



Line Construction Benefit Fund
821 Parkview Boulevard
Lombard, IL 60148
www.lineco.org

IMPORTANT ANNOUNCEMENT

LINECO HRA PROGRAM

Dear Participant:

You are receiving this notice because LINECO received a contribution from your employer that has been added to a LINECO Health Reimbursement Account (LINECO HRA) in your name.

The LINECO HRA covers a wide range of healthcare expenses not payable by LINECO, and can be used to make active and retiree LINECO self-payments when you lose eligibility or retire. Individual LINECO HRA accounts are funded by separate employer contributions. Contributions to your LINECO HRA will be on an employer-specific basis—not every employer will choose to participate. Contributions will be credited to your LINECO HRA account only when you work for a LINECO HRA contributing employer.

ELIGIBILITY - You will become an eligible LINECO HRA participant when your account balance is at least \$100. Your LINECO HRA eligibility is not dependent on your regular LINECO eligibility.

YOUR LINECO HRA ACCOUNT - You determine how and when to use your HRA. You can choose to:

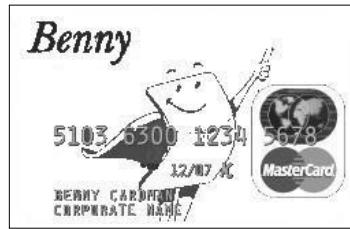
- Use it to pay for HRA-qualified expenses or other services not covered by LINECO.
- Use it to make short-hour self-payments to continue coverage, or for COBRA or retiree coverage.

The amount in your LINECO HRA account rolls over from year to year and will remain available to you until you need it, subject to the Forfeiture of Inactive Accounts rules explained on page 2.

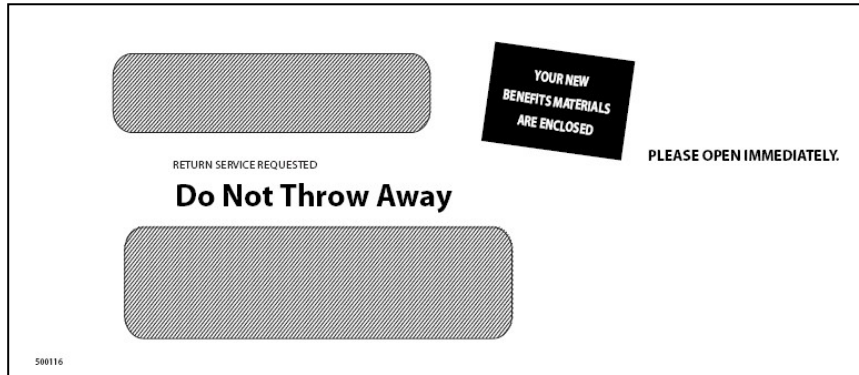
This is NOT a use-it-or-lose-it plan. The money in your account rolls over from year to year.

PREPAID BENEFITS CARD (“BENNY™ CARD”) - The LINECO Health Reimbursement Account is administered by CompuSys, Inc., a third-party administrator of HRA-type plans. CompuSys will provide you with two prepaid debit cards, called “Benny Cards,” that can be used to access your LINECO HRA funds.

Your cards look like this:



Your cards arrive at your home in an envelope looking like this:



You can use the card to make your HRA qualified purchases at many participating healthcare providers, discount stores, eyeglass stores, etc. Your expenses will be automatically deducted from your LINECO HRA.

You can only use your Benny Card to cover expenses not covered by LINECO or another qualified healthcare plan. If you are covered under the regular LINECO plan, you should wait until you receive your Explanation of Benefits (EOB) from LINECO before using your Benny Card.

You can also use your Benny Card to make pharmacy purchases. Please see Question No. 6 in the Frequently Asked Questions section of this notice.

You can fill in your card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail.

FORFEITURE OF INACTIVE ACCOUNTS - Your LINECO HRA account can only be forfeited due to inactivity. An account will be considered inactive if it has a balance of less than \$100 and no account activity for the prior two years (24 months).

“No account activity” means no employer contributions into the account and no withdrawals out of the account for qualified LINECO HRA.

Call CompuSys (not LINECO) at 1-(877) 282-8665 if you have any questions about how to use your Benny Card, your account balance, eligible expenses, or how to file claims.

FREQUENTLY ASKED QUESTIONS ABOUT THE LINECO HRA

1. What are HRA qualified expenses?

Qualified expenses are costs incurred for medical care as defined under Section 213 of the Internal Revenue Code. Qualified expenses include, but are not limited to:

- Medical expenses, including deductibles and coinsurance
- Prescription drug co-pays
- Dental services, including deductibles, coinsurance, and non-covered services such as implants
- Home modifications and equipment to accommodate a disabled person
- Infertility treatment
- Vision expenses
- Hearing care expenses
- Active and retiree self-payments to LINECO
- Medicare Part B or Part D premiums
- Medigap policies
- Smoking cessation products and programs
- Electronic body scans
- OTC drugs (doctor's prescription required)
- Weight loss programs
- Residential homes for care of an intellectually or developmentally disabled dependent

For a complete list of qualified LINECO HRA expenses, refer to [IRS Publication 502](#) for the tax year in question.

In addition, medical expenses are only covered under this program if the expenses are:

- Not reimbursable by LINECO, another health plan, or any other party;
- Incurred for you or a dependent (a person you can claim as a dependent under federal income tax rules);
- Not claimed as deductions on your or a dependent's federal income tax return; and
- Incurred on or after your HRA eligibility date (the date your HRA balance equals or exceeds \$100).

2. Will I need to submit proof that my expenses are qualified?

Some purchases will require documentation to substantiate that the expense is covered under this program. CompuSys will contact participants directly if additional documentation is required.

3. When can I use my LINECO HRA account?

You may begin using your LINECO HRA account after you accumulate at least \$100 in your account and after you receive your Benny Card.

4. What are some examples of NON-qualified expenses?

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

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

5. Where can I use my Benny Card?

You can use the card to make your HRA-qualified purchases at many participating healthcare providers, pharmacies, discount stores, eyeglass stores, etc. However, you should only use it to cover unpaid balances due after any other healthcare plan, including LINECO, has paid its portion of the bill.

6. Can I use my LINECO HRA account for my prescription / pharmacy co-pays?

Yes, simply show your Express Scripts card at retail pharmacies in order to ensure you receive the appropriate discount and coinsurance/deductible. Then simply swipe your Benny card and the balance due will automatically be deducted from your LINECO HRA. You may also pay your Express Scripts mail order co-pays with your Benny card.

7. How do I use my LINECO HRA account for self-payments to LINECO?

You can use your LINECO HRA account to make self-payments for active or retiree LINECO coverage, or to pay COBRA premiums to LINECO. Please contact CompuSys at 1-877-282-8665 for more information on authorizing these types of payment(s) from your LINECO HRA account. The rules governing eligibility to make self-payments, the amounts required, and the due dates are not changing.

8. How do I file other types of claims?

If you receive a balance due statement from a doctor or hospital and want to use your HRA account to pay for it, you can write your Benny Card account number on the statement just like you would if you were paying with a credit or debit card. If the service is incurred while you are eligible for regular LINECO benefits, you must wait until LINECO has processed the claim before you can pay the unpaid balance from your HRA account. (The same applies if you have any other healthcare coverage in addition to or instead of LINECO.)

You can also file claims directly with CompuSys. A claim form is included with this notice. Additional forms are available through the HRA link on the LINECO website (www.lineco.org) or by calling CompuSys at 1-877-282-8665.

You will be required to document the expense and submit your claim within two years of the date the claim is incurred. Claims can be emailed or mailed to CompuSys.

9. How can I keep track of my account balance?

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

10. Will interest accumulate to my account?

Each calendar year the Fund will determine the aggregate investment yield on the total amount in all LINECO HRA accounts, net of administrative costs, and will credit / debit a proportional amount to your account no later than March 31st of the subsequent year.

11. What happens in the event of my death or disability?

Death or disability benefits cannot be paid from your LINECO HRA. However, in the event of your death, the balance in your account can be used by your surviving dependent spouse or eligible dependent child(ren) for HRA qualified expenses, including healthcare premiums and LINECO self-payments (subject to LINECO's eligibility rules).

If you are not married on the date of your death or your spouse dies, any remaining balance in the LINECO HRA account may be used by your eligible dependent survivors for qualified expenses. If there is more than one eligible dependent survivor, the remaining balance in the LINECO HRA account will be divided equally based on the number of eligible dependent survivors.

If the participant dies, or his surviving spouse dies, and there are no eligible dependent survivors, the remaining balance in the LINECO HRA account will be forfeited, and the forfeited amount will be used to pay the HRA's operating expenses.

12. Can I opt-out of the LINECO HRA?

Members may permanently opt-out of the LINECO HRA (so that they can seek subsidized coverage through a health insurance exchange). If a participant opts out, the balance in his account is forfeited, and he waives his right to any future LINECO HRA reimbursements. LINECO HRA participants can elect to opt out effective January 1st of each year.

An employee who will otherwise lose eligibility due to reduced work hours or termination of employment will also be able to opt out. It is anticipated that opting out will be an extremely rare occurrence.

Contact the Fund Office at 1-800-323-7268 if you need to opt out.

13. What happens if I need an additional or replacement Benny Card?

You can request additional or replacement Benny Cards by calling CompuSys at 1-877-282-8665. The cost is \$10 for two additional / replacement cards.

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Line Construction Benefit Fund - HRA Account

Administered by CompuSys, Inc.
2156 West 2200 South- Salt Lake City, Utah 84119-1376
Toll Free 1-877-282-8665

HEALTH REIMBURSEMENT ACCOUNT REIMBURSEMENT REQUEST FORM

1. Type or print information (items 1 through 8) on the Employee Section below. Only one patient can be listed on a request form. However, **more than one provider can be listed for that one patient.**
2. Enter the total amount for which the claim is being made in the appropriate sections. **A minimum of \$25 should be accumulated before you submit a claim.**
3. Supporting documentation must accompany this request form. Supporting documentation includes the following:

Explanation of Benefit Statement(s) indicating deductibles, co-insurance, co-payment or amounts in excess of usual and customary charges from any medical/dental plan(s) under which you and/or any of your eligible dependents are covered, or if the expense is not covered under your medical/dental plan, itemized bills from doctors, dentists or other suppliers for insured expenses.
4. Retain copies of supporting documentation for your records.
5. Send completed claim form and supporting documentation, in a personal and confidential envelope, to the Administrative Office at the address above.

NOTE: ANY ITEMS FOR WHICH YOU ARE REIMBURSED CANNOT BE CLAIMED AS DEDUCTIONS OR CREDITS ON YOUR FEDERAL INCOME TAX RETURNS.

1. Employee's Name	2. Soc. Sec. No. or Unique I.D.		3. Address
4. Patient's Name	5. Relationship	6. Local Union	
7. Provider Name(s)	8. I have medical coverage through the Line Construction Benefit Fund: yes <input type="checkbox"/> no <input type="checkbox"/>		

UNREIMBURSED HEALTH CARE EXPENSES

	Date of Service	Claim Amount to be Reimbursed
Deductible	_____	\$ _____
Coinsurance / Co-payments	_____	\$ _____
Not covered by plan	_____	\$ _____
	Total	\$ _____

I certify that either I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Health Care Reimbursement Account, and I further declare that I have not and will not deduct these expenses on my individual income tax returns. No assignment will be accepted:

Employee Signature

Date

