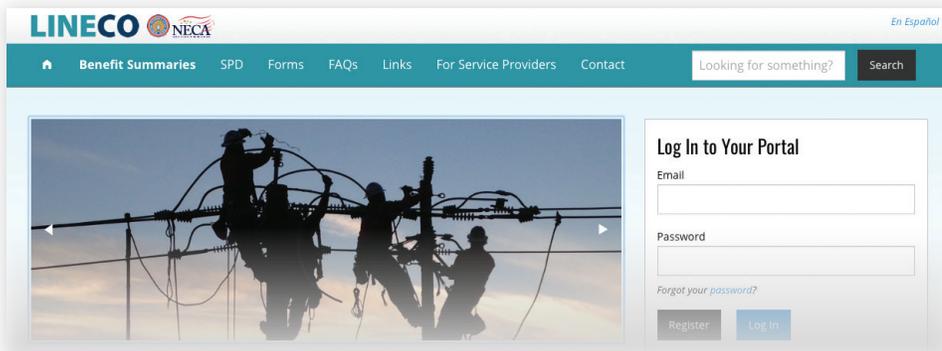


# THE LINE CONNECTION



Benefit News for LINECO Participants

December 2017



## ABOUT THIS NEWSLETTER

Each year 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](http://www.lineco.org) to learn more about your Plan.

### WWW.LINECO.ORG

Please take a moment to check out our newly re-designed website. We've made it easier to search and locate helpful information. We have also updated the web with our new "look and feel".

A new feature of our website is the ability for new members to enroll themselves and eligible family members online.

Additionally, don't forget to sign up for access to our secure Member Portal.

On this portal, members can securely review claims, eligibility, hours reported and health and dental maximums.

Please consider receiving only electronic communications from the Fund... It will save LINECO postage and help the environment at the same time.

We hope you have a chance to visit our new and improved website: [WWW.LINECO.ORG](http://WWW.LINECO.ORG).

### Summary Benefit Coverage (SBC)'s and Benefit Changes

Please be aware that there have been NO significant changes to the level of benefits provided by the Plan. However, we are required by law to mail you a Summary of Benefit Coverage (SBC's) annually. These documents are the "blue and white" 6 page documents located in this mailing.

**They are a regulatory requirement under Federal Law and are informational only in content.**

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# Diabetes Care Management

## LINECO's Better Health with Diabetes Program

All covered participants (except Medicare eligible members) living with Diabetes are eligible to participate in this free program that will help you enjoy better health! Program participants will be eligible for the following benefit enhancements as well as a \$50 Debit MasterCard for every six months you participate in the program.

### Participants in the Better Health with Diabetes Program will receive...

- **Free** Glucometer!
- **Free** Test Strips - No Copay! No Deductible!
- Medically Necessary Oral Medications - **No Copay! No Deductible!**
- Medically Necessary Insulin Pumps and Supplies - **No Copay! No Deductible!.**

- **Free** Eye Exam
- Medically Necessary Endocrinologist Visits - **No copay! No deductible!**
- **\$50.00 Debit MasterCard Every Six Months you participate with your Nurse Health Coach!**

### Your Own Registered Nurse Health Coach

MCM Better Health Solutions will provide each participant their own Registered Nurse Health Coach.

The Nurse Health Coach is your patient advocate and will help you better manage your Diabetes, including:

- A one-on-one resource for health information you can trust.
- Support and education towards reaching your goals for a healthier lifestyle.

- HIPAA compliant interactions - your health information is never shared with your coworkers or management.

### Enroll Today!

Call 800-367-9938 to speak with a Health Coach Monday through Friday between 7:30 a.m. and 6:00 p.m. CST.

### What people are saying:

**"I don't have to worry about being able to afford the expensive test strips, drugs and doctor visits - They are free, plus I get a gift card every 6 months"**

**You can also enroll anytime online at [www.medicalcost.com](http://www.medicalcost.com) simply click on the **Enroll Today** link in the **Health Coaching** box.**



## Healthy Moms = Healthy Babies

Did you know LINECO, in conjunction with Medical Cost Management, offers a prenatal program for expectant mothers and their babies throughout pregnancy and delivery?

Simply call LINECO and ask to be enrolled in the Healthy Moms = Healthy Babies program. You will be connected with an experienced maternity nurse who will guide you through your pregnancy and provide you with tips to staying healthy and being aware of risk factors throughout your pregnancy. Upon

successful completion of the program and delivery, you will be sent a \$250 gift card for your active participation.

The ultimate goal of the program is to help our members enjoy a healthy and problem free pregnancy.



## 90 Day Drug Supply Now Available At Walgreens

Express Scripts, LINECO's Pharmacy Benefit Manager (PBM), recently entered into a partnership with Walgreens Pharmacy to allow 90 day supply of medications that can be filled at participating Walgreens Pharmacy's.

Previously, most prescriptions filled at a Walgreens Pharmacy would only be allowed for a 30 day supply. Longer term medications would typically need to be ordered via the Express Scripts Mail Order Program.

You may still order all your long-term, recurring prescriptions via the Express Scripts Mail Order Program, however, you may also get those same prescriptions for 90 days via Walgreens. This may be a more convenient option for you and the negotiated prices at Walgreens are the same as your current mail order copayment and may be cheaper in some instances. Feel free to consult your neighborhood Walgreens Pharmacy or contact Express Scripts directly for additional information.



## Dependent Social Security Numbers

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.

One such rule, requires LINECO mail each member an IRS Form 1095-B annually (in January) which provides proof of health coverage.

One component of the 1095-B includes the coverage LINECO provides to your spouse and children. The IRS requires LINECO collect your spouse and children's Social Security Number (SSN) so that we can accurately complete the 1095-B.

Although LINECO does not publish SSN's other than for this IRS tax document, we are required by Federal law to collect this information. Please help us in complying with this government oversight... your assistance will help you and the Fund avoid potential fines levied by the IRS.

### Reminder: Retirement Or Approaching Age 65

If you are a LINECO member, we will begin sending you correspondence 6 months prior to your 65th Birthday. It is extremely important you understand Plan requirements under Medicare.

If you are Medicare-eligible (typically age 65), you are required to sign up for **both** Medicare Part A and Medicare Part B. Failing to sign up for both may cause significant out of pocket expense when claims are processed and you may also be penalized by Medicare for late enrollment. Please be prepared and begin your Medicare enrollment at least 3 months before your 65th birthday.



# LINECO



## It's cold and flu season. Are you prepared?

It's cold and flu season. Be sure to take extra precautions to avoid getting sick. Fortunately, if you do get sick, you have 24/7/365 access to a U.S. board-certified Teladoc® doctor. **How can you avoid the cold and flu?**

### 1. KNOW THE SYMPTOMS

**COLD** Symptoms include runny nose, sore throat, cough, and congestion. Colds are contagious during the first few days that symptoms appear and typically last about a week.

**FLU** Symptoms are similar to a cold but include fever, headaches, and muscle aches. Flu symptoms typically improve within five days, though you may feel run down for several more.

### 2. PREVENT GETTING SICK

- Avoid close contact with anyone who is sick
- Wash your hands frequently
- Clean surfaces with a germ-killing disinfectant
- Get your annual flu vaccine
- Antiviral medications may also help prevent contracting the flu if you have been exposed

### 3. CALL TELADOC

Even the most careful person can get sick. Fortunately, you have Teladoc. Request a consult anytime you feel under the weather.

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

## Talk to a doctor anytime!

 [Teladoc.com](https://www.teladoc.com)

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 **1-800-Teladoc (835-2362)**

 [Teladoc.com/mobile](https://www.teladoc.com/mobile)

## By The Numbers . . . .

- 1 Million** # Of Medical, Dental, Weekly Income and Life Insurance Claims the Fund Office Will Handle During 2017.
- 200,000** # Of Phone Calls The LINECO Fund Office Will Answer During 2017.
- 105,000** Average # Of LINECO Members Who Were Eligible for Benefits During 2017... Representing All 50 States.
- 73** LINECO Fund Office Employees
- 54** # Of Years LINECO Has Been in Existence

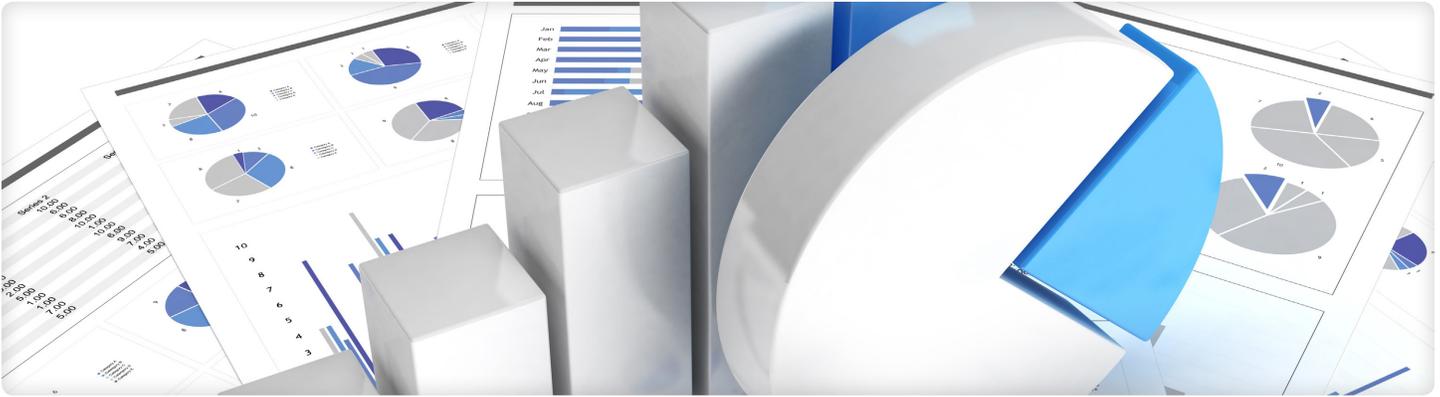
## Reminder About Coverage For Breast Reconstruction

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.





# Summary Annual Report For The Line Construction Benefit Fund

This is a summary annual report of the **Line Construction Benefit Fund, EIN 36-6066988, Plan No. 501 for the year ended December 31, 2016**. 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, 2016 were \$2,311,761.

## Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was \$676,793,952 as of December 31, 2016, compared to \$672,317,553 as of January 1, 2016. During the plan year the plan experienced an increase in its net assets of \$4,476,399. During the plan year, the plan had total income of \$502,449,843,

including (but not limited to) employer contributions of \$427,965,632, participant contributions of \$16,487,929, realized gains of \$4,020 from the sale of assets and earnings from investments of \$41,549,221. Plan expenses were \$497,973,444. These expenses included \$11,368,007 in administrative expenses and \$486,605,437 in benefits paid to participants and beneficiaries.

## Your Rights to Additional Information

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

- an accountant's report;
- financial information and information on payments to service providers;
- assets held for investment;
- insurance information including sales commissions paid by insurance carriers;
- transactions in excess of 5 percent of plan assets; and
- information regarding any common or collective trusts, pooled separate accounts,
- master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office

of Line Construction Benefit Fund who is plan sponsor, at 821 Parkview Boulevard Lombard, IL 60148, (800) 323-7268.

The charge to cover copying costs will be \$38.25 for the full annual report or \$.25 per page for any part thereof. You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes or a statement of income and expenses of the plan and accompanying notes or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan at 821 Parkview Boulevard Lombard, IL 60148 and the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

# 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](http://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](http://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](http://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 August 10, 2017. Contact your State for more information on eligibility –***

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## ALABAMA - Medicaid

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**Website:** <http://myalhipp.com/>

**Phone:** 1-855-692-5447

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## ALASKA - Medicaid

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The AK Health Insurance Premium Payment Program

**Website:** <http://myakhipp.com/>

**Phone:** 1-866-251-4861

**Email:** [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

**Medicaid Eligibility:**

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

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## ARKANSAS - Medicaid

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**Website:** <http://myarhipp.com/>

**Phone:** 1-855-MyARHIPP (855-692-7447)

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## COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

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**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](http://Colorado.gov/HCPF/Child-Health-Plan-Plus)

CHP+ Customer Service: 1-800-359-1991/

State Relay 711

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## FLORIDA - Medicaid

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**Website:** <http://flmedicaidtprecovery.com/hipp/>

**Phone:** 1-877-357-3268

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## GEORGIA - Medicaid

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**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/ime/members/medicaid-a-to-z/hipp>

**Phone:** 1-888-346-9562

**KANSAS - Medicaid**

**Website:** <http://www.kdheks.gov/hcf/>

**Phone:** 1-785-296-3512

**KENTUCKY - Medicaid**

**Website:** <http://chfs.ky.gov/dms/default.htm>

**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/dhhs/ofi/public-assistance/index.html>

**Phone:** 1-800-442-6003

**TTY:** Maine relay 711

**MASSACHUSETTS - Medicaid and CHIP****Website:**

<http://www.mass.gov/eohhs/gov/departments/masshealth/>

**Phone:** 1-800-862-4840

**MINNESOTA - Medicaid****Website:**

<http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

**Phone:** 1-800-657-3739

**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**

**Medicaid Website:** <https://dwss.nv.gov/>

**Medicaid Phone:** 1-800-992-0900

**NEW HAMPSHIRE - Medicaid**

**Website:** <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

**Phone:** 603-271-5218

**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/](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/healthinsurancepremiumpaymenthipprogram/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://gethiptexas.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

**VIRGINIA - Medicaid and CHIP**

**Medicaid Website:**

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

**Medicaid Phone:** 1-800-432-5924

**CHIP Website:**

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

**CHIP Phone:** 1-855-242-8282

**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://mywvhipp.com/>

**Toll-free phone:** 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN - Medicaid and CHIP**

**Website:**

<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

**Phone:** 1-800-362-3002

**WYOMING - Medicaid**

**Website:** <https://wyequalitycare.acs-inc.com/>

**Phone:** 307-777-7531

*To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:*

**U.S. Department of Labor**

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

## Notice Of Privacy Practice

### Right to a Copy of LINECO's Notice of Privacy Practice

You have a right to request and receive a copy of this Notice at any time, even if you have received this Notice previously. To obtain a copy, please contact the Fund's Privacy Officer or any employee at the Fund Office by calling 1-800-323-7268. This Notice is also available on the Fund's website at [www.lineco.org](http://www.lineco.org).

# Get The Most Out Of Your Plan

## Visit the LINECO Website:

**[www.lineco.org](http://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

**1-800-323-7268**

- 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.
- 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.

## 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.

## Enroll in 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

## 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](http://www.lineco.org)**.



**Important  
Plan Reminders  
Inside.**



**LINECO**



821 Parkview Boulevard  
Lombard, IL 60148-3250

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

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## CHECK OUT **WHAT'S INSIDE**

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