2019 Benefits Update

LINECO continues to offer a full complement of Health and Welfare Benefits. For 2019, the Board of Trustees is pleased to report that there are NO changes to your benefit package. Deductibles, Coinsurance, and Out of Pocket amounts remain unchanged.

Additionally, enclosed in this mailing are your Summary’s of Benefit Coverage (SBC’s). Each year, LINECO is required by the Federal Government to provide SBC’s to our members.

Finally, any changes to the monthly Retiree Self Pay rates or COBRA rates will be published on the LINECO website at www.lineco.org no later than January 2, 2019. Any rate changes will become effective on March 1, 2019.

New and Improved LINECO Explanation of Benefits

This Fall, LINECO updated our Explanation of Benefits (EOB’s).

An Explanation of Benefits (EOB) is a notification provided to members when a medical or dental claim is processed by the Line Construction Benefit Fund (LINECO). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

about this newsletter

Periodically the Line Construction Benefit Fund (LINECO) is required to provide certain important Plan information to our members. Please take a moment to review this document and familiarize yourself with your benefit plan. Helpful tips to get the most out of your plan are included. It is also highly recommended to visit our website at www.lineco.org to learn more about your Plan.

in this issue

3 Life Events
6 Thank You for Your Efforts
11 Vision Benefit Reminder

continued on page 2
continued from page 1

1. **Member's Name and Mailing Address**
   - **Patient:** JOHN A. SMITH
   - **Address:** 1234 MAIN STREET, CHICAGO, IL 60601

2. **Summary Box for Claim Including Total Billed by Provider, any Discounts, Reductions, and Payments made by LINECO, and the Amount the Provider May Bill You**
   - **Claim Number:** 200122000222
   - **Provider Charges:** $544.00
   - **Discount, Reductions and Payments:** $472.50
   - **Provider May Bill You:** $71.50

3. **Type of Service for EOB, will be Medical Services OR Dental Services**
   - **Type of Service:** Medical Services

4. **Name of Patient and Relationship to Member**
   - **Patient:** MARY SMITH
   - **Relationship:** SPOUSE

5. **Date Claim Processed and Provider Name**
   - **Date:** 8/10/2018
   - **Provider:** MEMORIAL CLINIC

6. **What Provider May Bill You and Network Used (if any)**
   - **Network:** BLUE CROSS BLUE SHIELD

7. **Date of Service**

8. **Service Description**

9. **Provider Charges, Network Discount, Other Plan Payment (if any) and Allowed Amount**
   - **Provider Charges:** $544.00
   - **Network Discount:** $357.50
   - **Other Plan Payment:** $186.50
   - **Allowed Amount:** $0.00
   - **Coinsurance:** $0.00
   - **Plan Paid:** $286.00
   - **Other Plan Payment:** $0.00
   - **Total:** $71.50

10. **Your Share of the Cost of the Claim (Non Covered, Deductible, Coinsurance)**
    - **Individual Deductible:** $400.00
    - **Family Deductible:** $0.00
    - **Individual Out of Pocket:** $7,500.00
    - **Family Out of Pocket:** $0.00

11. **LINECO Plan Paid Amount and Remarks (Remarks may include the reason services were denied, if any)**
    - **LINECO Plan Paid:** $286.00
    - **Remarks:** Blue Cross Blue Shield Discount
    - **You saved 34% by using a BLUE CROSS BLUE SHIELD Provider!**

12. **Individual and Family Deductible Met and Remaining at the Time the Claim was Processed**
    - **Individual Deductible Met:** $400.00
    - **Family Deductible Met:** $0.00

13. **Individual and Family Out of Pocket Met and Remaining at the Time the Claim was Processed**
    - **Individual Out of Pocket Met:** $1,200.00
    - **Family Out of Pocket Met:** $7,200.00

14. **Important Website and Telephone Numbers Where You Can Obtain More Information**
    - **www.lineco.org**
    - **Member Services:** 1-800-323-7268

---

**Explanation of Benefits (EOB)**

**Benefit Statement Overview**

- **Medical Services**
  - **Provider:** MEMORIAL CLINIC
  - **Date:** 8/10/2018
  - **Network:** BLUE CROSS BLUE SHIELD

**Claim Level Explanation:**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Provider Charges</th>
<th>Network Discount</th>
<th>Other Plan Payment</th>
<th>Allowed Amount</th>
<th>Coinsurance</th>
<th>Plan Paid</th>
<th>Other Plan Payment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN SERVICES</td>
<td>$544.00</td>
<td>$357.50</td>
<td>$186.50</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$286.00</td>
<td>$0.00</td>
<td>$71.50</td>
</tr>
</tbody>
</table>

**Your Responsibility**

- **Remarks:** Blue Cross Blue Shield Discount
- **You saved 34% by using a BLUE CROSS BLUE SHIELD Provider!**

**Annual Benefit Period**

- **Individual Deductible:** $400.00
  - **Maximum:** $400.00
  - **Remaining:** $0.00
  - **Coinsurance:** $0.00
  - **Plan Paid:** $286.00
- **Family Deductible:** $0.00
  - **Maximum:** $0.00
  - **Remaining:** $0.00
  - **Coinsurance:** $0.00
  - **Plan Paid:** $0.00

**Important Website and Telephone Numbers Where You Can Obtain More Information**

- **www.lineco.org**
- **Member Services:** 1-800-323-7268

**Appeal Rights**

As a member in LINECO, you are afforded Appeal Rights for any claim of service that has been denied. On the reverse side of every Explanation of Benefits (EOB), your full Appeal Rights and instruction are listed.

Additionally, your Appeal Rights are listed in our Summary Plan Description (SPD) that can be viewed/downloaded from www.lineco.org.
Life Events

Marital Status / Divorce
If you divorce from your spouse, notify the Fund Office immediately.

Once you divorce or legally separate, your spouse is no longer eligible for benefits under this Plan, however, your ex-spouse may enroll in COBRA continuation coverage. If you do not notify the Fund Office when you become divorced, you will be responsible for reimbursing the Plan for all charges that were paid by the Plan on behalf of your former spouse while not eligible for coverage. NOTE: Regardless if you are court ordered to provide coverage for your spouse, they are not eligible for LINECO once you are divorced or legally separated.

Provide the Fund Office with:

- Updated Family Enrollment Form (update your life insurance beneficiary if you wish)
- Copy of your divorce decree
- Copy of any Qualified Domestic Relations Order (QDRO); and
- If you have children, copy of any Qualified Medical Child Support Order (QMCSO), if applicable.

If your former spouse wants to self-pay for COBRA continuation coverage, your former spouse must contact the Fund Office. Your former spouse may elect COBRA coverage for up to a maximum of 36 months, provided the Fund Office is informed of the divorce within 60 days of the day the divorce became final.

Adult Children (18 – 26 Years Old)
If for any reason your dependent no longer meets the Plan’s dependent eligibility requirements, you must notify the Fund Office immediately. Please notify the Fund if:

- Your child enters the military,
- Your child becomes employed,
- Your child gets married,
- Your child becomes disabled

Although LINECO eligibility may still exist in the above situations, LINECO coordinates order of benefits payment with other insurance. Your failure to provide such notice, and the submission of claims while your dependent is no longer eligible for coverage, may be considered an intentional misstatement of material fact and/or fraud.

In addition, if you do not notify the Fund Office when your dependent ceases to meet the eligibility requirements, you will be responsible for reimbursing the Plan for all charges that were paid by the Plan while the dependent was not eligible for coverage.
The Opioid Epidemic... There is Help

No recent public health issue has been more immensely discussed in the past year than how to address our country’s opioid epidemic, which claims 115 lives every day across the nation. The Line Construction Benefit Fund (LINECO) and our members are not immune from this epidemic.

An effective solution for safer opioid prescribing, whether a policy change at the federal or state level, or a public-sector program, must connect each point of the care continuum – patients, physicians and pharmacists – to be successful. LINECO continues to support our Pharmacy Benefit Manager (PBM), Express Scripts, and our PPO Network, BlueCross BlueShield to create a solution that reaches these three critical touchpoints.

LINECO offers our Member Assistance Program (MAP) to all our eligible members as well as comprehensive substance abuse and mental health program via our partner Beacon Health Options.

If you or someone you know may be struggling with addiction, please remind them that LINECO offers 6 free MAP visits per problem. Help is just a phone call away at 1-800-332-2191.

In addition to the MAP, LINECO offers inpatient, outpatient, intensive outpatient, counseling and more as part of our substance abuse and mental health medical coverage. Please contact Beacon Health Options at 1-800-332-2191 to find a network provider or certify inpatient treatment options.

Do You Have Prescriptions in Your Home?

Please do your part and properly discard any unused medications:

According to the Food and Drug Administration (FDA), there are a few acceptable ways you can get rid of unneeded or expired medication:

• Collection sites: This is the safest and most effective option. Periodically, the U.S. Drug Enforcement Administration (DEA) and local police departments set up sites around the community for safe prescription take-back days. Specific dates and times can be found on the DEA website.

• Dispose in household trash: If there aren’t any take-back days available near you, the FDA recommends disposing of leftover pills in your household trash. Mix medicine in with unpalatable substances such as dirt or coffee grounds. After mixing the materials, place them in a sealed container and discard into the trash bin. Remember to scratch out your personal information from the prescription pill bottle.

• Flush down the toilet: As a last resort, some especially dangerous prescription medications are to be flushed down the toilet after use. Check the label of your prescription bottle or ask your doctor or pharmacist for guidance.

In addition to these tips, the FDA recommends keeping prescription bottles tightly sealed and stored out of reach in a locked cabinet to prevent the accidental or intentional misuse.

Resources

LINECO
www.lineco.org
(800) 323-7268

Beacon Health Options/Member Assistance Program
www.achievesolutions.net/achievesolutions/en/lineco/Home.do
(800) 332-2191

National Institute on Drug Abuse
www.drugabuse.gov
(301) 443-1124

Substance Abuse and Mental Health Services Administration
www.samhsa.gov
(877) 726-4727
Specialty Drug Program Assistance

Beginning May 1, 2018, Line Construction Benefit Fund (LINECO) partnered with Express-Scripts’ program: SaveonSP, to help our members save money on certain high cost specialty medications. When our members participate in this program, select specialty medications will be free of charge ($0). The specialty prescriptions will still be filled through Accredo, our existing specialty mail pharmacy.

Specialty drug costs continue to increase substantially year after year. Most specialty prescriptions cost our members at least $250 each fill. The plan cost to LINECO on these specialty drugs typically exceeds $3,000 per fill. This program leverages additional, available copay assistance funds that can be obtained from the drug manufacturer and will provide savings for both the patient and LINECO.

In most cases, your specialty payment per fill drops from its current cost of $250 to $0. Alternatively, if you do not enroll in the program, you may see a significant increase to your specialty drug cost as these drugs will now be considered non-essential and the copayment will increase beyond $250. Additionally, the new copayment will not count toward your annual deductible and out of pocket amounts.

Below is a list of drugs that are part of the program effective 1/1/2019. You will be contacted by SaveonSP if you are not enrolled and currently taking one of the high cost specialty drugs listed below:

| Drug Name     | Drug Name     | Drug Name     | Drug Name     | Drug Name     | Drug Name
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actemra</td>
<td>Enbrel</td>
<td>Inflixra</td>
<td>Orenca</td>
<td>Taltz</td>
<td>Tariq</td>
</tr>
<tr>
<td>Advate</td>
<td>Entylvio</td>
<td>Inlyta</td>
<td>Orenitram</td>
<td>Tarceva</td>
<td>Tasigna</td>
</tr>
<tr>
<td>Afinitor</td>
<td>Eplulsa</td>
<td>Iressa</td>
<td>Orkambi</td>
<td>Tecentriq</td>
<td>Tefidema</td>
</tr>
<tr>
<td>Alecensa</td>
<td>Erbitux</td>
<td>Jadenu</td>
<td>Otezla</td>
<td>Tobi Podhaler</td>
<td>Tremfya</td>
</tr>
<tr>
<td>AlphaNine</td>
<td>Erivedge</td>
<td>Jakafi</td>
<td>Perjeta</td>
<td>Tykerb</td>
<td>Tyurb</td>
</tr>
<tr>
<td>Alprolix</td>
<td>Exjade</td>
<td>Kadcyla</td>
<td>Plegridy</td>
<td>Valchlo</td>
<td>Vosevi</td>
</tr>
<tr>
<td>Ampyra</td>
<td>Farydak</td>
<td>Kalbitor</td>
<td>Promacta</td>
<td>Votrient</td>
<td>Xalkari</td>
</tr>
<tr>
<td>Aubagio</td>
<td>Facenra</td>
<td>Kalyadeca</td>
<td>Pulmozyme</td>
<td>Xeljanz</td>
<td>Xelkori</td>
</tr>
<tr>
<td>Avastin</td>
<td>Firazyr</td>
<td>Kevzara</td>
<td>Rebif</td>
<td>Xolair</td>
<td>Xlorti</td>
</tr>
<tr>
<td>Avonex</td>
<td>Gazyva</td>
<td>Kisqali</td>
<td>Remicade</td>
<td>Xtndi</td>
<td>Xteri</td>
</tr>
<tr>
<td>Benefix</td>
<td>Gilenya</td>
<td>Lenvima</td>
<td>Rituxan</td>
<td>Yervoy</td>
<td>Zaelor</td>
</tr>
<tr>
<td>Benlysta</td>
<td>Glatiramer</td>
<td>Letairis</td>
<td>Ruxibis</td>
<td>Zelfro</td>
<td>Zelbora</td>
</tr>
<tr>
<td>Betaseron</td>
<td>Glatopa</td>
<td>Lonsurf</td>
<td>Rydapt</td>
<td>Zepatier</td>
<td>Zikadia</td>
</tr>
<tr>
<td>Bosulif</td>
<td>Gleevec</td>
<td>Lynparza</td>
<td>Siliq</td>
<td>Zytiga</td>
<td></td>
</tr>
<tr>
<td>Cabometyx</td>
<td>Graex</td>
<td>Mekinist</td>
<td>Simponi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cimzia</td>
<td>Harvoni</td>
<td>Neulasta</td>
<td>Spinrada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cinyrex</td>
<td>Herceptin</td>
<td>Nexvar</td>
<td>Spryce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copaxone</td>
<td>Humira</td>
<td>Nilaro</td>
<td>Stelara</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cosentyx</td>
<td>Hycamtn</td>
<td>Nplate</td>
<td>Stivarga</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotellic</td>
<td>Ibrance</td>
<td>Nucala</td>
<td>Sutent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darzalex</td>
<td>Illaris</td>
<td>Ocrevus</td>
<td>Symdeko</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dupixent</td>
<td>Imatinib</td>
<td>Odomzo</td>
<td>Tafinlar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empliciti</td>
<td>Mesylate</td>
<td>Opdivo</td>
<td>Tagrisso</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Below is a list of drugs that are part of the program effective 1/1/2019. You will be contacted by SaveonSP if you are not enrolled and currently taking one of the high cost specialty drugs listed below:

| Drug Name     | Drug Name     | Drug Name     | Drug Name     | Drug Name     | Drug Name
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actemra</td>
<td>Enbrel</td>
<td>Inflixra</td>
<td>Orenca</td>
<td>Taltz</td>
<td>Tariq</td>
</tr>
<tr>
<td>Advate</td>
<td>Entylvio</td>
<td>Inlyta</td>
<td>Orenitram</td>
<td>Tarceva</td>
<td>Tasigna</td>
</tr>
<tr>
<td>Afinitor</td>
<td>Eplulsa</td>
<td>Iressa</td>
<td>Orkambi</td>
<td>Tecentriq</td>
<td>Tefidema</td>
</tr>
<tr>
<td>Alecensa</td>
<td>Erbitux</td>
<td>Jadenu</td>
<td>Otezla</td>
<td>Tobi Podhaler</td>
<td>Tremfya</td>
</tr>
<tr>
<td>AlphaNine</td>
<td>Erivedge</td>
<td>Jakafi</td>
<td>Perjeta</td>
<td>Tykerb</td>
<td>Tyurb</td>
</tr>
<tr>
<td>Alprolix</td>
<td>Exjade</td>
<td>Kadcyla</td>
<td>Plegridy</td>
<td>Valchlo</td>
<td>Vosevi</td>
</tr>
<tr>
<td>Ampyra</td>
<td>Farydak</td>
<td>Kalbitor</td>
<td>Promacta</td>
<td>Votrient</td>
<td>Xalkari</td>
</tr>
<tr>
<td>Aubagio</td>
<td>Facenra</td>
<td>Kalyadeca</td>
<td>Pulmozyme</td>
<td>Xeljanz</td>
<td>Xelkori</td>
</tr>
<tr>
<td>Avastin</td>
<td>Firazyr</td>
<td>Kevzara</td>
<td>Rebif</td>
<td>Xolair</td>
<td>Xlorti</td>
</tr>
<tr>
<td>Avonex</td>
<td>Gazyva</td>
<td>Kisqali</td>
<td>Remicade</td>
<td>Xtndi</td>
<td>Xteri</td>
</tr>
<tr>
<td>Benefix</td>
<td>Gilenya</td>
<td>Lenvima</td>
<td>Rituxan</td>
<td>Yervoy</td>
<td>Zelfro</td>
</tr>
<tr>
<td>Benlysta</td>
<td>Glatiramer</td>
<td>Letairis</td>
<td>Ruxibis</td>
<td>Zelfro</td>
<td>Zelbora</td>
</tr>
<tr>
<td>Betaseron</td>
<td>Glatopa</td>
<td>Lonsurf</td>
<td>Rydapt</td>
<td>Zepatier</td>
<td>Zikadia</td>
</tr>
<tr>
<td>Bosulif</td>
<td>Gleevec</td>
<td>Lynparza</td>
<td>Siliq</td>
<td>Zytiga</td>
<td></td>
</tr>
<tr>
<td>Cabometyx</td>
<td>Graex</td>
<td>Mekinist</td>
<td>Simponi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cimzia</td>
<td>Harvoni</td>
<td>Neulasta</td>
<td>Spinrada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cinyrex</td>
<td>Herceptin</td>
<td>Nexvar</td>
<td>Spryce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copaxone</td>
<td>Humira</td>
<td>Nilaro</td>
<td>Stelara</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cosentyx</td>
<td>Hycamtn</td>
<td>Nplate</td>
<td>Stivarga</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotellic</td>
<td>Ibrance</td>
<td>Nucala</td>
<td>Sutent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darzalex</td>
<td>Illaris</td>
<td>Ocrevus</td>
<td>Symdeko</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dupixent</td>
<td>Imatinib</td>
<td>Odomzo</td>
<td>Tafinlar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empliciti</td>
<td>Mesylate</td>
<td>Opdivo</td>
<td>Tagrisso</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank You for Your Efforts During Recent Natural Disasters

Given the natural disasters that have wreaked havoc in our Country this past year, many of our members have been asked to work under extremely stressful conditions.

Responders: Tips for Taking Care of Yourself

Responding to disasters is both rewarding and challenging work. Sources of stress for emergency responders may include witnessing human suffering, risk of personal harm, intense workloads, life-and-death decisions, and separation from family. Stress prevention and management is critical for responders to stay well and to continue to help in the situation. There are important steps responders should take before, during, and after an event. To take care of others, responders must be feeling well and thinking clearly.

Here are some important steps responders can take to ensure they are able to do their job and cope with challenging situations:

Preparing for a Response:

• Try to learn as much as possible about what your role would be in a response.
• If you will be traveling or working long hours during a response, explain this to loved ones who may want to contact you. Come up with ways you may be able to communicate with them. Keep their expectations realistic, and take the pressure off yourself.
• Talk to your supervisor and establish a plan for who will fill any urgent ongoing work duties unrelated to the disaster while you are engaged in the response.
• Remember to carry your LINECO BlueCross BlueShield ID Card with you when you leave home.
• Utilize Teladoc services to speak to a doctor 24/7/365. Teladoc is only a phone call away at 1-800-835-2362

During a Response: Understand and Identify Burnout and Secondary Traumatic Stress

Limit your time working alone by trying to work in teams.

Responders experience stress during a crisis. When stress builds up it can cause:

• **Burnout** – feelings of extreme exhaustion and being overwhelmed.
• **Secondary traumatic stress** – stress reactions and symptoms resulting from exposure to another individual’s traumatic experiences, rather than from exposure directly to a traumatic event.

Coping techniques like taking breaks, eating healthy foods, exercising, and using the buddy system can help prevent and reduce burnout and secondary traumatic stress. Recognize the signs of both of these conditions in yourself and other responders to be sure those who need a break or need help can address these needs.

**SIGNS OF BURNOUT:**

• Sadness, depression, or apathy
• Easily frustrated
• Blaming of others, irritability
• Lacking feelings, indifferent
• Isolation or disconnection from others
• Poor self-care (hygiene)
• Tired, exhausted or overwhelmed
• Feeling like:
  – A failure
  – Nothing you can do will help
  – You are not doing your job well
  – You need alcohol/other drugs to cope

**SIGNS OF SECONDARY TRAUMATIC STRESS**

• Excessively worry or fear about something bad happening
• Easily startled, or “on guard” all of the time
• Physical signs of stress (e.g. racing heart)
• Nightmares or recurrent thoughts about the traumatic situation
• The feeling that others’ trauma is yours

Get support from Team Members: Develop a Buddy System

In a buddy system, two responders partner together to support each other, and monitor each other’s stress, workload, and safety.
• Get to know each other. Talk about background, interests, hobbies, and family. Identify each other’s strengths and weaknesses.
• Keep an eye on each other. Try to work in the same location if you can.
• Set up times to check-in with each other. Listen carefully and share experiences and feelings. Acknowledge tough situations and recognize accomplishments, even small ones.
• Offer to help with basic needs such as sharing supplies and transportation.
• Monitor each other’s workloads. Share opportunities for stress relief (rest, routine sleep, exercise, and deep breathing).

Responder Self-Care Techniques

• Work in teams and limit amount of time working alone.
• Write in a journal.
• Talk to family, friends, supervisors, and teammates about your feelings and experiences.
• Practice breathing and relaxation techniques.
• Maintain a healthy diet and get adequate sleep and exercise.
• Avoid or limit caffeine and use of alcohol.

Responding to disasters can be both rewarding and stressful. Knowing that you have stress and coping with it as you respond will help you stay well, and this will allow you to keep helping those who are affected.

This article was adopted from the Centers For Disease Control (CDC)
Summary Annual Report for 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, 2017. 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 accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the policy year ending December 31, 2017 were $2,418,756.

Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was $750,624,865 as of December 31, 2017, compared to $676,793,952 as of January 1, 2017. During the plan year the plan experienced an increase in its net assets of $73,830,913. During the plan year, the plan had total income of $572,573,568, including (but not limited to) employer contributions of $482,411,146, participant contributions of $17,179,241, realized gains of $1,689,592 from the sale of assets and earnings from investments of $49,329,298. Plan expenses were $507,867,834. These expenses included $10,911,527 in administrative expenses and $496,956,307 in benefits paid to participants and beneficiaries. The plan also received assets of $9,125,179 as a result of a Plan merger.

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 Blvd, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be $37.25 or $.25 per page. 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 Blvd, 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
Tax Forms – Coming Soon

LINECO continues to monitor and comply with all Federal health care regulations originating from Washington, D.C. We have worked diligently since March 2010 to adopt mandatory Affordable Care Act (Obamacare) provisions.

The LINE CONSTRUCTION BENEFIT FUND (LINECO) is required by the Internal Revenue Service (IRS) to send out proof of health coverage for 2018. If you were eligible for LINECO at any time during 2018, you will receive an IRS 1095-B Form that proves you had qualified and minimum essential health coverage for you and your eligible family members during 2018.

Although not required to file with your Federal tax returns, please keep these documents with any other important tax forms (W-2’s, etc) in case they are requested by a tax professional or the IRS.

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 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.
Get the Most Out of Your Plan

Visit the LINECO Website:
www.lineco.org

Use the secure member portal to view:
• Hours reported, claims history and Explanation of Benefits (EOBs)
• Download important forms
• Follow links to preferred providers

Use Network Providers
• BlueCross BlueShield PPO Network
• Beacon Health Options Network (Mental Health / Substance Abuse)
• Dental Network of America (DNoA) dentists
• Vision Service Plan (VSP) eye-doctors
• Amplifon Hearing Care Network

Call for Precertification
• 1-800-332-2191: Beacon Health Options for precertification of the following mental health/substance abuse services: inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing, Applied Behavioral Analysis (ABA) therapy and electroconvulsive therapy.
• 1-800-323-7268: Medical Cost Management (MCM) for precertification of all medical/surgical hospital admissions.

Use the Mail Service Rx or Walgreens
Attempt to have generic drugs dispensed to save yourself and the Fund money.

Take Advantage of the Member Assistance Program (MAP)
1-800-332-2191
For free, confidential counseling and referral for a wide range of personal, emotional, work/family problems. The MAP is administered by Beacon Health Options.

Participate in the Healthy Moms = Healthy Babies Program
Female employees and spouses who participate in Medical Cost Management’s prenatal program can earn a $250 gift card. Call 1-800-323-7268.

Use Teladoc
1-800-Teladoc (835-2362)
There is no charge to eligible employees, retirees and dependents who use Teladoc, a telemedicine service for common minor ailments.

Better Health With Diabetes Care Program
If you are a diabetic, contact MCM for additional benefits, including 100% coverage for certain diabetic supplies, treatment and medication. Call 1-800-323-7268.

File Claims Correctly and on Time
Always present your Blue Cross Blue Shield Card when receiving Medical / Dental / Rx Services.

Notify Fund of Address Change
It is very important to inform the Fund of your new address. You may change your address online via our member portal at www.lineco.org.
Vision Benefit Reminder

Vision Benefits are provided through a contract with an organization called VSP (Vision Service Plan). VSP gives you a choice of the way you can receive your Vision Benefits.

**You Can Use the VSP Doctors**

VSP has arranged for a number of doctors in your area (“VSP doctors”) who will provide professional vision care for you and your dependents. VSP doctors provide examinations, professional services, lenses, and good quality frames at no out-of-pocket expense to you. VSP pays the doctors for the services and eyewear provided to you. Any additional vision care, services and/or materials not covered by VSP can be arranged between you and the doctor.

To Find a VSP Doctor: Call 1-800-877-7195 toll free or go to www.vsp.com

---

**You Can Use Your Own Out-of-Network Provider**

You can go to any optometrist, ophthalmologist and/or dispensing optician for your vision care. You must pay the provider in full and then file a claim with VSP for reimbursement. You will be reimbursed according to the Out-of-Network Schedule of Benefits for the Plan.

This benefit is designed to cover your visual needs rather than cosmetic materials. If you select any eyewear listed that is excluded or limited by the Plan, VSP will not reimburse any of the cost incurred from an out-of-network provider, and there will be an extra charge by a VSP doctor.

---

**VISION BENEFIT**

<table>
<thead>
<tr>
<th>Plan Pays</th>
<th>VSP DOCTOR</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam — every calendar year</td>
<td>Covered in full</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Frame — every two calendar years</td>
<td>Covered up to $175 retail value</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Lenses — every calendar year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>Covered in full</td>
<td>Up to $30/pair</td>
</tr>
<tr>
<td>Lined bifocal</td>
<td>Covered in full</td>
<td>Up to $40/pair</td>
</tr>
<tr>
<td>Lined trifocal</td>
<td>Covered in full</td>
<td>Up to $55/pair</td>
</tr>
<tr>
<td>Contacts, including exam, fitting, evaluation and lenses</td>
<td>Covered up to $175/pair</td>
<td>Up to $100/pair</td>
</tr>
<tr>
<td>Safety Glasses — every two years (employees only)</td>
<td>Covered in full</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*If you use a VSP doctor and select eyewear that costs more than the amount allowed by VSP, you will pay an additional (discounted) charge to the VSP doctor.*
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 is current as of July 31, 2018. 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)

**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+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+

**FLORIDA | Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp
Phone: 1-877-357-3268

**GEORGIA | Medicaid**
Website: http://dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

**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: http://www.indianamedicaid.com  Phone: 1-800-403-0864

**IOWA | Medicaid**
Website: http://dhs.iowa.gov/hawk-i  Phone: 1-800-257-8563

**KANSAS | Medicaid**
Website: http://www kdheks.gov/hcf  Phone: 1-785-296-3512

**KENTUCKY | Medicaid**
Website: https://chfs.ky.gov  Phone: 1-800-635-2570

**LOUISIANA | Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

**MAINE | Medicaid**
Website: http://www.maine.gov/eohhs/gov/departments/masshealth/index.html
Phone: 1-800-862-4840
TTY: Maine relay 711

**MASSACHUSETTS | Medicaid and CHIP**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/index.html
Phone: 1-800-657-3739

**NOVEMBER 2018**
MISSOURI | Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 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: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

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

NEW HAMPSHIRE | Medicaid
Website: https://www.dhhs.nh.gov/ombp/nhhpp/
Phone: 603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY | Medicaid and CHIP
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

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

NORTH CAROLINA | Medicaid
Website: https://dma.ncdhhs.gov
Phone: 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: http://www.dhs.pa.gov/provider/medicalassistance/
healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND | Medicaid
Website: http://www.eohhs.ri.gov
Phone: 855-697-4347

SOUTH CAROLINA | Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA | Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS | Medicaid
Website: http://gethipptexas.com
Phone: 1-800-440-0493

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

WASHINGTON | Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA | 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

WYOMING | Medicaid
Website: https://wyequalitycare.acs-inc.com
Phone: 307-777-7531

VIRGINIA | Medicaid and CHIP
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

To see if any other states have added a premium assistance program since July 31, 2018, 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
Did you know there’s a convenient and affordable healthcare alternative? With Teladoc®, you can be connected with a licensed physician in minutes, not hours or days like you would at the ER, urgent care or with your PCP. And, you can get care from wherever you are: home, office or traveling.

THE NEXT TIME YOU’RE SICK, CONSIDER YOUR OPTIONS:

<table>
<thead>
<tr>
<th>TELADOC</th>
<th>VS.</th>
<th>ER OR URGENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request a consult from work or home</td>
<td></td>
<td>Drive to the nearest office while sick</td>
</tr>
<tr>
<td>A doctor calls you back in minutes</td>
<td></td>
<td>Wait hours before seeing the doctor</td>
</tr>
<tr>
<td>Get the care you need at a price you can afford</td>
<td></td>
<td>Pay high ER and urgent care fees</td>
</tr>
</tbody>
</table>

COMMON ISSUES TELADOC DOCTORS TREAT INCLUDE:
- Respiratory Infection
- Allergies
- Bronchitis
- Cold and Flu Symptoms
- Skin Problems
- Sinus Problems
- And More!

GET THE CARE YOU NEED
Teladoc doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults.

Talk to a doctor anytime for free!

Teladoc.com
1-800-Teladoc (835-2362)
# IMPORTANT CONTACT INFORMATION

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

<table>
<thead>
<tr>
<th>FOR INFORMATION ABOUT</th>
<th>CONTACT</th>
<th>PHONE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Service / Coverage Inquiry</td>
<td>Benefit Fund Office</td>
<td>1-800-323-7268</td>
<td><a href="http://www.lineco.org">www.lineco.org</a></td>
</tr>
<tr>
<td>Medical PPO Network Providers</td>
<td>BlueCross BlueShield</td>
<td>1-800-810-BLUE (2583)</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td>Dental PPO Network Providers</td>
<td>Dental Network of America</td>
<td>1-866-522-6758</td>
<td><a href="http://www.dnoa.com">www.dnoa.com</a></td>
</tr>
<tr>
<td>Health Reimbursement Account (HRA)</td>
<td>CompuSys</td>
<td>1-877-282-8665</td>
<td><a href="http://www.lineco.org">www.lineco.org</a></td>
</tr>
<tr>
<td>24 / 7 Medical Advice</td>
<td>Teladoc</td>
<td>1-800-Tel-aDoc (835-2362)</td>
<td><a href="http://www.teladoc.com">www.teladoc.com</a></td>
</tr>
<tr>
<td>Precertification – Hospital</td>
<td>Medical Cost Management</td>
<td>1-800-323-7268</td>
<td><a href="http://www.medicalcost.com">www.medicalcost.com</a></td>
</tr>
<tr>
<td>Healthy Moms = Healthy Babies</td>
<td>(MCM)</td>
<td>(ask for MCM)</td>
<td></td>
</tr>
<tr>
<td>Diabetic Care Program</td>
<td>Beacon Health Options</td>
<td>1-800-332-2191</td>
<td><a href="http://www.achievesolutions.com">www.achievesolutions.com</a></td>
</tr>
<tr>
<td>Precertification – Mental Health or Substance Abuse</td>
<td>Beacon Health Options</td>
<td>1-800-332-2191</td>
<td><a href="http://www.achievesolutions.com">www.achievesolutions.com</a></td>
</tr>
<tr>
<td>Member Assistance Program (MAP)</td>
<td>Beacon Health Options</td>
<td>1-800-332-2191</td>
<td><a href="http://www.achievesolutions.com">www.achievesolutions.com</a></td>
</tr>
<tr>
<td>Prescriptions – Retail / Home</td>
<td>Express Scripts</td>
<td>1-877-327-0568</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>Prescriptions – Specialty</td>
<td>Accredo</td>
<td>1-877-476-2267</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>Prescriptions – Medicare Part D</td>
<td>Express Scripts</td>
<td>1-855-634-0272</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>Vision Care</td>
<td>Vision Service Plan (VSP)</td>
<td>1-800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Hearing Care / Ear Care</td>
<td>Amplifon</td>
<td>1-877-609-0758</td>
<td><a href="http://www.amplifonusa.com">www.amplifonusa.com</a></td>
</tr>
</tbody>
</table>
CHECK OUT WHAT'S INSIDE

2019 Benefits Update......................................................................................................................... 1
New and Improved LINECO Explanation of Benefits ................................................................. 1
Thank You for Your Efforts.................................................................................................................. 1
Life Events ....................................................................................................................................... 3
The Opioid Epidemic… There is Help.............................................................................................. 4
Do You Have Prescriptions in Your Home?...................................................................................... 4
Specialty Drug Program Assistance................................................................................................. 5
Thank You for Your Efforts During Recent Natural Disasters .......................................................... 6
Notice of Privacy Practice.................................................................................................................. 6
Summary Annual Report for Line Construction Benefit Fund ........................................................... 8
Tax Forms – Coming Soon .................................................................................................................. 9
Reminder About Coverage for Breast Reconstruction................................................................. 9
Get the Most Out of Your Plan ......................................................................................................... 10
Vision Benefit Reminder.................................................................................................................. 11
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)........ 12
Important Contact Information ....................................................................................................... 15