

THE LINE CONNECTION



Benefit News for LINECO Participants

SPRING 2023

LINECO Marks 60th Anniversary

On July 1, 1963, the American Line Construction Welfare Fund officially began to cover IBEW and NECA lineworkers throughout the Midwest. 2023 marks the 60th Anniversary of our founding.

Our initial Board of Trustees had the foresight to establish a comprehensive medical and disability plan to provide safety and security for those members working in the outside electrical construction industry back in 1963. Eventually, the official name of the Plan would become the Line Construction Benefit Fund, known today as LINECO.

The initial benefits included a \$40 per week loss-of-time benefit. 70 days of hospital care per illness. Allowance for surgeon fees up to \$300. Up to \$50 coverage for x-rays and lab tests. Maternity benefits included Normal Delivery for \$75 and C-Section for \$150. Times have definitely changed since the 1960's. Specifically, our US healthcare system can be very complicated and has seen annual double digit price increases over the past 60 years.

The original contribution rate for health and welfare benefits was \$0.15 cents per hour.

LINECO membership has grown from 3,000 members in the Midwest to over 63,000 members in all 50 states and Puerto



Rico. Over the years, the Board of Trustees has consistently increased the benefits to include comprehensive medical, prescription drug, dental, vision, weekly income, behavioral health, life insurance, and hearing benefits. More recently, the Board of Trustees developed the LINECO Health Reimbursement Account (LINECO HRA) in 2012 to provide additional resources for medical and dental costs not covered by the Plan and for members who would like to save in advance for their retirement health care costs.

Although much has changed since 1963, one thing remains very much the same...LINECO remains dedicated to providing reliable and trusted benefits to our members. The Fund Office and the Board of Trustees would like to say "Thank You" for your unwavering support of LINECO the past 60 years. Without all of the hard-working men and women of the IBEW, along with our NECA contractors, we would be unable to provide the comprehensive benefits that your family has come to expect from LINECO.

We wish you and your family a safe and healthy 2023!

Cheers to 60 years!

IN THIS ISSUE



2

Did You Know



Your Privacy Is Important To Us

4



5

Notice of Benefit Changes



LINECO HRA DID YOU KNOW?

FREQUENTLY ASKED HRA QUESTIONS



When do I use my LINECO HRA Card?

Use your LINECO HRA card to pay for medical, dental or vision expenses **AFTER** claims for services have been submitted by your provider to LINECO. You will receive an EOB (Explanation of Benefits) from LINECO **AND** a bill from your provider. Use your card to pay the remaining amount due to your provider after LINECO has processed your claims.

How are HRA Qualified Medical Expenses Determined?

Qualified medical expenses for an HRA are those expenses that **would be** eligible for reimbursement under a typical major medical plan. This includes deductibles, copayments, coinsurance, or out of pocket expenses. In addition, qualified medical expenses for an HRA can also include dental and vision care expenses, as well as prescription drugs.

Who determines what qualifies as an eligible medical expense?

The list of qualified medical expenses is determined by the IRS; see **IRS Publication 502**. You may also use the LINECO HRA app to scan a retail item barcode to determine if it is a qualified item for purchase using your LINECO HRA card.

What are some medical expenses that CANNOT be reimbursed?

(NOTE: This list IS NOT all-inclusive of ineligible expenses.)

- Gym Membership
- Cosmetic Procedures
- Electrolysis
- Face Lift
- Childcare
- Diapers
- Exercise Equipment
- Hair Regrowth products

- Hair Transplant
- Teeth Whitening
- Marriage/Family Counseling
- CBD Products
- Massages
- Controlled Substances
- Medical/Dental/Vision Services that occurred more than 2 years ago.

Please be aware, if your HRA Card is used for NON QUALIFIED items, you will be responsible for reimbursing YOUR LINECO HRA ACCOUNT for those expenses.

For Qualified Medical and Dental Expenses see IRS Publication 502 or use the LINECO HRA mobile app.

Do I need to keep receipts when I use my HRA Card?

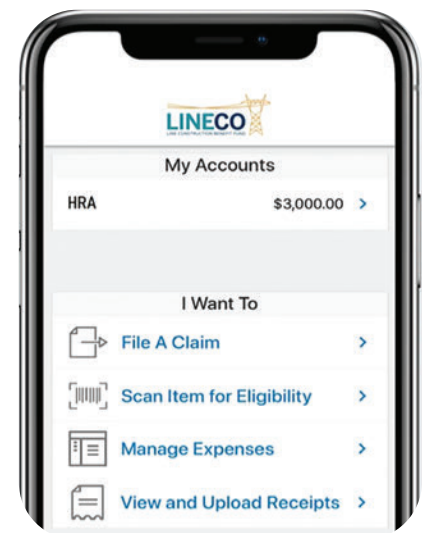
Yes! Keep all receipts and EOB's. LINECO may request receipts for expenses paid using your HRA card. Your EOBs are available online at **lineco.org** on your **myLINECO** Portal.

How do I know what my HRA account balance is?

Visit **lineco.org** and log into **myLINECO** Portal, your secure access to YOUR LINECO information.

You can also manage your HRA Account via the LINECO HRA mobile app.

Search **LINECO HRA** on your app store.





ProTec Safety Plan

Thousands of eye injuries occur every day at work and at home. According to the American Academy of Ophthalmology, most injuries are preventable with the proper use of safety eyewear.



What's covered?

With the ProTec Safety[®] Plan, you get an affordable benefit that includes a fully covered safety frame from the ProTec Eyewear[®] collection, along with prescription lenses that meet current impact protection standards for maximum safety.



Choose from a wide variety of safety frames.

Safety frames come in many different styles and materials—each frame comes with a case, and either built-in or detachable side shields. Log in to **vsp.com** and view your benefits to see the ProTec Eyewear catalog for details.

90%
of all
eye injuries
can be prevented with
protective eyewear.⁴

CONTACT VSP[®] TO LOCATE A PROTEC SAFETY PLAN PROVIDER

YOUR PROTEC SAFETY COVERAGE WITH A VSP[®] NETWORK DOCTOR*

- | | |
|----------|--|
| Eye Exam | <ul style="list-style-type: none"> • Receive an annual WellVision Exam^{®1} from a VSP network doctor.² • Then, log in to vsp.com to view frames from the ProTec Eyewear catalog. |
| Eyewear | <ul style="list-style-type: none"> • Prescription safety lenses and frames are fully covered³ when you choose a pair from the ProTec Eyewear collection. • Get up to 20% savings on additional pairs of glasses, including lens enhancements, from the same VSP network doctor. |

*Create an account and log in to **vsp.com** to review your benefit information. Based on applicable laws, benefits may vary by location.

CONTACT VSP[®] TO LOCATE A PROTEC SAFETY PLAN PROVIDER

vsp.com | 800.877.7195

1. ProTec Safety Plan is a materials plan to be used as an added specialty benefit with your primary, full-service VSP plan. 2. Search for a Safety/ProTec Eyewear doctor through **Find a Doctor** on **vsp.com**. Select View Practice Details, then click on Products and look for Safety/ProTec Eyewear which indicates the office carries a ProTec kit. All doctors have access to the online catalog and/or PDF catalog to help patients make their frame selection. 3. Less any applicable copay. 4. Eye Injury Prevention, American Academy of Ophthalmology, April 2021.

©2023 Vision Service Plan. All rights reserved.
VSP, ProTec Safety Plan, ProTec Eyewear, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan.
All other brands or marks are the property of their respective owners. 114654 VCCM

Your Privacy Is Important To Us

There are rules that LINECO must follow to protect your "Private Health Information" (PHI).

What is PHI?

Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), sets rules for health care providers and health plans regarding who can access and receive your Protected Health Information (PHI), including those closest to you—your family members and friends.

In accordance with HIPAA, LINECO will not disclose health information for anyone 18 or older to any member of your family including your spouse, parent, employer or any other individual without their written authorization.

If you would like to authorize an individual permission to contact LINECO regarding your account

on your behalf, you must print an Authorization to Disclose Health Information (PHI) Form from the "Forms" tab at lineco.org and return it to the Fund Office.

This form is not a requirement for LINECO to pay claims; however, we strongly advise having each adult (18 years and older) enrolled in the plan complete the Authorization to Disclose Health Information (PHI) if another family member will be calling about their claims.

The authorization may be revoked by you at any time.

Multi-Factor Authentication (MFA)

In an effort to provide technical security for your information, LINECO will continue to utilize various online multi-factor or two-step "authentication" procedures. Using these processes and technology when you sign into your online **myLINECO** Secure Portal follows cyber security best practices and is



intended to protect your confidential information. Please do not be alarmed if you are asked to authenticate via a code sent to your email or cell phone. This protects both you and LINECO from unwanted cyber-attacks.

Thank you for your understanding.

Visit **lineco.org** to learn more about our secure member portal.

Dial 988

THE THREE-DIGIT, NATIONWIDE PHONE NUMBER TO CONNECT DIRECTLY TO THE NATIONAL SUICIDE AND CRISIS LIFELINE.

Too many people experience suicidal crisis or mental health-related distress without the support and care they need. There are urgent mental health realities driving the need for crisis service transformation across our country. In 2020 alone, the U.S. had one death by suicide about every 11 minutes—and for people aged 10-34 years, suicide is a leading cause of death.

THERE IS HOPE.

The 988 Suicide and Crisis Lifeline—previously known as the National Suicide Prevention Lifeline – is a **national network of more than 200 crisis centers** that helps thousands of people overcome crisis situations every day. These centers are supported by local and state sources as well as the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). As of July 16, 2022, all calls and text messages to "988" route to a 988 Suicide and Crisis Lifeline call center.

The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress.



Notice of Benefit Changes:

U.S. COVID-19 EMERGENCY DECLARATIONS WILL END ON MAY 11

The Federal Government has announced that the COVID-19 National Emergency and Public Health Emergency Declarations will end on May 11, 2023. As you may recall, the LINECO Board of Trustees implemented a number of benefit enhancements to assist our membership during this challenging period. Below are the changes that will all take effect **July 1, 2023**:

COVID-19 Vaccines and Administration: COVID-19 vaccines will continue to be covered at 100% with no patient cost-sharing if provided by an in-network provider (Express Scripts or BlueCross BlueShield). Out-of-network providers will be covered at 70% of reasonable and customary once any patient deductible has been satisfied.

COVID-19 Testing: COVID-19 testing would be covered at 100% by the plan if tests are performed by an in-network provider / laboratory. Out-of-network testing will be covered at 70% of reasonable and customary once any patient deductible has been satisfied. Over the counter tests will NOT be covered by the Plan (however, you may utilize your LINECO HRA to purchase over the counter tests).

COVID-19 Treatment: Treatment of symptoms related to a COVID-19 diagnosis will be covered under normal plan guidelines similar to any illness (80% in-network coverage after deductible, 70% out-of-network coverage after deductible).



Telemedicine Visits: LINECO will continue to provide medical and behavioral health telemedicine visits for **FREE** if you utilize Teladoc (our preferred telemedicine provider). Patients may continue to use other physicians for telemedicine, however, normal plan guidelines will apply to those visits (80% in-network coverage after deductible, 70% out-of-network coverage after deductible). The Plan encourages members to utilize Teladoc for telemedicine visits whenever possible.

Extended Filing Deadlines: LINECO's extended deadlines to elect COBRA, notify the plan of HIPAA changes, file a medical, dental or weekly income claim will revert to pre-pandemic timelines effective **July 10, 2023**.

Please reach out to the Fund Office at 1-800-323-7268 with any questions or concerns.

Member Assistance Program (MAP)

Know that help is available for you and your eligible dependents.

The MAP is administered by **Carelon (formerly Beacon Health Options)**, a professional mental health care counseling and management organization. Carelon has thousands of experienced, professional counselors to help with any kind of personal problem.

The MAP can help you and your family with emotional, work and family matters, including marital or family issues, childcare and elder-care, alcohol and/or substance abuse, emotional problems, depression,

anxiety and stress, job dissatisfaction, family illness, and financial or legal concerns.

You/Your eligible dependents can receive counseling services at no cost to you for (6) face-to-face office visits per problem.

You can access the MAP 24 hours a day, 365 days per year.

1-800-332-2191 | [carelonbehavioralhealth.com](https://www.carelonbehavioralhealth.com)

No Surprises Act— Don't Pay More Than Required

REMINDER:

CONGRESS PASSED A NEW LAW IN 2022 THAT PROTECTS PATIENTS FROM SURPRISE MEDICAL BILLS

Patients have new protections against large surprise medical bills.

What is "Surprise Billing"?

Surprise billing commonly occurs when a patient is treated by an out-of-network professional or is treated at an out-of-network facility. This can happen during emergency situations such as when a patient is taken to an out-of-network emergency room or is transported by air ambulance.

Surprise billing can also occur in non-emergency situations, such as an out-of-network anesthesiologist treating a patient at an in-network facility. Typically, in these cases, it is only after services are provided and a bill or benefit statement is received, that the patient discovers that the anesthesiologist was an out-of-network provider.

The patient then is faced with an unexpected "surprise" bill from the out-of-network provider seeking to recover the balance from what the health plan (LINECO) paid to what the out-of-network provider charged. The amount of these surprise bills can be substantial.

What Does The No Surprises Act Do?

Starting January 1, 2022, the No Surprises Act (NSA) generally prohibits providers from balance billing patient* for:

- Out-of-network emergency items and services
- Out-of-network non-emergency items and services provided in an in-network facility
- Out-of-network air ambulance healthcare items and services

***NOTE: There are some exceptions based on provider notice and member consent. LINECO strongly encourages our members to only visit a BlueCross BlueShield in-network provider for elective surgeries or procedures. Additionally, you are NOT required to sign a NSA consent form so please read all forms carefully and refrain from signing any NSA consent or release forms.**




What's It Mean To Me?

Generally, the Act prohibits out-of-network providers or facilities from balance billing patients in emergency and certain non-emergency settings, including out-of-network air ambulances but not ground ambulance transport.

Thankfully, LINECO partners with BlueCross BlueShield offering a vast network of in-network doctors and hospitals to coordinate your medical care. We strongly encourage LINECO members to read very carefully any consent forms provided by your provider especially if they are out-of-network.

If you have questions or feel you may have been a victim of a Surprise Medical Bill, please contact the Fund Office at 1-800-323-7268 or visit lineco.org to learn more about this new Federal Law aimed at protecting patients.



98%

providers are in the BlueCross BlueShield BlueCard PPO



DID YOU KNOW?

Get a second opinion to get relief from aches, pains, and more.

Get a second opinion from a top specialist for your condition or concern with Included Health. It won't cost you a thing, **IT IS FREE.**



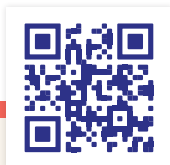
Tired of living with aches and pains? Find relief with Included Health, your no-cost benefit. We get a top specialist to review your case and give you a second opinion with no extra exams, appointments, or bills.

You get confidence in your care. We handles all the hassles.

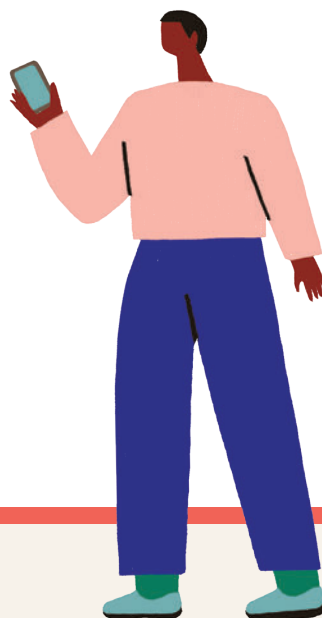
- We collect all your records, tests, and doctor's notes.
- We find a leading expert to review your case and provide a second opinion.
- We discuss your treatment options with you and your doctor.

Get started.

Download the Included Health app.



download the app



Get care for any condition, including:

- Intervertebral disc disease sprains, strains, and tears
- Back pain
- Knee pain
- Carpal tunnel syndrome
- Hernia
- Arthritis
- Osteoporosis
- Joint replacement
- Hip replacement
- And more

Learn more.

includedhealth.com/lineco
1-855-310-6281

Included Health is available to all eligible members and their covered dependents enrolled in a medical plan with LINECO.





Important Plan Reminders Inside.



821 Parkview Boulevard
Lombard, IL 60148-3250

www.lineco.org
1-800-323-7268



PRESORTED
STANDARD
US POSTAGE
PAID
CHICAGO, IL
PERMIT NO. 2237

CHECK OUT **WHAT'S INSIDE**

- LINECO Marks 60th Anniversary1
- Did You Know.....2
- Pro Tec Safety Plan3
- Your Privacy Is Important To Us4
- Dial 9884
- Notice of Benefit Changes:
U.S. COVID-19 Emergency Declarations
Will End on May 115
- Member Assistance Program.....5
- No Surprises Act—Don't Pay More
Than Required.....6
- Included Health7

LINECO MARKS 60TH ANNIVERSARY

