THE LINE CONNECTION

LINECO
LINE CONSTRUCTION BENEFIT FUND

NECA

Benefit News for LINECO Participants

WINTER 2023

Dear LINECO Member,

LINECO continues to offer a full complement of Health and Welfare Benefits. For 2024, the Board of Trustees is pleased to report that there are NO substantial changes to your benefit package. Your deductibles, coinsurance, and out of pocket amounts remain unchanged. Any changes to the monthly Retiree Self Pay rates and/or COBRA rates will be published on the LINECO website at **lineco.org** no later than January 3rd. Any rate changes will become effective on March 1st.

Enclosed in this mailing is your new **SUMMARY PLAN DESCRIPTION** (SPD). The SPD contains the benefits and provisions of your health and welfare Plan. Also included in this mailing are the Summary of Benefit Coverages (SBC's). These documents are mandated by the Federal Government however, they should be utilized as informational materials and no action is required.

The LINECO website is in the process of being updated and improved. We strongly encourage you to visit our new and improved website in January 2024 at **lineco.org**. Additional functionality and personalized "Benefit Dashboard" are located in the secure member portal.

If we can be of assistance, please do not hesitate to contact the Fund Office at 1-800-323-7268.

Any changes to the monthly Retiree Self pay rates or COBRA rates will be published on our website lineco.org no later than January 3, 2024.

Changes will become effective on March 1, 2024.

See page 2 for Plan Benefit Changes

IN THIS ISSUE

Plan Benefit Changes

- **Behavioral Health and Substance Use Network** – Effective 1/1/2024, the existing BlueCross BlueShield PPO Network of physicians, clinicians, hospitals, and treatment facilities will be LINECO's preferred provider network. Carelon (formerly Beacon Health Options) providers will no longer be considered in network.

  Members should continue to show their BlueCross BlueShield ID Card at all provider visits. Members can continue to see any provider or clinician, however, if they do not participate with BlueCross BlueShield, out of network benefits will apply.
- **Member Assistance Program (MAP)** – The Member Assistance Program (MAP) will remain unchanged and continued to be administered by Carelon. This program offers up to six (6) FREE visits per problem for many of life stressors including marital issues, behavioral health, substance use disorder and others. Simply call 1-800-332-2191 to make an appointment with a MAP provider.
- **Diabetic Education** – Diabetic education will now be covered for up to six (6) educational / training sessions upon a diagnosis of diabetes.
- **Midwives** – Midwife coverage will include all services allowed under the midwife licensure, including newborn care.
- **Apraxia** – The exclusion related to Apraxia diagnosis for speech therapy has been removed from the Plan.
- **Bariatric Surgery** – The Bariatric Surgery benefit has been clarified. The seven (7) physician visits prior to a bariatric surgery will be covered by the Fund if the patient is approved for a bariatric surgical procedure. These visits will only be covered if seen by a participating BlueCross BlueShield in-network provider.
- **Dental Benefit** – The dental benefit related to the requirement to utilize an "alternative dental benefit", if available, has been removed from the Plan.

REQUIRED FEDERAL NOTIFICATIONS

Each year, the Federal Government requires LINECO to provide our members with a Summary of Benefit Coverages (SBC's). These Summaries are Informational Only and they are very similar to previous years SBC's.

Additional Federal Notices related to the Affordable Care Act, Women's Cancer Act, Notice of Privacy Practices, Non-Discrimination Notice, No Surprises Act, and your rights under the Employment Retirement Income Security Act (ERISA) can be found in the SPD Book under General Plan Provisions and Information Section.

LINE CONSTRUCTION BENEFIT FUND

SUMMARY ANNUAL REPORT

This is a summary annual report of the Line Construction Benefit Fund, EIN 36-6066988, Plan No. 501 for the year ended December 31, 2022. The annual report has been filed with the Employee Benefit Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Line Construction Benefit Fund has committed themselves to pay all benefits other than life insurance and temporary disability claims incurred under the terms of the plan.

Insurance Information

The plan has a group contract with the Trustmark Life Insurance Company to pay certain life insurance and temporary disability claims incurred under the terms of the plan. The total premiums paid for the policy year ending December 31, 2022 were $4,635,805.

Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was $1,421,124,053 as of December 31, 2022, compared to $1,384,515,563 as of January 1, 2022. During the plan year the plan experienced an increase in its net assets of $36,608,490. This increase included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $955,174,216, including (but not limited to) employer contributions of $979,505,787, participant contributions of $24,341,576, realized losses of ($2,880,409) from the sale of investments, and earnings from investments of ($118,582,636).

Plan expenses were $918,565,726. These expenses included $15,866,575 in administrative expenses and $902,699,151 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The items listed below are included in that report:

- an accountant's report;
- financial information and information on payments to service providers;

- insurance information including sales commissions paid by insurance carriers;
- information regarding any common or collective trusts, pooled separate accounts,
- master trusts or 103-12 investment entities in which the plan participates;
- assets held for investment; and
- transactions in excess of 5 percent of plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Line Construction Benefit Fund who is plan sponsor, at 821 Parkview Boulevard, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be $24.25 for the full annual report or $.25 per page for any part thereof. You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes or a statement of income and expenses of the plan and accompanying notes or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan at 821 Parkview Boulevard, Lombard, IL 60148 and the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states were updated on July 31, 2023. Contact your State for more information on eligibility –

ALABAMA | Medicaid
Website: *http://myalhipp.com/*
Phone: 1-855-692-5447

ALASKA | Medicaid
The AK Health Insurance Premium Payment Program
Website: *http://myakhipp.com/*
Phone: 1-866-251-4861
Email: *CustomerService@MyAKHIPP.com*
Medicaid Eligibility: *http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx*

ARKANSAS | Medicaid
Website: *http://myarhipp.com/*
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA
Health Insurance Premium Payment (HIPP) Program
Website: *http://dhcs.ca.gov/hipp*
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: *hipp@dhcs.ca.gov*

COLORADO | Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+: *https://www.colorado.gov/pacific/hcpf/child-health-plan-plus*
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI):
https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA | Medicaid
Website: *https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html*
Phone: 1-877-357-3268

GEORGIA | Medicaid
A HIPP Website: *https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp*
Phone: 1-678-564-1162, Press 1
GA CHIPRA Website: *https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra*
Phone: 1-678-564-1162, Press 2

INDIANA | Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: *http://www.in.gov/fssa/hip/*
Phone: 1-877-438-4479
All other Medicaid Website: *https://www.in.gov/medicaid/*
Phone: 1-800-457-4584

IOWA | Medicaid and CHIP (Hawki)
Medicaid Website: *https://dhs.iowa.gov/ime/members*
Medicaid Phone: 1-800-338-8366
Hawki Website: *http://dhs.iowa.gov/Hawki*
Hawki Phone: 1-800-257-8563
HIPP Website: *https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp*
HIPP Phone: 1-888-346-9562

KANSAS | Medicaid
Website: *https://www.kancare.ks.gov/*
Phone: 1-800-792-4884

KENTUCKY | Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: *https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx*
Phone: 1-855-459-6328
Email: *KIHIPP.PROGRAM@ky.gov*
KCHIP Website: *https://kidshealth.ky.gov/Pages/index.aspx*
Phone: 1-877-524-4718
Kentucky Medicaid Website:
https://chfs.ky.gov/agencies/dms

LOUISIANA | Medicaid
Website: *www.medicaid.la.gov or www.ldh.la.gov/lahipp*
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE | Medicaid
Enrollment Website: *https://www.maine.gov/dhhs/ofi/applications-forms*
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS | Medicaid and CHIP
Website: *https://www.mass.gov/info-details/masshealth-premium-assistance-pa*
Phone: 1-800-862-4840

MINNESOTA | Medicaid
Website: *https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp*
Phone: 1-800-657-3739

MISSOURI | Medicaid
Website: *http://www.dss.mo.gov/mhd/participants/pages/hipp.htm*
Phone: 1-573-751-2005

MONTANA | Medicaid
Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA | Medicaid
Website: *http://www.ACCESSNebraska.ne.gov*
Phone: 1-855-632-7633
Lincoln: 1-402-473-7000
Omaha: 1-402-595-1178

NEVADA | Medicaid
Medicaid Website: *http://dhcfp.nv.gov*
Medicaid Phone: 1-800-992-0900

Continued on page 6

Premium Assistance *continued from page 5*

NEW HAMPSHIRE | Medicaid
Website: *https://www.dhhs.nh.gov/oii/hipp.htm*
Phone: 1-603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY | Medicaid and CHIP
Medicaid Website: *http://www.state.nj.us/humanservices/dmahs/clients/medicaid/*
Medicaid Phone: 1-609-631-2392
CHIP Website: *http://www.njfamilycare.org/index.html*
CHIP Phone: 1-800-701-0710

NEW YORK | Medicaid
Website: *https://www.health.ny.gov/health_care/medicaid/*
Phone: 1-800-541-2831

NORTH CAROLINA | Medicaid
Website: *https://medicaid.ncdhhs.gov/*
Phone: 1-919-855-4100

NORTH DAKOTA | Medicaid
Website: *http://www.nd.gov/dhs/services/medicalserv/medicaid/*
Phone: 1-844-854-4825

OKLAHOMA | Medicaid and CHIP
Website: *http://www.insureoklahoma.org*
Phone: 1-888-365-3742

OREGON | Medicaid
Website: *http://healthcare.oregon.gov/Pages/index.aspx*
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA | Medicaid
Website: *https://www.dhs.pa.gov/providers/Providers/Pages/Medical/ HIPP-Program.aspx*
Phone: 1-800-692-7462

RHODE ISLAND | Medicaid and CHIP
Website: *http://www.eohhs.ri.gov/*
Phone: 1-855-697-4347 or 1-401-462-0311
(Direct RIte Share Line)

UTAH | Medicaid and CHIP
Medicaid Website: *https://medicaid.utah.gov/*
CHIP Website: *http://health.utah.gov/chip*
Phone: 1-877-543-7669

VERMONT | Medicaid
Website: *http://www.greenmountaincare.org/*
Phone: 1-800-250-8427

VIRGINIA | Medicaid and CHIP
Website: *https://www.coverva.org/en/famis-select*
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON | Medicaid
Website: *https://www.hca.wa.gov/*
Phone: 1-800-562-3022

WEST VIRGINIA | Medicaid and CHIP
Website: *https://dhhr.wv.gov/bms/*
http://mywvhipp.com/
Medicaid Phone: 1-304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN | Medicaid and CHIP
Website: *https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm*
Phone: 1-800-362-3002

WYOMING | Medicaid
Website: *https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/*
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Special Enrollment Provisions

Under the Health Insurance Portability and Accountability Act (HIPAA), you have the right to enroll in the Plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. **Notwithstanding the following rules, you and your family will be automatically enrolled in the Plan once you and your dependents become eligible for Plan coverage.**

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you are entitled to enroll your new dependents. To enroll a new dependent, please contact the Fund Office promptly following the marriage, birth, or adoption.

Loss of Other Coverage. Under HIPAA, if you were to decline enrollment under the Plan for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you might be entitled to enroll yourself and your dependents in the Plan at a later time if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, because all eligible individuals (employees and dependents) automatically are enrolled in the Plan (regardless of whether such individuals have other coverage through another plan), this special enrollment right has no application to the Plan.

Loss of Medicaid or Children's Health Insurance Program (CHIP). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that coverage.

Eligibility for Premium Assistance under Medicaid or CHIP. If the current employee or dependent becomes eligible for a new premium assistance subsidy plan under Medicaid or CHIP, you may be able to enroll yourself and your eligible dependents.

IMPORTANT NOTICE FROM LINE CONSTRUCTION BENEFIT FUND

About Your Prescription Drug Coverage and Medicare

This notice is for all persons eligible for Medicare, even if Medicare is not the person's primary health plan. The information in this notice applies only to participants who are eligible for Medicare, or who will become eligible for Medicare during the upcoming plan year.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Line Construction Benefit Fund (the Fund) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage (also called Medicare Part D) became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Line Construction Benefit Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Part D Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Part D Drug Plan?

You will still be eligible to receive all of your current health and prescription drug benefits from the Fund if you also choose to enroll in a Medicare prescription drug plan. However, having both drug coverages does not mean that you will have better benefits than you currently have, or that you will not have out-of-pocket prescription drug expenses.

Since this Plan is primary to Medicare, this Plan will pay its normal benefits and your Medicare plan's duplicate coverage rules will determine its benefit level. Various Medicare prescription drug plans may have different rules.

You should be aware that having two prescription drug plans could have an effect on whether you reach the

Medicare plan's catastrophic coverage level. That is because standard Medicare prescription drug plans are only required to count your actual out-of-pocket costs when determining when you reach the catastrophic coverage level. Drug costs that are paid by this Plan do not qualify as out-of-pocket expenses.

Express Scripts Medicare is a Medicare prescriptions drug plan, which is in addition to your coverage under Medicare Part A and/or Part B. Your enrollment in this plan doesn't affect your coverage under Medicare Part A and/or Part B. If is your responsibility to inform Express Scripts Medicare of a prescription drug coverage that you have or may get in the future. You can be in only one Medicare prescription drug plan at a time.

What Happens if You Do Not Join a Medicare Part D Drug Plan?

You do not have to enroll in a Medicare drug plan. If you choose not to join a Medicare Part D drug plan, your benefits, including prescription drug benefits, under the Line Construction Benefit Fund will continue. Participants for whom Medicare is their primary plan are automatically enrolled in the LINECO- sponsored Express Scripts Medicare ® Prescription Drug Plan, unless you notify LINECO that you do not want to be enrolled.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Part D Drug Plan?

You should also know that if you drop or lose your current coverage with the Line Construction Benefit Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About this Notice or Your Current Prescription Drug Coverage…

Contact the Fund Office for further information at (800) 323-7268. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Fund changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Included HEALTH

When is it Time for a Second Opinion?

(And is it Okay to Ask for One?)

By Caitlin O'Brien-Rice

If you or a loved one has received a difficult medical diagnosis, you could be feeling confused and overwhelmed. A second opinion from another doctor or specialist could help in many ways.

What is a Second Opinion?

A second opinion is when you ask another doctor to review your diagnosis or treatment plan. The doctor or specialist will review your medical history, including any relevant imaging and test results, and share their opinion of the diagnosis or treatment plan.

For many people, a second opinion provides peace of mind and reduces uncertainty. The second opinion can also improve the accuracy of the diagnosis and effectiveness of the treatment plan.

Second opinions are common. Most doctors are supportive of their patients seeking an opinion from another expert or specialist. Don't worry about hurting the feelings of your doctor by seeking a second opinion–it is a typical practice, especially for new or complex medical conditions.

Why Should I Get a Second Opinion?

In addition to peace of mind, there are many reasons you should consider getting a second opinion:

- You want to confirm a diagnosis
- Your condition is complicated or life-threatening
- Your treatment plan is confusing
- You want to look into new treatment plans, like clinical trials
- You are not responding to your current treatment plan
- Your doctor does not specialize in your condition

A serious medical problem can be overwhelming. Getting a second opinion can help remove some of that uncertainty for both you and your circle of supporters.

When Should I Get a Second Opinion?

Second opinions are valuable for many diagnoses. Examples include:

- Cancer
- Musculoskeletal (i.e. problems with bones or ligaments, like your back)
- Rheumatology (i.e. arthritis, tendon issues, and muscle injuries)
- Dermatology (i.e. issues with the skin)
- Neurology (i.e. disorders that affect the brain, spinal cord, and nervous system)
- Gastroenterology (i.e. issues with esophagus, stomach, small intestine, colon and rectum, pancreas, gallbladder, bile ducts, and liver)
- Endocrinology (i.e. diagnosis like diabetes mellitus type 1 and type 2, thyroid disorders, hypothyroidism, and hyperthyroidism)

This is not a complete list. If you have received a medical diagnosis or treatment plan and think you're interested in a second opinion, Included Health can help.

Is it Okay to Ask for a Second Opinion?

One of the most common questions that get asked by our patients is: "Won't my doctor be upset if I seek an opinion from another expert physician?"

Well, think about it. Are you worried about upsetting Best Buy if you visit their TV showroom but then do price comparisons on Amazon? Probably not, because you are looking for the best price.

The point is: you're the consumer, and you have the right to seek other options in the marketplace. And when it comes to your personal health, one might argue that you have more than just a right to explore alternatives. You have an obligation. Your health and well-being is paramount, and you should give yourself every advantage to ensure that you're getting the best possible healthcare outcome.

Doctors Encourage Seeking Second Opinions

Good doctors encourage their patients to get additional opinions. Even though some patients may feel worried about upsetting their doctors, the best physicians know that seeking additional opinions is a proper and appropriate thing to do. Rather than become offended, they often encourage their patients to investigate options.

Doctors are usually amazed when they see who provided the opinion. The experts that Included Health works with are the top 0.1% of doctors in the country–the ones who literally wrote the book on their respective specialties. They aren't just "another doctor"–they are leaders in their fields. We've had treating physicians express amazement that their patients were able to get their cases reviewed by doctors with such distinguished pedigrees.

Good doctors always consult with other doctors. The best physicians don't work in a vacuum. They routinely talk to other doctors and exchange ideas. The fact that Included Health enables this kind of dialogue–and again, often from a doctor who is at the very top of his or her field–is generally welcomed by the treating physician.

So what happens when the treating physician really is upset? We haven't actually seen it happen. But if it did–well, in all honesty, that may not be the best person to entrust with your health and well-being. In such a situation, you might need more than just a second opinion; you might want to consider finding a new treating physician.

How Can Included Health Help with a Second Opinion?

Thanks to LINECO, Included Health will take the lead in providing you with an expert second opinion for FREE. Our care team will collect all of your medical history and records so you don't have to do that work. Then, we'll select a doctor or specialist from our national network of top experts who will review your case and provide a thorough second opinion.

Throughout this process, we will keep you informed of the timing and progress of your case, and are glad to answer any questions along the way.

Second opinions can save lives. If you are a LINECO member, simply visit **www.includedhealth.com/lineco** or call 1-855-310-6218 to get started today.

About Included Health

Included Health is a new kind of healthcare company, delivering integrated virtual care and navigation. We're on a mission to raise the standard of healthcare for everyone. We break down barriers to provide high-quality care for every person in every community – no matter where they are in their health journey or what type of care they need, from acute to chronic, behavioral to physical. We offer our members care guidance, advocacy, and access to personalized virtual and in-person care for everyday and urgent care, primary care, behavioral health, and specialty care. It's all included, all the time.

ANNUAL REMINDER

Breast Reconstruction May Be Covered

You may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Plan will consider charges for the following services and supplies to be covered medical expenses when the charges are incurred by a covered person who is receiving Plan benefits for a mastectomy, and when the person elects (in consultation with her physician) breast reconstruction in connection with the mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

Plan benefits payable for these services and supplies are subject to the deductibles, co-payment percentages, and maximum benefit limitations applicable to covered services for other covered medical conditions.

Important Plan Reminders Inside.

LINECO
LINE CONSTRUCTION BENEFIT FUND

NECA
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

821 Parkview Boulevard
Lombard, IL 60148-3250

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

CHECK OUT **WHAT'S INSIDE**

Your Right to Receive a Copy of the Fund's Notice of Privacy Practices

The Fund is required by law to maintain the privacy of your health information as described in its Notice of Privacy Practices. You have a right to request and receive a copy of that notice at any time, even if you have received the notice previously. To obtain a copy, please contact the Welfare Fund's Privacy Official by writing or calling the Fund Office at (800) 323-7268.

To view the Spanish version of your **SUMMARY PLAN DESCRIPTION** scan this code with your smart phone.