

THE LINE CONNECTION

November 2015

Benefit News for LINECO Participants

LINECO



ABOUT THIS NOTICE

Each year the Line Construction Benefit Fund is required to provide certain important Plan information to our members. Please take a moment to read this document and familiarize yourself with any upcoming changes regarding your benefits. Helpful tips to get the most out of your plan are included. You should keep this newsletter with your Summary Plan Description (SPD).

INFORMATION ENCLOSED

Page

New Address for LINECO Fund Office	2
Did You Know?	2
Benefit Plan Changes Effective January 1, 2016	2
Dental	2
Medical - Blue Distinction Centers	2
Prescription Drug Program	2
Prescription Drug Program for Medicare- Eligible Retirees	2
Definition of "Spouse"	3
Dependents Who Want to Opt Out of LINECO	3
Teladoc Reminder	3
Workers' Comp and LINECO	4
IRS Reporting - New Forms Coming in 2016	4
LINECO HRA	4
Federal Notice Requirements	4
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	4
Reminder About Coverage for Breast Reconstruction	6
Summary Annual Report for the Line Construction Benefit Fund	7
Important Contact Information	8

Line Construction Benefit Fund
821 Parkview Boulevard
Lombard, IL 60148-3230
P: 1-800-323-7268
www.lineco.org



NEW ADDRESS FOR LINECO FUND OFFICE



The LINECO Fund Office recently moved to a new location:

**821 Parkview Boulevard
Lombard, IL 60148-3230**

The toll-free customer service number is still 1-800-323-7268.

DID YOU KNOW?

Did you know that the LINECO Fund Office is on pace to process more than 1.1 million claims during 2015? Each processed claim creates a member Explanation of Benefits (EOB) that is mailed to the participant.

Please do your part in keeping administrative costs low for our Fund. Log onto www.lineco.org and create your **secure** member portal to view your claims, eligibility hours and other important information. **You can also "turn-off" the mailing of paper EOBs to your home and view your EOBs online.**

Please consider helping LINECO lower administrative costs and help the environment.

BENEFIT PLAN CHANGES EFFECTIVE JANUARY 1, 2016

Dental

Starting January 1, 2016:

- One set of bitewing x-rays will be covered per calendar year.
- Two fluoride applications per year will be covered. Fluoride is only covered for children under age 18.

Very few participants will be affected by this change, since the new frequency limits are within the guidelines recommended by the American Dental Association.

Medical

Knee and Hip Blue Distinction Program - LINECO will pay 100% of the covered facility expenses incurred by qualifying participants who obtain their hip or knee replacements at a Blue Distinction Center. A Blue Distinction Center (BDC+) is a surgical center or hospital identified by Blue Cross Blue Shield as meeting certain quality and service criteria.

LINECO's review organization, Medical Cost Management, will work with qualifying patients to help them find a BDC+ near them. In some cases, LINECO may pay the patient's travel and lodging expenses.

Blue Distinction Centers for Knee and Hip ReplacementSM must demonstrate a commitment to quality care, and must have better overall outcomes for patients who undergo knee and hip replacement procedures.

Contact the Fund Office or Medical Cost Management to see if your facility is a BDC+ facility well before you schedule your surgery. You should also verify that you will be eligible for LINECO benefits on your surgery date.

Covered Preventive Services - Low-dose aspirin for pregnant women at high risk for preeclampsia has been added to the list of covered preventive services. Affected women can obtain generic aspirin at a participating pharmacy for a \$0 co-pay if they have a written physician's prescription.

Prescription Drug Program

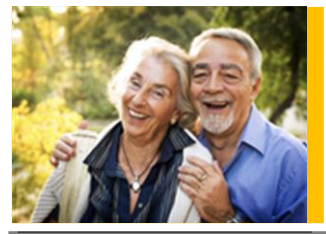
New clinical management programs will apply to the prescription drug program. Most participants will not be affected, but patients taking medications that are very expensive and/or that can cause serious side effects will require prior authorization. In some cases the patient may be required to try a less costly, but therapeutically equivalent, medication first.

Express Scripts will administer these programs, which are intended to make sure the patient is receiving the most effective and safest medications available.

Prescription Drug Program for Medicare-Eligible Retirees

Retirees and dependents of retirees who are eligible for Medicare will be covered under a new type of prescription drug program – an enhanced Medicare Part D plan – starting January 1, 2016.

This is no ordinary Part D plan – it is an excellent benefit plan that will not increase co-pays or out-of-pocket payments. There is no donut hole or traditional Part D deductible.



Medicare-Eligible Retirees (continued)

LINECO is taking this step because pharmaceutical manufacturers are now required by law to provide discounts and subsidies to health plans that provide prescription drug coverage to retirees, but only to health plans that provide official (approved) Medicare Part D prescription drug plans. LINECO will be able to save money without lowering benefits.

LINECO's Part D plan will be provided through Express Scripts Medicare® (PDP) – the largest provider of group Part D plans.

Additional information has been sent to all retirees who qualify for this program.

DEFINITION OF "SPOUSE"

Due to recent regulatory rulings, LINECO's definition of an eligible "spouse" will include a person of the same sex if the marriage took place in a state that recognizes same-sex marriage. This change was effective March 10, 2015.



DEPENDENTS WHO WANT TO OPT OUT OF LINECO

Even though all LINECO coverage is family coverage, the Fund Office occasionally receives requests to dis-enroll dependents. This is usually because the dependent wants to elect coverage under their own plan, and the other plan requires that the dependent not have any other available coverage. The LINECO Trustees have adopted the following rules governing the dis-enrollment and reinstatement of dependents:

1. A dependent may opt out of the LINECO plan if, and only if, there is other coverage available.
2. The dependent can be reinstated if and only if the other coverage ceases to be available.

3. The dependent must request reinstatement within 30 days after losing eligibility for the other coverage, and must provide proof: a) that the other coverage was in effect during the dependent's gap in LINECO coverage; and b) that the other coverage is no longer available.
4. Dis-enrollments will always be effective on the last day of a calendar month. Re-instatements will always become effective on the first day of a calendar month.

LINECO will also allow special enrollments/dis-enrollments under the Health Insurance Portability and Accountability Act's rules for the availability of coverage or premium assistance from a State Children's Health Insurance Program (CHIP) or Medicaid. In this case, the person has 60 days to request reinstatement.



*** TELADOC REMINDER ***

LINECO participants can obtain telemedicine services with Teladoc, a leading provider of telehealth services throughout the United States. **There is NO charge to eligible LINECO members or their covered family members to use this service. IT IS FREE!!!!**

What is Telemedicine / Telehealth?

- Confidential medical advice from a board certified physician 24/7.
- Intended for common and minor ailments (allergy issues, sinus infections, cold / flu symptoms, etc.)
- A valuable option for participants which can provide access to cost-effective, convenient, and timely medical advice.

You can find more information and a link to Teladoc at www.lineco.org.



COMING JANUARY 2016 - NEW IRS REPORTING FORMS

Paperwork for Federal Taxes

In January 2016 you will receive new tax-related documents from LINECO and your 2015 employer(s). The Affordable Care Act (ACA) requires health plans to file 1095-B forms with the IRS, with a copy to you, to prove your compliance with the individual health insurance mandate. Large employers (50+ employees) are required to file similar documents to show that they satisfied the employer mandate.

Dependent SSNs Needed

The IRS requires that LINECO list the Social Security numbers (SSNs) of your dependents. If your dependent's SSN is not on file, you will receive a request for that information. Your failure to provide a SSN means that the IRS may not be able to properly link your dependent's information in their files, and they may not believe that all your family members have the required coverage.



LINECO HRA

If you are a participant in the LINECO Health Reimbursement Account (LINECO HRA) program, remember that it covers a wide range of healthcare expenses not payable by LINECO. It can also be used to make active and retiree LINECO self-payments when you lose eligibility or retire.

You can track your account activity including employer contributions to the LINECO HRA online through a secure link to the HRA program on the LINECO website: www.lineco.org.

It is also very important to retain your receipts and EOBs in case you are asked to substantiate the Benny Card purchase or for IRS tax purposes.

The LINECO HRA program is administered by CompuSys. Call them at 1-877-282-8665 if you have any questions about covered expenses or how to use your Benny Card.

FEDERAL NOTICE REQUIREMENTS

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 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)**.



Federal Notice Requirements Continued...

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 is current as of July 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462
NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282

Federal Notice Requirements Continued...

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

Reminder About Coverage for Breast Reconstruction

LINECO 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 their 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.



SUMMARY ANNUAL REPORT FOR THE LINE CONSTRUCTION BENEFIT FUND

This is a summary annual report of the Line Construction Benefit Fund, EIN 36-6066988, Plan No. 501 for the year ended December 31, 2014. 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, 2014 were \$2,659,308.

Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was \$696,475,649 as of December 31, 2014, compared to \$670,096,301 as of January 1, 2014. During the plan year the plan experienced an increase in its net assets of \$26,379,348. During the plan year, the plan had total income of \$423,419,852, including (but not limited to) employer contributions of \$373,013,359, participant contributions of \$14,065,258, realized gains of \$1,355,789 from the sale of assets and earnings from investments of \$24,990,596. Plan expenses were \$397,040,504. These expenses included \$14,791,570 in administrative expenses and \$382,248,934 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

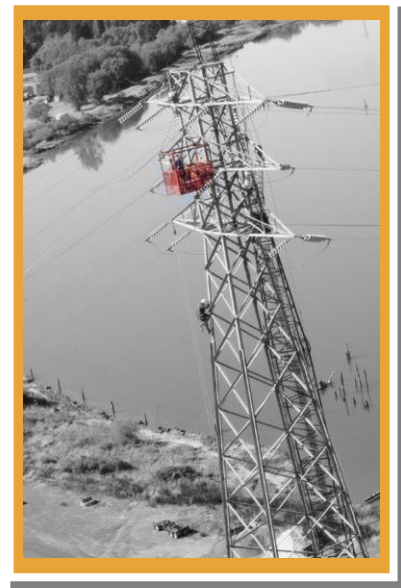
You have the right to receive a copy of the full annual report, or any part thereof, upon request. The items listed below are included in that report:

- an accountant's report;
- financial information and information on payments to service providers;
- assets held for investment;
- insurance information including sales commissions paid by insurance carriers;
- transactions in excess of 5 percent of plan assets; and

- information regarding any common or collective trusts, pooled separate accounts,
- master trusts or 103-12 investment entities in which the plan participates.

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 \$59.25 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.



IMPORTANT CONTACT INFORMATION

CALL	FOR	PHONE NUMBER	WEBSITE
Fund Office <i>*NEW* Mailing Address:</i> 821 Parkview Boulevard Lombard, IL 60148-3230	Medical and disability claim questions Eligibility questions Write to the Trustees Appeals	1-800-323-7268	www.lineco.org disponible en Español
Blue Cross Blue Shield	Find PPO hospitals and doctors, including Blue Distinction Centers	1-800-810-BLUE (2583)	www.bcbsil.com
Medical Cost Management	Pre-certification of all hospital admissions (except for mental health and substance abuse) Enroll in Prenatal Care Program Enroll in Diabetic Care Program	1-800-323-7268 Ask for MCM	
Beacon Health Options (formerly ValueOptions)	Member Assistance Program Mental health provider network Pre-certification of inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing and electroconvulsive therapy.	1-800-332-2191	www.lineco.org (follow link)
Express Scripts	Prescription Drug Program	1-877-327-0568	www.express-scripts.com
Express Scripts Medicare Part D Plan	Prescription Drug Program for Medicare-eligibles	1-855-634-0272	www.express-scripts.com
CuraScript/Accredo	Specialty drugs	1-866-848-9870	www.express-scripts.com
Dental Network of America	Dental preferred provider network (PPO)	1-866-522-6758	www.dnoa.com
Vision Service Plan (VSP)	Vision program and preferred vision providers	1-800-877-7195	www.vsp.com
Amplifon Health Care	Hearing aid discount program	1-877-609-0758	www.hearpo.com
LINECO HRA	HRA program for employees of participating employers	1-877-282-8665	www.lineco.org (follow link)
Teladoc	24/7 medical advice	1-800-Teladoc (835-2362)	www.teladoc.com

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