Your Prescription Drug Program

A contract between Lineco and Express Scripts, Inc. (ESI) helps both you and Lineco save money on prescription drugs. Participating retail pharmacies have agreed to charge reduced prices for their drugs. ESI’s mail order pharmacy also provides prescription drugs at reduced prices.

Questions about the Retail Drug Program

How Do I Know if a Pharmacy Participates with ESI?
All major pharmacy chains and most local pharmacies participate with ESI. You can ask the pharmacy if it contracts with ESI, or you can contact ESI at 877-327-0568.

Why Should I Show My ESI Card When I Buy Drugs at a Participating Pharmacy?
Your ESI card alerts the pharmacy to charge you prices which are usually lower than the pharmacy’s standard charges. Contact ESI at 877-327-0568 if you need an ESI card.
Lineco will reimburse you for its share of covered drug expenses. However, if you do not show your ESI card, you will generally pay more out-of-pocket, since the pharmacy will not charge you the ESI-negotiated price.

How Does Lineco Pay for Prescription Drugs I Purchase at My Pharmacy?
Pay the entire negotiated price to the pharmacy. Then file a claim with Lineco by submitting an itemized receipt, including the diagnosis or reason for the prescription, your name and Social Security number or alternate ID, and the patient’s name and relationship to you. Lineco will process the claim under the Comprehensive Medical Benefit. After your calendar year deductible has been met, Lineco will reimburse you for its share of covered drugs.

Questions about the Mail Order Pharmacy

How Do I Use the Mail Order Pharmacy?
You can choose how to order prescription drugs from the mail order pharmacy—ESI will work with you and your doctor to make sure you get the drugs you need. 1) You can mail an order form with your prescription to ESI. 2) Your doctor can eprescribe to ESI. 3) You can use ESI’s website, www.express-scripts.com. 4) You can call ESI at 877-327-0568.

How Do I Pay for My Share of Drugs?
If you use the mail order pharmacy, you pay $10 for generic drugs, $20 for preferred (formulary) drugs, and $35 for non-preferred (non-formulary) brand name drugs. (If you choose a brand name drug instead of a generic equivalent, you must pay the difference in cost between the brand drug and the generic equivalent plus your $10 generic copayment.)

Lineco does not pay any portion of a drug’s cost that is in excess of the amount determined to be the reasonable and customary charge. See pages 54–55 of your SPD booklet for more information.

Benefits for Medicare-Eligibles
The prescription drug program and rules are slightly different for participants who are Medicare-eligible. See page 2 of this newsletter for more information.

Continued on next page...
Your Prescription Drug Program (continued)

What is a Preferred (Formulary) Drug?
A “preferred” drug is a drug on ESI’s formulary list. It has been evaluated by physicians and pharmacists and determined to be the most effective drug for most patients for treatment of certain conditions, and is reasonably priced. The formulary is reviewed and updated as new drugs and new information becomes available. Contact ESI at 877-327-0568 with questions.

Do I Pay More if I Haven’t Met My Calendar Year Deductible Through the Comprehensive Medical Benefit This Year?
The mail order pharmacy is completely separate from the Comprehensive Medical Benefit. You are responsible for your copay share of covered prescription drugs regardless of whether you have met your Comprehensive Medical Benefit calendar year deductible.

Specialty Drugs

What is a Specialty Drug?
Specialty drugs include high-cost injectable, infusion or IV drugs, and certain oral medications for diseases such as multiple sclerosis, rheumatoid arthritis, hepatitis C and asthma. They usually require special storage and handling, frequent dosage changes and periodic laboratory testing, and are not usually stocked at retail pharmacies. Contact ESI at 877-327-0568 with questions.

How Do I Get Specialty Drugs?
Specialty drugs must be purchased through CuraScript, ESI’s specialty drug pharmacy. This applies even if the drug will be administered in a doctor’s office. To order specialty drugs, contact CuraScript at 866-848-9870.

Prescription Drug Programs for Medicare-Eligibles

I am Medicare-Eligible. What are My Prescription Drug Benefits?
You will save money by using the mail order pharmacy, paying $10 for generics, $20 for formulary drugs, and $35 for non-formulary drugs. If you use a retail pharmacy, you will pay 20% directly to the pharmacy. Lineco pays the balance. Once you pay $1,000 out of your own pocket for covered prescription drugs (retail and mail order drugs combined) during a calendar year, Lineco will pay 100% of your covered drugs during the remainder of that year.

In addition: 1) You must use the mail order pharmacy for maintenance drugs after the first fill plus one refill. 2) You must use a participating pharmacy. No benefits are payable for drugs purchased at pharmacies that do not contract with ESI. 3) The step-therapy program applies to certain categories of medication.

What is the Step-Therapy Program?
Step-therapy helps guide you to the most cost-effective drug for treatment of a chronic condition. A patient starts with a step one drug—frequently a generic equivalent. If your doctor feels that a step one drug did not work for you, he can contact ESI regarding stepping up to the next tier of drugs.

Make sure your doctor knows that your prescription drug program includes a step-therapy program. If you are prescribed a new drug for a chronic health condition (such as arthritis or high blood pressure), have your doctor contact ESI. If the step-therapy program applies to you, your doctor can make sure he prescribes a step one drug. Your pharmacist can also work with you and your doctor to make sure you get a step one drug. Otherwise, you may have to pay the full cost of the drug (Lineco will not reimburse you for the cost).

How Can I Save Money on Prescription Drugs?
Prescription drugs can be very expensive, especially for chronic health conditions. But you may be able to reduce how much money you pay out-of-pocket:

✔ Talk to your doctor. In many cases, there are multiple drug therapy treatment options. Your doctor may be able to prescribe a less expensive drug therapy appropriate for your care.
✔ If you have a chronic condition, use the mail order pharmacy instead of the retail pharmacy.
✔ Use generic drugs instead of brand name drugs when they are available. If no generic drug is available, contact ESI to find out if there is a formulary drug (which is usually less expensive than a non-formulary drug).

When Lineco Is Secondary
If Lineco is secondary to another health plan that provides coverage for prescription drugs for you or your dependents, Lineco’s prescription drug programs cannot be used. Instead, you and your dependent(s) should follow the rules of the plan that pays benefits first. File a claim for the remainder of the cost to Lineco. Submit the itemized drug receipt and the primary plan’s explanation of benefits (EOB) to Lineco.
Healthy Moms Equal Healthy Babies

If you are pregnant, be sure to call Lineco’s Prenatal Care Program right away! 800-323-7268

What is the Prenatal Care Program?
The Prenatal Care Program works with expectant mothers to promote healthy babies. If you are pregnant, the Prenatal Care Program can help reduce your risk for complications and premature birth. This program emphasizes ongoing care for you and your unborn child during the course of your pregnancy.

If you are pregnant, call the Prenatal Care Program as soon as possible, but no later than the end of your first trimester. (If you are already pregnant when you first become covered under Lineco, you must call by the end of your second trimester.) Make sure you call again within 12 hours of the birth of your child.

What Happens When I Call the Prenatal Care Program?
When you contact the Prenatal Care Program, you will speak with an RN who will help you register, and will provide you with access to the Confidential Health History form that you will need to fill out and return in order to complete the Prenatal Care Program. You will be sent informational material about pregnancy and childbirth. You will also get a form that you should take with you to your next prenatal care visit. Have your doctor fill this form out and return it to the Prenatal Care Program.

The RNs at the Prenatal Care Program will stay in touch with you and your doctor, help coordinate your care and help you keep track of prenatal care appointments.

The Prenatal Care Program is dedicated to helping you and your growing family. The RNs want to help you and your unborn child, and can be a valuable resource during the course of your pregnancy, and even after your delivery.

Don’t hesitate to call the Prenatal Care Program at any time during your pregnancy!

What Are the Benefits of Contacting the Prenatal Care Program?
* Access to RNs to answer questions during your pregnancy
* Free information about pregnancy and childbirth
* Access to a case manager, if you or your baby are at risk for complications

If you complete the Prenatal Care Program, the Plan will pay 100% up to $500 for well-child care, including routine office visits and immunizations, from birth through age 4, as long as the child remains a covered dependent. This $500 benefit is in addition to the $1,000 benefit for childhood immunizations.

The RNs are located at the Fund Office. Once the RNs have answered your questions about your pregnancy, you can be transferred to Lineco customer service personnel to answer questions about your healthcare coverage!

Why is the Prenatal Care Program Important?
The Prenatal Care Program emphasizes ongoing care for your unborn child, and helps expectant mothers during this special time. The Prenatal Care Program also provides mothers-to-be with access to education, counseling and information about childbirth and caring for newborns.

Participating in the program has helped other Lineco parents reduce their risk for complications. Last year, less than 7% of mothers who participated in the program had complications. Of those mothers who did not participate in the program, 14% had complications. Only 1% of newborns whose mothers participated in the program were premature births. Of those mothers who did not participate, almost 5% had premature births.

Do I Have To Use Certain Prenatal Care Providers to Participate?
As always, you have free choice of providers. Remember, Lineco pays higher benefits if you use BCBS doctors and hospitals!

Remember that Lineco will only pay benefits for providers that meet certain criteria, including being legally licensed. See page 79 of your Summary Plan Description booklet for information about covered providers.

Lineco Could Pay Up to $1,500 for Well-Child Care

If you complete the Prenatal Care Program, Lineco will pay 100%, up to $500, for routine office visits and immunizations from birth through age 4. Lineco also pays 100%, up to a lifetime maximum of $1,000, for immunizations. See pages 46 and 51-52 of your SPD booklet for information. Benefits are subject to all Plan provisions, including eligibility requirements.
Don’t Forget to Use Your MAP!

The Member Assistance Program (MAP) gives you up to **6 face-to-face counseling sessions per problem at no cost to you** when the MAP refers you into the program. The MAP offers a wide variety of services to you and your family, including personal, emotional, work and family matters, financial and legal assistance. The MAP also offers a free life coach program.

Contact ValueOptions at 800-332-2191 with questions or to make an appointment with a counselor or life coach.

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Don’t forget you can save money using ValueOptions providers. Lineco pays higher benefits for mental health and substance abuse treatment when you use ValueOptions network providers. In addition, if you use providers who don’t contract with ValueOptions, you may have to pay a deductible before Lineco pays benefits!

All interactions with the MAP are strictly confidential.

Make sure the Fund Office always has up-to-date information for you. Contact the Fund Office if:

- You or your dependents have a change in address.
- Your dependents change. Be sure to send the Fund Office a copy of the birth certificate, marriage certificate or divorce decree.

This newsletter is designed to provide participants with general health information and a better understanding of Plan benefits. The information in this newsletter is general and may not apply to all participants. Participants are urged to contact their physician if they have specific medical questions or concerns and to contact the Fund Office concerning Plan benefits. If there is any discrepancy between this newsletter and the provisions of the Plan, the Plan will take precedence.

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