

Labor Relations in Challenging Times

~ Part II ~

A conference sponsored by
Labor and Employment Relations Association
Buffalo Chapter and MVP HealthCare

March 16th, 2010

Adams Mark Hotel (Buffalo, NY)

- | | |
|---------------|---|
| 11:00 – 12:00 | Registration/Lunch |
| 12:00 - 12:30 | Welcome: Review of last seminar and agenda

LERA –

MVP - Joseph Wild (Sales Director of Labor) |
| 12:30 – 1:15 | Federal Updates
Frank Fanshawe -VP of Government Affairs (MVP) |
| 1:15 – 2:15 | Wellness Overview and Case studies
Ellen Lindahl -Director of Worksite Health Promotions (MVP) |
| 2:15 – 3:00 | TBD – Chris Fiello

Medical packages: <ul style="list-style-type: none">➤ Cost of individual riders➤ How much savings in changing plan designs➤ Value and cost of different funding➤ Fully Insured vs Self Insured:<ul style="list-style-type: none">Minimum premium pro's and con's➤ Rx: Newest vs. Canadian purchased |
| 3:00 – 3:45 | Patrick Glavey- VP of Medicare Strategic Business Unit <ul style="list-style-type: none">➤ Retiree cost options available? What is the cost?➤ Individuals policy- value to Union members➤ Group Policy (when and why to use them)➤ Coverage for Retirees in and out of area➤ Value of Medicare Advantage plans for Upstate groups |

- 3:45 - 4:30 HRA- Health Risk Assessments
 HSA-Health Savings Accounts
 FSA–Flexible Spending Accounts – latest and greatest
- Who is utilizing these accounts?
 - Do they work and how.
 - Benefits of only the FSA
- 4:30 Closing Remarks & Evaluation and cocktails

REGISTRATION FORM

\$50.00

Cancellation Policy: Written notification of your withdrawal from this workshop must be received 3 days prior for a refund. Substitutions are always an option.

**Please mail to Sandra Luedke, Secretary/Treasurer, Box 100, One News Plaza, Buffalo, NY 14240
 Please email Sandy if you plan to attend – secretary@lerawny.org**

Name _____ Address _____
 _____ City _____
 _____ State _____ ZipCode _____

Organization _____ Position _____ Daytime _____

Phone _____

Fax: _____

E-mail address _____

Payment By: _____ **Visa** _____ **AMEX** _____ **MasterCard** _____ **Discover** _____

_____ **Check (made payable to:** _____

Card No. _____ Exp. Date _____

Amount to be charged: \$ _____

Name of Cardholder _____

Signature of Cardholder _____