

NOTICE

December 2012

To All Lineco Participants,

The Trustees of the Line Construction Benefit Fund have adopted the following Plan changes which are **effective January 1, 2013**.

ADDITIONAL COVERAGE FOR WOMEN'S PREVENTIVE SERVICES

Effective January 1, 2013, Lineco will cover the services and supplies listed in the table below for women age 18 and older, including dependent female children age 18 and older unless a different age is shown.

WOMEN'S PREVENTIVE SERVICES FOR FEMALES AGE 18 AND OLDER		
Covered Service or Supply	Blue Cross Providers	Out-of-Network Providers
One well-woman preventive care visit annually to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. <i>"Prenatal care" means routine doctor visits, and does not include delivery, tests, ultrasounds or care for high risk pregnancies.**</i>	100%, no deductible	70% after \$300 annual deductible
Screening for gestational diabetes—one per pregnancy.	100%, no deductible	70% after \$300 annual deductible
HPV DNA testing—every three years starting at age 30.	100%, no deductible	70% after \$300 annual deductible
Sexually transmitted disease counseling, and HIV screening and counseling—one session per year.	100%, no deductible	70% after \$300 annual deductible
Contraceptive counseling—FDA-approved sterilization procedures, and patient education and counseling—as medically indicated.	100%, no deductible	70% after \$300 annual deductible
Breastfeeding support, supplies (including rental of breast pump), and counseling—one lactation counseling session per pregnancy, and supplies as needed.	100%, no deductible	70% after \$300 annual deductible
Screening and counseling for interpersonal and domestic violence—one session per year.	100%, no deductible	70% after \$300 annual deductible
<u>Non-oral</u> contraception—FDA-approved contraceptive methods for women (IUDs, Depo Provera, etc.) that require a prescription, <i>excluding</i> birth control pills. <i>Doctor must provide or prescribe.</i>	80% after \$300 annual deductible Also applies if purchased at a pharmacy	70% after \$300 annual deductible
	Pharmacy	
<u>Oral</u> contraception—FDA-approved oral medications (birth control pills)—as prescribed. Includes abortifacient drugs. <i>Doctor's written prescription required.</i>	Generics and brands without generic equivalents = 100% retail and mail All others = 80% after \$300 annual deductible for retail, regular co-pays for mail-order	

* *The deductible does not apply to prescriptions purchased by Medicare-eligible participants.*

** *Only routine prenatal visits are covered under the preventive benefit provisions. Delivery, prenatal lab, ultrasounds, abortions and high-risk pregnancy care services are covered under the regular major medical provisions of the Plan for female employees, retirees and spouses only—not for dependent children of any age.*

EMERGENCY ROOM DEDUCTIBLE INCREASED TO \$100

The Plan's emergency room deductible will increase to \$100 (from \$50) effective January 1, 2013. Emergency room deductibles are in addition to the regular calendar year deductible, and apply to each occurrence of hospital emergency room treatment. The emergency room deductible will be waived if the visit results in an inpatient admission.

Lineco has been experiencing an increase in the number of emergency room visits. These visits are very costly for both participants and the Fund. Please see the enclosed flyer describing alternative places of treatment for health conditions that are not true "emergencies."

DENTAL ANESTHESIA FOR CHILDREN

Medically necessary anesthesia used in the dentist's office will be covered under the dental plan as follows:

Children through age 5:	80% after deductible
Children age 6 through 12:	50% after deductible
Children age 13 or older:	Not covered

Benefits are subject to the annual \$2,000 per person maximum that applies to all dental benefits combined.

The change above is effective January 1, 2013. The Plan also covers anesthesia for medically necessary oral surgery, such as the surgical removal of bony impacted teeth.

ANNUAL MAXIMUM FOR 2013

The annual medical benefits maximum for calendar year 2013 will be \$2,000,000 per person. There will be no maximum effective January 1, 2014.

ANNOUNCING A \$250 GIFT CARD FOR COMPLETING PRENATAL CARE PROGRAM



Medical Cost Management (MCM), Lineco's medical review organization, also provides a prenatal program for Lineco participants. This program, called **Healthy Moms=Healthy Babies**, provides resources and support for maternity patients, and helps ensure timely assistance for women with high-risk pregnancies.

- Participation is not difficult:
 - Just call Lineco at 1-800-323-7268 and ask for MCM, or

- Go online to www.medicalcost.com and click on "Join today" in the "Healthy Moms = Healthy Babies" box on the home page. Use the password: mcm01 (lowercase for mcm).
- You must call during your first trimester.*
- Every participant who completes the prenatal care program will receive:
 - A free maternity risk assessment
 - A registered nurse will be available to answer your questions
 - Helpful educational information
 - Coordination of prenatal care visits
 - Free access to "text4baby"
 - **A \$250 gift card**

Call 1-800-323-7268 or go online to www.medicalcost.com to enroll as soon as you know you are pregnant.

Make sure you receive your \$250 gift card by completing the program!

The gift card is only available for women who are participants in the program on or after January 1, 2013, and who complete the program as required.

* *If the mother is not covered by Lineco in the first trimester but is eligible in the second trimester, she can still participate if she makes her initial contact during the second trimester.*

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TAKE ADVANTAGE OF THE LINECO WEBSITE!

You can access the following information on the Lineco website:

- Employee and family eligibility and hours
- Family claims history
- Plan benefits and provisions
- Change of address forms, family enrollment forms, and many other helpful forms and documents
- Links to service providers, including Express Scripts, the MAP, VSP, the HRA program, etc.



Want less paper?

You can elect to view or receive all future notices electronically on the Lineco website, www.lineco.org. This is good for the environment and also good for you because it saves Lineco the cost of postage. Simply create a secure I.D. by logging onto Lineco's site. New users will need to know the member's unique I.D., Social Security number and date of birth.

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REQUIRED NOTICES

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: 1) reconstruction of the breast on which the mastectomy has been performed; 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3) prostheses and physical complications relating to all stages 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.

* * *

The following notice applies to individuals who are required to pay premiums in order to be covered by an employer-sponsored health plan. The information in this notice will NOT be relevant to most Lineco participants because Lineco participants do not pay premiums directly to Lineco for coverage. Nevertheless, federal regulations require all employers in the states listed in the table starting below to issue the notice. Lineco is merely sending this notice on behalf of its participating employers.

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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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 July 31, 2012. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	

MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.dol.gov/ebsa
1-866-444-EBSA (3272)

www.cms.hhs.gov
1-877-267-2323, Ext. 61565

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Summary Annual Report for 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, 2011. 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, 2011 were \$1,894,296.

Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was \$536,016,181 as of December 31, 2011, compared to \$495,441,402 as of January 1, 2011. During the plan year the plan experienced an increase in its net assets of \$40,574,779. During the plan year, the plan had total income of \$296,418,578, including (but not limited to) employer contributions of \$268,668,357, participant contributions of \$13,022,228, realized losses of (\$464,170) from the sale of assets and earnings from investments of \$10,700,658. Plan expenses were \$255,843,799. These expenses included \$8,025,938 in administrative expenses and \$247,817,861 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 2000 Springer Drive, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be \$.25 per page. 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 accom-

panying 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 2000 Springer Drive, 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.

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Please read this notice carefully and keep it with your June 1, 2009 Summary Plan Description (SPD) booklet for future reference.

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• Summary of Material Modifications • EIN: 36-6066988 PN: 501 • c106/smm2012-2