

THE LINE CONNECTION



Benefit News for LINECO Participants

WINTER 2022

No Major Benefit Changes for 2023

The LINECO Board of Trustees is pleased to announce NO major benefit changes are scheduled to take effect January 1, 2023. Your deductibles, coinsurance amounts, and out of pocket amounts remain unchanged.

Plan Benefit Modifications Effective January 1, 2023

ABA Therapy for Children

Effective January 1, 2023, the Plan will no longer require a precertification phone call to Beacon Health Options to certify Applied Behavioral Analysis (ABA) Therapy for children under the Autism Assistance Benefit. Additionally, the 16 year old children's age limit for ABA Therapy has been removed.

The Plan does reserve the right to verify that any and all ABA therapy meets medical necessity and standard of care protocols as well as other Plan guidelines and policies.

We encourage all patients to visit a Beacon Health Options or BlueCross BlueShield participating network provider.

Telemedicine Expansion

LINECO would like to remind you that we partner with Teladoc for **FREE** telemedicine visits for minor medical concerns, mental health and substance abuse.



Since the onset of the COVID-19 Public Health Emergency, the Trustees have also allowed telemedicine visits to other medical professionals. The Trustees will continue to allow members to utilize telemedicine with medical providers after the COVID-19 Public Health Emergency Declaration has ended. Please be aware non-Teladoc telemedicine visits will be subject to normal coinsurance, deductible and out of pocket levels.

We encourage members to use Teladoc for telemedicine when possible as those visits will be **FREE** for our members and their eligible family members.

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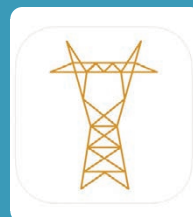
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Your LINECO.ORG Connection



Express Scripts
90 Day Home
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Your LINECO
HRA Account

Benefit Changes *continued from page 1***Weekly Income Benefit**

Effective January 1, 2023, the Plan will no longer accept disability applications from Chiropractors (D.C.).

Members applying for the Weekly Income Benefit must be disabled by a Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.).

Weekly Income Benefit Reminders

Weekly Income Benefits are available only for eligible employees who are not utility/REA employees. Weekly Income Benefits are not provided for retirees, dependents or persons who are making COBRA self-payments, or employees who are making short-hours self-payments.

Weekly Income Benefits are designed to help replace lost wages when you are totally disabled and unable to work. Weekly Income Benefits are NOT payable for any period of time during which you are able to work. It is your responsibility to notify the Fund Office when you return to work or retire. Failure to do so is considered insurance fraud and may lead to legal action.

Eligibility for Weekly Income Benefits

To be eligible for Weekly Income Benefits, you must meet ALL the following requirements:

- You must be eligible for Plan benefits from worked hours on the date your disability begins. If your disability begins while eligible under the Plan not from worked hours (e.g., if COBRA or self-payments), this benefit will not begin until the date you become eligible due to worked hours. Any applicable waiting period will begin on your disability date;
- You must have been actively employed by a contributing employer within 15 days prior to the date your disability began. "Actively employed" means working at a jobsite, not on vacation and not laid off;

- A doctor (either M.D. or D.O.) must certify that you are totally disabled as a result of a non-occupational accidental bodily injury or sickness and be completely unable to perform each and every duty of your occupation or employment. LINECO will not consider you to be disabled unless and until you are examined in-person by the doctor (M.D. or D.O.);
- You must see a doctor (M.D. or D.O.) and be disabled within 15 days AFTER your last day worked to qualify for benefits.

Amount of Benefit

The weekly benefit is **\$600** per week (effective 1/1/2022).

Benefits are paid on the basis of a regular five-day work week, Monday through Friday. If benefits are due to you for a partial week, you will receive one-fifth of the weekly benefit for each day of disability. In accordance with Federal law, the Plan will withhold your share of any required taxes from each weekly payment. In addition, keep in mind that you must include the weekly benefits you receive as gross income and pay Federal income tax on them. Please check with a competent attorney or accountant for tax advice.

Summary Benefit Coverages (SBC's)

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.

For a more complete picture of the quality benefits afforded you and your family, the Fund continues to recommend visiting the LINECO website at **lineco.org** for the most up to date information.

lineco.org

YOUR Connection...



- View and Update **PERSONAL DATA** including Address and Phone Number
- Check **HOURS REPORTED** for Eligibility including Work Hours, Short Hours, Cobra and Retiree Payments Received
- Access **CLAIM STATUS** including Disability Payments
- Update your **LIFE INSURANCE BENEFICIARY** Information
- View **FAMILY INFO/ELIGIBILITY** for you and your Eligible Dependents
- Monitor your Health Plan claims including **DEDUCTIBLES AND MAXIMUMS** Balances

Single Sign-On Access

LINECO HRA | View Your HRA Balance and Account Activity
Included Health | (Formerly GrandRounds)
Express Scripts | Prescriptions

myLINECO Portal

Make sure you register for myLINECO Portal.
 Your information is accessible 24 hours a day 365 days a year.

IMPORTANT CONTACT INFORMATION

Listed below are phone numbers and websites to help you quickly get answers to your questions. Have your Member Identification Number (BlueCross BlueShield ID Card) available when you call.

LINECO, 821 PARKVIEW BOULEVARD, LOMBARD, IL 60148-3230

WWW.LINECO.ORG | 1-800-323-7268

FOR INFORMATION ABOUT	CONTACT	PHONE NUMBER	WEBSITE
Life Insurance / Weekly Income	Benefit Fund Office	1-800-323-7268	www.lineco.org
Medical Claims Member Service	Benefit Fund Office	1-800-323-7268	www.lineco.org
Dental Claims Member Service	Benefit Fund Office	1-800-323-7268	www.lineco.org
Eligibility / Hours Worked	Benefit Fund Office	1-800-323-7268	www.lineco.org
Medical PPO Network Providers	BlueCross BlueShield	1-800-810-BLUE (2583)	www.bcbs.com
Dental PPO Network Providers	Dental Network of America (DNoA)	1-866-522-6758	www.dnoa.com
Health Reimbursement Account (HRA)	Benefit Fund Office	1-800-323-7268	www.lineco.org
24/7 Medical Advice	Teladoc	1-800-Tel-aDoc (835-2362)	www.teladoc.com
Precertification - Medical	Valenz Health	1-800-323-7268	
Healthy Moms = Healthy Babies	Valenz Health	1-800-367-9938	
Diabetic Care Program	Valenz Health	1-800-367-9938	
Precertification - Mental Health/ Substance Abuse	Beacon Health Options	1-800-332-2191	www.achievesolutions.net/lineco
Member Assistance Program (MAP)	Beacon Health Options	1-800-332-2191	www.achievesolutions.net/lineco
Mental Health/Substance Abuse Providers	Beacon Health Options	1-800-332-2191	www.achievesolutions.net/lineco
Prescriptions - Retail/Home	Express Scripts (ESI)	1-877-327-0568	www.express-scripts.com
Prescriptions - Specialty	Accredo	1-888-352-7763	www.express-scripts.com
Prescriptions - Medicare Part D	Express Scripts (ESI)	1-855-634-0272	www.express-scripts.com
Vision Care	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Hearing Care/Ear Care	Amplifon	1-877-609-0758	www.amplifonusa.com
Expert Second Opinion	Included Health	1-888-310-6281	www.includedhealth.com/lineco



Make the **Switch** Today

90 DAY SUPPLY OF MEDICATIONS

LINECO and Express Scripts are making it easier to **SAVE TIME AND MONEY** by switching from a 30-day supply of your daily medication to a 90-day supply. Get your medications delivered right to your door with home delivery from Express Scripts® Pharmacy or at Walgreens® retail pharmacy.

You'll make fewer trips to the pharmacy, make fewer payments and be less likely to miss a dose, since you won't be refilling as often.

You might even see additional savings from paying for one 90-day supply rather than paying for three 30-day supplies.¹

If your doctor prescribes you a daily medication or if you're already taking one, ask for a 90-day prescription—or visit [express-scripts.com/3month](https://www.express-scripts.com/3month). Make the switch today!



¹ If the cost of a medication at a retail pharmacy is lower than your plan's retail copayment or coinsurance, you will not pay more than the retail pharmacy's cash price, regardless of the number of times you purchase the prescription. In some cases, this price may be less than either your standard retail or mail copayment or coinsurance.

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Member Assistance Program (MAP)

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

The MAP is administered by Beacon Health Options, a professional mental health care counseling and management organization. Beacon Health Options 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 for (6) face-to-face office visits per problem.

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

1-800-332-2191

www.achievesolutions.net/lineco



Your LINECO Health Reimbursement Account (LINECO HRA)

The LINECO HRA covers a wide range of HEALTHCARE expenses **NOT** payable by LINECO. Your LINECO HRA account is funded by separate employer contributions. Contributions to your LINECO HRA will be on an employer-specific basis - not every employer will choose to participate and amounts vary dependent on the collective bargaining agreement (CBA). Contributions will be credited to your LINECO HRA account only when you work for a LINECO HRA contributing employer.

HRA Qualified Expenses

"Qualified eligible medical expenses" as defined under Section 213(d) of the Internal Revenue Code.

Examples of a "qualified medical expense" include but are not limited to:

- Medical expenses, including deductibles and coinsurance
- Prescription drug co-pays
- Dental services
- Home modifications and equipment to accommodate a disabled person
- Infertility treatment
- Vision expenses
- Hearing care expenses
- Active and retiree self-payments to LINECO
- Smoking cessation products and programs
- Electronic body scans
- OTC drugs
- Weight loss programs
- Residential home for care for disabled dependent



Using the LINECO HRA Mobile App you can scan retail items to determine if they are a "qualified medical expense."

Your LINECO HRA can **NOT** be used for the following:

- Cosmetic surgery
- Electrolysis
- Burial expenses
- Household help
- Food/dietary supplements
- Premiums for health insurance on the state or marketplace exchanges
- Premiums for life insurance or loss of income insurance
- Air purifiers or humidifiers
- Health club memberships
- Child or elder care
- Exercise equipment

For a complete list of qualified HRA expenses visit www.irs.gov/pub/irs-pdf/p502.pdf

HERE IS AN EXAMPLE OF HOW TO BE REIMBURSED FOR CARE WITH LINECO HRA



**VISIT DOCTOR
OFFICE
OR FILL A
PRESCRIPTION.**

OR

SWIPE YOUR LINECO HRA CARD AT THE TIME OF SERVICE. YOU MUST KEEP YOUR RECEIPT—LINECO MAY REQUEST FOR REIMBURSEMENT. YOU MAY HAVE TO PAY IT BACK IF ITEMS ARE NOT QUALIFIED EXPENSES OR IF YOU DO NOT HAVE AN ITEMIZED RECEIPT.

**WAIT UNTIL YOU RECEIVE
A LINECO EOB AND BILL
FROM YOUR PHYSICIAN.**

USE HRA CARD TO PAY THE BALANCE.

SUMMARY ANNUAL REPORT

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, 2021. 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, 2021 were \$3,533,687.

BASIC FINANCIAL STATEMENTS

The value of plan assets, after subtracting liabilities of the plan was \$1,384,515,563 as of December 31, 2021, compared to \$1,145,789,414 as of January 1, 2021. During the plan year the plan experienced an increase in its net assets of \$238,726,149. 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 \$1,064,504,318, including (but not limited to) employer contributions of \$902,837,271, participant contributions of \$25,882,027, realized gains of \$5,132,815 from the sale of investments, and earnings from investments of \$71,172,487.

Plan expenses were \$825,778,169. These expenses included \$14,425,923 in administrative expenses and \$811,352,246 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 \$37.00 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.

November 2022

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)**.

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, 2022. 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

Website: <http://dhcs.ca.gov/hipp>
Health Insurance Premium Payment (HIPP) Program
Phone: 1-916-445-8322
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: KIHIPPPROGRAM@ky.gov
 KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA | Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
 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

Premium Assistance *continued from page 9***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 Rlte 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/](https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)

[badgercareplus/p-10095.htm](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 January 31, 2022, 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.

Women's Health and Cancer Rights Annual Notice Reminder

You and your eligible dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

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 states 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.



821 Parkview Boulevard
Lombard, IL 60148-3250

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

WINTER 2022

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