

Line Construction Benefit Fund “**LINECO**”  
**MEDICAL BENEFITS OVERVIEW**

WEB-SITE:

WWW.LINECO.ORG



Electronic Medical Claim Submitter thru  
 your Local Blue Cross Blue Shield Plan.

**Group P14602**

**Prefix LCB**

**Medicare Payor ID: 80264**

**Benefit Summary: Medical:** *Description of benefit does not constitute a guarantee of coverage or payment – all claims are subject to eligibility and Plan limitations at the time services are rendered.*

<b>Overview</b>	<p>In general, the Plan covers necessary Medical expenses at 80% In-Network and 70% Out-of-Network of the usual and customary charges for services rendered, subject to the annual deductible, maximum benefit and other specific limitations.</p> <p>The Medical Benefit is available to all active employees and their covered dependents, as well as retirees and their covered dependents.</p>
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**\*\* PATIENT MUST BE ELIGIBLE AT TIME OF SERVICE \*\***

<b>Medical Deductible (Calendar Year)</b>	\$400 per person, \$1,200 Family Deductible
<b>Hospital certification noncompliance</b>	\$250 per admission (does not go towards calendar year deductible.)
<b>Emergency Room</b>	\$150 for each occurrence of hospital emergency room treatment (Waived if Admitted).
<b>Medical Out-of-Pocket (Calendar Year)</b>	\$2,500 per person \$7,500 Family
<b>Medicare Eligible Medical Out-of-Pocket (Calendar Year)</b>	\$1,625 per person \$7,500 Family
<b>In-Network (PPO) Coinsurance</b>	80%
<b>Out-of Network (Non PPO) Coinsurance</b>	70%
<b>Calendar Year Maximum Benefit</b>	Unlimited

<b>Pre-Certification</b>	
Pre-Certification by Medical Cost Management Call 1-800-323-7268 and ask for MCM . Required For:	
<ul style="list-style-type: none"> <li>A. Inpatient Hospital</li> <li>B. Skilled Nursing Facility</li> <li>C. Home Health Care</li> <li>D. Hospice Program</li> </ul>	
Mental Health and Substance Abuse Pre-Certification by Beacon Health Options Call 1-800-332-2191.	
Required For:	
<ul style="list-style-type: none"> <li>A. Inpatient, residential and partial inpatient treatment</li> <li>B. Intensive outpatient treatment</li> <li>C. Psychological testing</li> </ul>	

- D. Electroconvulsive therapy
- E. ABA Therapy for Autism

Bariatric Surgery Call 1-800-323-7268 and ask for Member Services

TMJ Surgery Call 1-800-323-7268 and ask for Member Services

### PREVENTATIVE CARE

A complete list is available on our website [www.lineco.org](http://www.lineco.org). The services covered under this benefit are based on the following recommendations:

- A. United States Preventive Service Task Force (services/items with a rating of A or B by this task force).
- B. Immunizations recommendation from the Advisory Committee on Immunization Practices and adopted by the Center for Disease Control.
- C. With respect to infants, children, adolescents and women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administrations.

Benefits for covered preventive services are paid at 100% when participants use a Blue Cross Blue Shield (BCBS) PPO provider and at 70% if participants use an out-of-network (non-PPO) provider.

Routine Physical exam will be covered at a frequency of one per year.

Well Woman exam for women 18 years of age and older at a frequency of one per year.

Most Adult Immunizations will be covered

Childhood Immunizations will be covered

Routine X-rays and Labs – A complete list is available on the LINECO website [www.lineco.org](http://www.lineco.org).

### Diagnosics, X-Ray, Lab (DXL)

The DXL benefit covers Employees, Retirees, and Spouses only. Preventive/routine lab charges are covered under the Preventive Care Benefit – see above.

100% up to \$150 per calendar year (no deductible), once met then regular benefits apply

### Special Benefits and Limitations

Outpatient Speech Therapy	Maximum covered per session - \$90 Maximum number of sessions per person per year - 50
Non-Surgical TMJ Treatment	Lifetime maximum benefit per person \$1000
TMJ Surgery	Lifetime maximum benefit per person \$3000 for TMJ surgery that is: A. In-Network but not pre-certified. B. Out-of-Network
Acupuncture	12 Visits per calendar year
Chiropractic Care	Co-insurance 50% Calendar year maximum benefit per person - \$600
Home Health Care	Limited to 40 visits per calendar year with a “visit” defined as up to four continuous hours of care. Must be pre-approved.
Hearing Care	Maximum benefit payable at 80% up to \$2500 tests and hearing aid devices, every 5 years (60 months) for adults and every two years (24 months) for children – 80% up to \$2500 (no deductible).
Skilled Nursing Facility Care	Maximum number of days payable per person per calendar year – 30
Hospice Care	Covered for a 180-day treatment period. Must be pre-approved.
Timely Filing	24 Months

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**IMPORTANT CONTACT INFORMATION**

<p><b>Overview</b></p>	<p>In general, the Plan covers necessary Medical expenses at 80% In-Network and 70% Out-of-Network of the usual and customary charges for services rendered, subject to the annual deductible, maximum benefit and other specific limitations.</p> <p>The Medical Benefit is available to all active employees and their covered dependents, as well as retirees and their covered dependents.</p>
<p><b>PPO – NETWORK Blue Cross Blue Shield</b></p>	<p>LINECO uses a medical preferred provider organization (PPO) Blue Cross Blue Shield. <b>Real time electronic eligibility, benefit, claim status and accumulator information can be accessed via: <u><a href="http://Availity.com">Availity.com</a>, <u><a href="http://NEBO/Passport">NEBO/Passport</a>, <u><a href="http://Lineco.org">Lineco.org</a> or your <u><a href="#">Local Blue Cross Blue Shield Plan</a></u>.</u></u></u></b></p>
<p><b>PRE-CERTIFICATION Medical Cost Management</b></p>	<p>Pre-certification of all hospital admissions (for mental health and substance abuse see Beacon Health Options) call 1-800-323-7268 and ask for MCM.</p>
<p><b>MENTAL HEALTH / SUBSTANCE ABUSE Beacon Health Options</b></p>	<p>LINECO uses a Mental Health/Substance Abuse preferred provider organization (PPO) Beacon Health Options. To access the Member Assistance Program and for Pre-certification of inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing, electroconvulsive therapy, and ABA Therapy for autism call Beacon Health Options at 1-800-332-2191.</p>
<p><b>Rx – PBM Express-Scripts</b></p>	<p>LINECO’s prescription drug plan go to <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call 1-877-327-0568.</p>
<p><b>Rx- SPECIALTY Pharmacy CuraScript/Accredo</b></p>	<p>Specialty Drug program go to <a href="http://www.express-scripts.com">www.express-scripts.com</a> or call 1-866-848-9870.</p>
<p><b>Vision Service Plan (VSP)</b></p>	<p>LINECO’s vision plan to find a Vision Service Plan provider go to <a href="http://www.vsp.com">www.vsp.com</a> or call 1-800-877-7195.</p>
<p><b>Amplifon Hearing Health Care (formerly HearPO)</b></p>	<p>LINECO uses a provider for hearing aid discounts. To find Amplifon providers go to <a href="http://www.amplifonusa.com">www.amplifonusa.com</a> or call 1-888-432-7464.</p>