial Meningitis Vaccines

You may be aware that New York State is requiring the following for students entering:

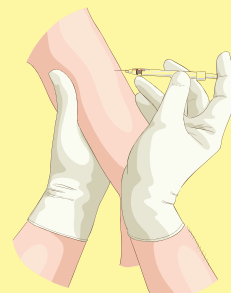
- Grade 7 – one dose of meningococcal vaccine
- Grade 12 – two doses of meningococcal vaccine, or one dose if the dose was received at 16 years of age or older

According to the Centers for Disease Control and Prevention (CDC), keeping up-to-date with recommended vaccines is the best defense against acquiring bacterial meningitis. There are separate vaccines for meningococcal groups ACWY disease (MenACWY disease) and meningococcal group B disease (MenB disease). As a parent, if you have questions, contact your child's pediatrician.

Meningitis is a rare but potentially life-threatening condition caused by inflammation of the protective membranes ("meninges") covering the brain and spinal cord. This inflammation is usually caused by infection with viruses or bacteria, including *N. meningitidis*.

At risk are infants younger than one year and adolescents and young adults 16-23 years of age, people without a spleen, people with certain immune system problems, living in close quarters (such as college dormitories or military barracks), and smokers (active or passive).

The bacterium is spread through close contact through exchanges of saliva and secretions from the nose or throat, including coughing, sneezing and kissing. Symptoms of fever, headache and stiff neck can progress rapidly — within 24 hours — and can become serious, possibly fatal. Additional symptoms may include nausea, vomiting, sensitivity to light, and confusion.



Understanding the Out-of-Network Out-of-Pocket Maximums

Increase Effective Jan. 1, 2017

If the doctor, hospital or health care facility you visit is part of your insurance company's network, you'll get your health care at lower prices. But if you go out of the network for health care, it can become a lot more expensive for enrollees and for the NY44 Health Trust.

If you use in-network services, this change in January does not affect you. It does affect those who choose to use out-of-network services.

If you stay within the medical and pharmacy networks, the NY44 Health Trust plans have no deductible and \$0 co-payment in most cases; the exception is Tier 2 and 3 pharmacy and emergency services have co-payments. Enrollees are encouraged to use the in-network providers and services because the NY44 Trust has negotiated a fees and payment structure with those third-party medical and pharmacy providers, a standard practice in health care.

When enrollees go out of the network, they are responsible to meet an annual deductible. The out-of-network deductible operates on a calendar year starting January 1. The out-of-network deductible for Plan A is \$1,000 for single plans and \$2,000 for family plans. The out-of-network deductible for Plan B is \$2,000 for single plans and \$5,000 for family plans. Enrollees using out-of-network services must pay all the medical and pharmacy costs up to the deductible amount before the NY44 plan begins to pay for covered services.

Once you have reached your deductible and you continue using out-of-network services, you now are responsible for co-insurance or co-payments as outlined in the Summary of Benefits and Coverage (SBC) document. These out-of-network copays and co-insurance for medical and pharmacy are combined to reach the out-of-pocket maximum. The out-of-pocket maximum is the most you pay out of pocket each calendar year before your health plan starts to pay 100% for out-of-network covered essential health benefits and drugs.

Out-of-Network, Out-of-Pocket Maximums		
Nova and MVP	2017	2016
Option A Plans	\$9,500/single; \$19,000/family	\$5,000/single; \$10,000/family
Option B Plans	\$9,500/single; \$19,000/family	\$5,950/single; \$11,900/family

As of Jan. 1, 2017, the out-of-network, out-of-pocket maximums will increase to \$9,500 for single plans. The out-of-network, out-of-pocket maximums for family plans will increase to \$19,000.

Independent Health (Nova) and MVP customer service centers will assist you to find a service provider that is in-network. Call them using the phone numbers on the back of your card.

Definitions:

Copayment: a fixed amount, in addition to the Contribution for Coverage, which you are required to pay per visit for certain covered services provided under the Plan. It is usually expressed as a fixed dollar amount payable each time a service is provided regardless of the number of times it is provided. You are responsible for the payment of any Copayment directly to the provider when In-Network Services are provided.

Deductible: the amount you owe for Out-of-Network health care services in a Calendar Year before the Plan begins to pay. The deductible may not apply to all services. Any amounts paid for Copayments or Coinsurance shall not count toward the Deductible. The Deductible is determined as of the date(s) the claims are processed by the Claims Administrator, not the date(s) on which the services occurred.

Essential Health Benefits: The Affordable Care Act ensures health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace, offer a comprehensive package of items and services, known as "essential health benefits." Essential health benefits must

include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. Any payments you make for "essential health benefits" provided under the Plan count toward your "Out-of-Pocket" Maximums. Payments you may make for benefits that are considered Non-essential benefits do not count toward your Out-of-Pocket Maximums.

Out-of-Network Services/Benefits: Covered Health Care Services that are provided or referred by a Non-Participating Provider which the Covered Person elects to have rendered without the necessary prior authorization from the Claims Administrator.

Out-of-Pocket Maximum (for Out-of-Network Services and Drugs): The most you pay out of pocket each calendar year before your health plan starts to pay 100% for Out-of-Network covered essential health benefits and drugs. This limit includes deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits and drugs. This limit does not include, for example, your premium equivalent contribution, balance billing amounts for non-network providers and other out-of-network cost-sharing, or spending for nonessential health benefits

NY44, Other Insurance and Coordination of Benefits

Do you have more than one health insurance plan? If so, the insurance plans need to work together to make sure you are getting the most out of your health insurance benefit. With multiple health plans one plan becomes your primary payer -- it pays claims first. Then the second or third plan, if you have several plans, pays next. This process is called "Coordination of Benefits" or COB. For coverage through a governmental plan such as Medicare or Medicaid there is a specific hierarchy, or order in which the benefits are coordinated.

To ensure accurate coordination occurs, from time to time the NY44 Trust's medical carriers, Nova Healthcare and MVP Health Care, will send out coordination of benefits letters. If you receive one of these letters, it's important for you to respond to the questionnaire and update your insurance information. If you're an active enrollee (currently employed with a school district and enrolled in the NY44 Trust) and have other insurance, your school's benefit administrator should be informed of your alternative insurance plan(s). You will need to submit to your school the "Other Insurance Coordination of Benefits" application. The other insurance information will allow the NY44 Trust to coordinate benefits which will lower your out-of-pocket costs.

When you are a retiree and over the age of 65 you are entitled to/eligible for Medicare. As a retiree, Medicare is the primary payer and the NY44 Trust coordinates with Medicare meaning the NY44 Trust pays for covered benefits after Medicare's reimbursement. Under the terms and conditions of the NY44 Trust as found in the Summary Plan Description Section 3; 4(b), Persons not entitled to Coverage include: Person who are eligible for Medicare and whom Medicare would be Primary Payer, but who have not enrolled in both Medicare Part A and Medicare Part B.

Depending on your Medicare eligibility conditions, this may mean you will pay for Medicare Part A and/or Part B. When Medicare is your primary insurance payer,

failure to enroll in Medicare Parts A and B when you become eligible will result in a loss of medical coverage through the NY44 Health Plan. It is important to notify your school district benefit administrator when you and/or your covered spouse

receive a Medicare claim number.

As an enrollee in the NY44 Health Plan, under what conditions is Medicare the primary payer and Medicare enrollment is necessary? The reference table will answer that question.

ARE YOU...	NY44 Trust requires enrollment in Medicare Part A	NY44 Trust requires enrollment in Medicare Part B
a current school employee enrolled in the NY44 Health Plan and still working?		
Active employee (enrollee) is 65 or older	No*	No
Is your covered spouse 65 or older	No*	No
Is your covered spouse 64 or younger	Not applicable	Not applicable
a school employee enrolled in the NY44 Health Plan and retired?		
Retired employee (enrollee) is 64 or younger and not Medicare-disabled	Not applicable	Not applicable
Retired employee (enrollee) is 65 or older	Yes	Yes
Is your covered spouse 64 or younger	Not applicable	Not applicable
Is your covered spouse 64 or younger and Medicare-disabled	Yes	Yes
Is your covered spouse 65 or older and retired	Yes	Yes
Is your covered spouse 65 or older, working and enrolled in their own employer's health plan	No*	No

***You are encouraged to enroll in Medicare Part A to receive all the benefits for which you are entitled. No = NY44 Health Benefits Plan Trust and/or other employer health plan is primary payer Yes = Medicare is primary payer**

To find out more about terms, conditions and benefits of the NY44 Health Benefits Plan Trust visit our website at www.ny44.e1b.org. While you're there, check out our new Medicare section on the Home Page! For information on eligibility, coordination of benefits and excluded services refer to the Summary Plan Description for your applicable health insurance carrier (Nova or MVP). To learn more about Medicare eligibility and enrollment see the Social Security website at www.ssa.gov or www.cms.gov or contact your local Social Security office.

What is a Special Enrollment Event?

When new enrollees join the Trust, they may add dependents within 30 days of their first day of eligibility for enrollment. After that time, dependents can be added only during Open Enrollment periods or within 30 days of a Special Enrollment Event, as outlined in the Summary Plan Description, Section 3 (B,2).

The Special Enrollment Events affecting dependents are:

- Getting married
- Establishing a domestic partnership
- Terminating a domestic partnership must be reported within 14 days
- Having a child
- Adopting a child
- Divorce. In the case of divorce, the former spouse will be removed as of the date of the signed divorce decree.
- Gains eligibility for coverage
- Death should be reported by a family member to the employer as soon as possible

If you or your dependent has loss of coverage and become eligible for the NY44 Health Benefit you must notify your benefit administrator within 30 days of the event, NO EXCEPTIONS.

For all Special Enrollment Events, you will need to provide your benefit administrator with a copy of the supporting documentation. You must notify your school benefit administrator within 30 days of any of these events in order to have coverage effective as of the date of the event. If you do not notify your school benefit administrator within 30 days, you will not be able to add your dependent to your plan until the next Open Enrollment period.

New Generic Medications Now Available

Generic medications are safe and effective alternatives to brand-name drugs. They typically are less expensive than brand-name drugs, and the savings can be significant. For your reference, here are some brand name medications that recently have had a new generic alternative released to the marketplace:

<u>Brand Name</u>	<u>Generic Name</u>	<u>Category</u>
Tikosyn	dofetilide	Antiarrhythmic
Fenoglide	fenofibrate 40mg, 120mg	Antihyperlipidemics
Edecrin	ethacrynic acid	Diuretics
Edular	zolpidem SL	Hypnotics
Tamiflu	oseltamivir	Antiviral
Crestor	rosuvastatin	Antihyperlipidemics
Nilandrone	nilutamide	Antineoplastics and adjunctive therapies
Oxistat Cream	oxiconazole cream	Dermatologicals
Voltaren Gel	diclofenac gel 1%	Ophthalmic agents
Nasonex	mometasone nasal spray	Nasal agents
Quartette	levonorg/estradiol/ethinyl estradiol	Contraceptives
Cordran Cream	flurandrenolide cream	Dermatologicals
Lexiva	fosaprenavir	Antiviral
Vimpat	lacosamide	Anticonvulsants
Crestor	rosuvastatin	Antihyperlipidemics
Cambia	diclofenac solution	Ophthalmic agents*
Natazia	estradiol/dienogest	Contraceptives
Banzel	rufinamide	Anticonvulsant
Minastrin 24	norethindrone/ethinyl estradiol/ferrous fumarate	Contraceptives
Uloric	febuxostat	Gout agent



Annual Golf Tournament Supports WNY Hospice Foundation

On July 21, the Friends of the NY44 Health Benefit Plan Inc. held its annual tournament and for the seventh year, golfers came out to support the WNY Hospice Foundation. The Friends of the NY44 were once again able to donate \$20,000 to the Hospice Foundation bringing the total support of their organization to \$80,000! Next year's tournament will be held on July 20, 2017. Pictured presenting the check to David Yacono from WNY Hospice Foundation (on right) are Dr. Darleen Michalak, plan administrator, and John Pope, NY44 board chairman.

Laura Hirsch Receives NY44 Award

Laura Hirsch, president of Nova Healthcare Administrators, is the recipient of the 2016 NY44 Award from the Friends of the NY44 Health Benefit Plan Inc. In her role partnering with the NY44 Health Trust, she has presented and implemented new initiatives that have continually supported the Trust's cost containment strategies. She provides a high degree of personal service and attention, working collaboratively to help the NY44 Health Trust meet its goals.



For more than 20 years, Hirsch has assisted clients in the management of their self-funded health plans. The NY44 Health Trust, a self-funded health benefits plan offered to school districts in New York state, currently has 56 school districts enrolled, representing approximately 15,000 enrollees and almost 37,000 lives.

The NY44 Award was established in 2010 to recognize individuals who have supported the successful implementation of the NY44 Health Benefits Plan Trust. The award is presented annually in July at the Friends of NY44 Health Trust golf tournament dinner.



355 Harlem Road • West Seneca, NY 14224

Plan Administrator/ Ex Officio Trustee
Darleen A. Michalak, Ph.D.

Contact the Trust
Phone 716.821.7161
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www.ny44.e1b.org

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Participating Schools

Akron Central School District
Alden Central School District
Alfred-Almond Central School District
Bainbridge-Guilford Central School District
Canajoharie Central School District
Candor Central School District
Canisteo-Greenwood Central School District
Cheektowaga Central School District
Cheektowaga-Sloan Union Free School District
Cleveland Hill Union Free School District
Cooperstown Central School District
Delaware-Chenango-Madison-Otsego BOCES
Depew Union Free School District
Ellicottville Central School District
Elmira City School District
Elmira Heights Central School District
Elmwood Franklin School
Erie 1 BOCES
Franklin Central School District
Fulton-Montgomery Community College
Gilbertsville-Mt. Upton Central School District
Gowanda Central School District
Grand Island Central School District
Greater Southern Tier BOCES
Hamburg Central School District
Iroquois Central School District
Kadimah School
Lackawanna City School District
Lewiston-Porter Central School District
Madrid-Waddington Central School District
Maryvale Union Free School District
Mechanicville City School District
Niagara Falls City School District
Niagara Wheatfield Central School District
North Collins Central School District
North Rockland Central School District
Norwich City School District
Odessa Montour School District
Oneida-Herkimer-Madison BOCES
Oppenheim-Ephratah-St. Johnsville CSD
Otselic Valley Central School District
Oxford Academy & Central School District
The Park School of Buffalo
Pioneer Central School District
Schenevus Central School District
South Buffalo Charter School
St. Francis High School
St. Mary's School for the Deaf
Spencer-VanEtten Central School District
Springville-Griffith Institute Central School District
Sweet Home Central School District
Unatego Central School District
Walton Central School District – NEW!
Watkins Glen Central School District
Waverly Central School District
West Seneca Central School District

I Have Questions! Who Do I Call?

As a general rule, enrollees should contact the benefit administrator at their district. If you don't know who that is, please use the Contacts page on the website.

For General Questions:

1. Ask the Benefit Administrator for your district
2. Refer to the Summary of Benefits and Coverage (SBC) or the Summary Plan Description (SPD) on the website. Find these documents under the web page associated with your plan; either the Nova/Independent Health option or the MVP option.

For Medical Service or Medical Procedure Questions:

Due to HIPAA confidentiality laws, neither the benefit administrator nor a NY44 Health Benefits Plan Trust employee should answer any questions about specific medical services or procedures provided to individual patients or enrollees. All questions regarding services, procedures or interpretation of the Summary Plan Description related to specific services provided to you need to be directed to the customer service representatives at Nova/Independent Health or MVP.

Nova/Independent Health customer service: Monday to Friday, 8 a.m. to 8 p.m.
Phone: (716) 631-2661 or (800) 257-2753

MVP customer service: Monday to Friday, 8 a.m. to 8 p.m. Phone: (800) 229-5851

For Other Questions About the Plan: Other questions about the plan benefits not answered by the benefit administrator or Nova/Independent Health or MVP customer service representatives should be referred to Dr. Darleen Michalak, Plan Administrator/ Ex Officio Trustee, (716) 821-7074.

For NY44 Wellness: This pertains to any questions about the physical exam reward and the gym membership fee reimbursements. First, read the guidelines available on each of the forms. All forms are online under the 'Wellness Forms' tab at www.ny44.e1b.org. If you still have questions, contact Jeni Kapalczynski, wellness coordinator, Monday to Friday, 8 a.m. to 4 p.m., (716) 821-7161.

For Dental Claims or Coverage Questions: Please note that not all districts offer the dental coverage. If yours does, pose the question to the benefit administrator for your district. You can also read the dental Summary Grid and dental Summary Plan Description online at www.ny44.e1b.org. If questions remain, contact ProBenefits Administrators Customer Service Department, (888) 683-3682, Monday to Friday, 8 a.m. to 4 p.m.