

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.*

Overview	<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 ****

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

Pre-Certification	
Pre-Certification by LINECO's Personal Health Nurse (Fax IP clinical to 866-315-6314) Required For: All Inpatient Hospital Admissions. This includes: IP Rehab, LTAC, Skilled Nursing Facility (SNF), IP Detox, Residential, and Partial Hospitalization Programs.	
Pre-Certification by LINECO (Call 1-800-323-7268) is Required For: Bariatric Surgery TMJ Surgery Dental Procedures Rendered in an Outpatient Hospital Setting	

PREVENTATIVE CARE

A complete list is available on our website 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 .

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.
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 – 60
Hospice Care	Covered for a 180-day treatment period.
Timely Filing	24 Months

**** PATIENT MUST BE ELIGIBLE AT TIME OF SERVICE ****
IMPORTANT CONTACT INFORMATION

<p>Overview</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>PPO – NETWORK Blue Cross Blue Shield</p>	<p>LINECO uses a medical preferred provider organization (PPO) Blue Cross Blue Shield. Real time electronic eligibility, benefit, claim status and accumulator information can be accessed via: <u>Availity.com, NEBO/Passport, Lineco.org or your Local Blue Cross Blue Shield Plan.</u></p>
<p>PRE-CERTIFICATION LINECO's Personal Health Nurse</p>	<p>Pre-certification of all hospital admissions (including behavioral health and substance use disorders). Fax clinical information to 866-315-6314</p>
<p>Rx – PBM Express-Scripts</p>	<p>LINECO's prescription drug plan go to www.express-scripts.com or call 1-877-327-0568.</p>
<p>Rx- SPECIALTY Pharmacy CuraScript/Accredo</p>	<p>Specialty Drug program go to www.express-scripts.com or call 1-866-848-9870.</p>
<p>Vision Service Plan (VSP)</p>	<p>LINECO's vision plan to find a Vision Service Plan provider go to www.vsp.com or call 1-800-877-7195.</p>
<p>Amplifon Hearing Health Care (formerly HearPO)</p>	<p>LINECO uses a provider for hearing aid discounts. To find Amplifon providers go to www.amplifonusa.com or call 1-888-432-7464.</p>