

MEDICAL BENEFITS OVERVIEW

Line Construction Benefit Fund



Member Services: 1-800-323-7268

Provider Portal: LINECO.ORG

**Submit claims to your Local Blue Cross Blue Shield Plan
Group P14602 Prefix LCB**

Medicare Payor ID: 80264

Description of benefits 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	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. The Medical Benefit is available to all active employees and their covered dependents, as well as retirees and their covered dependents.
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**** PATIENT MUST BE ELIGIBLE AT TIME OF SERVICE ****

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 ER visit (Waived if Admitted).
Out-of-Pocket (Calendar Year)	\$2,500 per person \$7,500 Family
Medicare Eligible 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 is REQUIRED for:

• All Inpatient Hospital Admissions This includes: IP Rehab, LTAC, Skilled Nursing Facility (SNF), IP Detox, Residential, and Partial Hospitalization Programs	Pre-certification is handled by LINECO's Personal Health Nurse Fax Clinicals to 866-315-6314 Call 844-213-5658
• Bariatric Surgery • TMJ Surgery • Dental Procedures Rendered in an Outpatient Hospital Setting	Pre-certification is handled by LINECO Fax 630-916-7698 Call 1-800-323-7268

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. 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.
- B. Immunizations recommendation from the Advisory Committee on Immunization Practices and adopted by the Center for Disease Control.
- C. United States Preventive Service Task Force (services/items with a rating of A or B by this task force).

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 exams, including DOT physicals, (active Member only) are covered once per calendar year
- Well Woman exam for women 18 years of age and older at a frequency of one per calendar year.
- Childhood Immunizations & most adult immunizations are covered
- Routine X-rays and Labs – A complete list is available at LINECO.org

Diagnostics, 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 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 (BCBS) 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	Exam & Device covered at 100% when purchase is coordinated through TruHearing. Out of network the <u>Member</u> is reimbursed at 80% up to \$2,500 (no deductible). Every 3 years for adults & 2 years for children.
Skilled Nursing Facility Care	Maximum days payable per person per calendar year – 60
Hospice Care	Covered for a 180-day treatment period.
Fertility Treatment	Lifetime max \$20,000 only if care is obtained through Carrot, otherwise fertility services are NOT covered. Member and eligible Spouse only - not covered for adult children.
Timely Filing	24 Months

IMPORTANT CONTACT INFORMATION

PPO – NETWORK Blue Cross Blue Shield	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: Availability.com, NEBO/Passport, Lineco.org, or your Local Blue Cross Blue Shield Plan.
PRE-CERTIFICATION LINECO's Personal Health Nurse	Pre-certification of all hospital admissions (including behavioral health and substance use disorders). Fax clinical information to 866-315-6314
Rx – PBM Express-Scripts	Prescription drug plan. Go to www.express-scripts.com or call 1-877-327-0568.
Rx- SPECIALTY Pharmacy Accredo	Specialty Drug program. Go to www.express-scripts.com or call 1-866-848-9870.
Vision Service Plan (VSP)	LINECO's vision plan. Go to www.vsp.com or call 1-800-877-7195.
Hearing Preferred Partner TruHearing	In-network: <u>Member</u> must coordinate purchase through TruHearing. Out- of Network: <u>Member</u> submits invoice & proof of purchase to TruHearing for reimbursement. <u>Member</u> calls TruHearing at 833-723-8282
Fertility Partner Carrot	<u>Member</u> must obtain care through Carrot or services are NOT covered. <u>Member</u> calls Carrot at 888-828-1675.