



Agenda

Welcome

State of the
LINECO Fund

Health & Union
Benefits in
America

Eligibility &
ERTS
Reciprocal
Reminders

Strategic
Partners
Panel Session

Lunch Break

Medical &
Dental
Benefits
Review

Health
Reimbursement
Account (HRA)

PM Break

Retiree
Program
Overview and
Updates

LINECO.org
Member Portal
Demo

Medical & Dental Benefits Review & Update

Mary Garite, Director of Operations, LINECO

Key Benefit Changes since 2014

2014

- Immunization coverage increased
- Annual Max Removed
- Retail Rx Program began

2015

- Safety Glasses covered
- ER co-pay increased
- **Teladoc Began**

2016

- **BDC Knee & Hip 100%**
- Rx Clinical Program
- IRS Proof of Eligibility

2017

- Ded & out of pocket increased
- **Clinical Trial & ABA coverage**
- Specialty Med Co-pay

2018

- No changes to Ded / out of pocket
- Walgreens 90 day retail
- Free Co-pay assistance program

2019

- No changes to Ded / out of pocket

2020-2021

- No changes to Ded / out of pocket
- COVID-19 Benefits Added/Increased

2022-2024

- No changes to Ded / out of pocket
- **SNF benefit increased to 60 days**
- **Weekly income benefit increased to \$600**

2025

- **Life Insurance Benefit Increased**

Medical

Prescription Drug

**Dental, Vision, &
Hearing**

**MAP, Teladoc, &
Included Health**

**Weekly Income
Benefit & Life Insurance**

Exclusions

Teladoc
HEALTH



BlueCross
BlueShield



vsp
vision care



Included
HEALTH

carelon
Behavioral Health

Express Scripts
Pharmacy
By EVERNORTH

amplifon





Medical Benefits – PPO Network

Comprehensive Major Medical Benefits

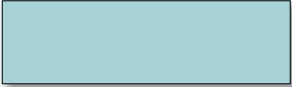
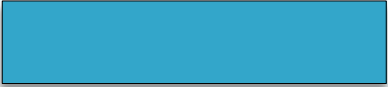

Partner with BlueCross BlueShield Nationally.

97% Hospitals and 83% Physicians are In- Network.

	BlueCross BlueShield
JOHN SNOW	
Identification Number: LCB77777777	Line Construction Benefit Fund
Group Number: P14602	
	RX BIN: 003858
	RX Grp: LCBA RX PCN: A4
	

LINECO will pay a higher percentage of your bill if you see a Blue Cross Blue Shield PPO provider or facility!

Deductible: What Member Must Pay 1st

Single	\$400	
Married	\$800	
Family	\$1,200	



Calendar year (January – December).

Applies to most medical services and prescriptions filled at a local pharmacy.

Co-insurance - % of the claim LINECO pays after Deductible

	<u>LINECO Pays</u>	<u>Member Pays</u>
Preventive Benefits:	100%	\$0
Hospital Coverage:	80% Blue Cross 70% Non-Network	20% Blue Cross 30% Non-Network
Physician Coverage:	80% Blue Cross 70% Non-Network	20% Blue Cross 30% Non-Network
Emergency Room:	80%	20%
Emergency Room Deductible:	N/A	\$150





Medical Benefits - Schedule Of Payment

Benefit	LINECO PAYS (per person)
Chiropractic Care	50% up to \$600 per cy
Home Health Care	Up to 40 visits per cy (Ded & Co-Ins apply)
Skilled Nursing Facility	Up to 60 days per cy
Hospice	Up to 180 days lifetime
Speech Therapy	Up to 50 sessions per cy. Max of \$90 per session
Outpatient Surgery	After deductible: 80% Blue Cross, 70% Non Blue Cross
Physical Therapy	After deductible: 80% Blue Cross, 70% Non Blue Cross
Medical Supplies	After deductible: 80% Blue Cross, 70% Non Blue Cross
Maternity Benefits	After deductible: 80% Blue Cross, 70% Non Blue Cross (Female member or Spouse only)



Medical Benefits - Schedule Of Payment

Benefit	LINECO PAYS (per person)
ABA / Autism Benefit	After deductible: 80% Blue Cross, 70% Non-Network (Children only)
Childhood Immunizations	100%
Adult Immunizations	100% in network, 70% Non-Network
Routine Preventative Test (colonoscopy)	100% in network, 70 % after deductible Non-Network (age & frequency guidelines apply)
Diagnostic Test (colonoscopy)	After deductible: 80% Blue Cross, 70% Non-Network

Medical Benefits – Out of Pocket Maximum

Out of Pocket Maximum:

The most the member pays per year for covered services.



Individual	\$2,500
Family	\$7,500
Medicare Eligible	\$1,625



Medical Benefits -Example

Member goes to his doctor in January Doctors Bill is \$120.00

- This is the 1st Visit for Member(s) family this year, they have not met their deductibles.
- Because the Dr. is in the Blue Cross Blue Shield Network, member and LINECO receive \$60 discount.

Member owes \$60.00 to Doctor.

\$60 is deducted from the member's \$400 Individual Deductible as well as the \$1,200 Family Deductible

LINECO
821 Parkview Blvd.
Lombard, IL 60148

Electronic Service Requested

1 4 8130 SP 1 840 SINGLE PIECE

Name
Address
City, State Zip

Explanation of Benefits (EOB)

Member:	Name
Member ID:	888888888
Claim Number:	123456789101112
Provider Charges:	\$120.00
Discount & Payments:	\$60.00
Provider May Bill You:	\$60.00

Benefit Statement Overview

Medical Services Patient: Name

Date: 01/03/2024 Provider May Bill You: \$60.00

Provider: Primary Care Network: BCBS PPO

You saved 50% by using a BLUE CROSS BLUE SHIELD Provider!

Annual Benefit Period

THIS IS NOT A BILL

Individual Deductible:	\$60.00 met	\$340 remaining
Family Deductible:	\$60.00 met	\$1,140 Remaining

Individual Out of Pocket:	\$60.00 met	\$2,440 remaining
Family Out of Pocket:	\$60.00 met	\$4,440 remaining



Medical Benefits -Example

Dependent Child goes to ER for stitches. Hospital bill is \$3,000

- Family Deductible is met.
- Because the ER is in the Blue Cross Blue Shield Network, member and LINECO receive \$2,000 discount

Member owes \$320.00 to Hospital

(\$150 ER Copay + 20 % coins \$170)

LINECO pays \$680.00

\$320 is deducted from the Individual & Family out of pocket maximum

LINECO
821 Parkview Blvd.
Lombard, IL 60148

Electronic Service Requested

1 4.6130 SP 1.640 SINGLE PIECE

Name
Address
City, State Zip

Explanation of Benefits (EOB)

Member:	Name
Member ID:	888888888
Claim Number:	123456789101113
Provider Charges:	\$3,000.00
Discount & Payments:	\$2,680.00
Provider May Bill You:	\$320.00

Benefit Statement Overview
THIS IS NOT A BILL

▼ **Medical Services** Patient: Name

Date: **6/21/2024** Provider May Bill You: **\$320.00**

Provider: **Mercy Emergency Room** Network: **BCBS PPO**

You saved 50% by using a BLUE CROSS BLUE SHIELD Provider!

Annual Benefit Period ▮

Individual Deductible: \$400.00	<div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #0070C0; color: white; border-radius: 5px;">\$150 met</div> <div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #D9E1F2; border-radius: 5px; margin-left: 5px;">\$250 remaining</div>	
Family Deductible: \$1,200.00	<div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #0070C0; color: white; border-radius: 5px;">\$1,200 met</div> <div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #D9E1F2; border-radius: 5px; margin-left: 5px;">\$0 remaining</div>	

Individual Out of Pocket: \$2,500	<div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #0070C0; color: white; border-radius: 5px;">\$720 met</div> <div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #D9E1F2; border-radius: 5px; margin-left: 5px;">\$1,780 remaining</div>	
Family Out of Pocket: \$7,500	<div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #0070C0; color: white; border-radius: 5px;">\$1,520 met</div> <div style="border: 1px solid #0070C0; padding: 2px; display: inline-block; background-color: #D9E1F2; border-radius: 5px; margin-left: 5px;">\$5,980 remaining</div>	

Behavioral Health and Substance Use Disorder

- Same as Medical Payment Schedule
- Also Uses Blue Cross Blue Shield Provider Network
- Other Available Benefits: MAP & Teladoc



**Conifer handles precertification
for all Inpatient admissions**

CONIFER
HEALTH SOLUTIONS®

**LINECO's Personal Health Nurses –
Clinical Assistance When Your Family Most Needs It**

Utilization Review Health Programs

**LINECO's Personal Health
Nurses provided by
CONIFER
HEALTH SOLUTIONS®**

**Call the Fund office or the
Personal Health Nurse (PHN)
to sign up** 

Healthy Moms = Healthy Babies Program

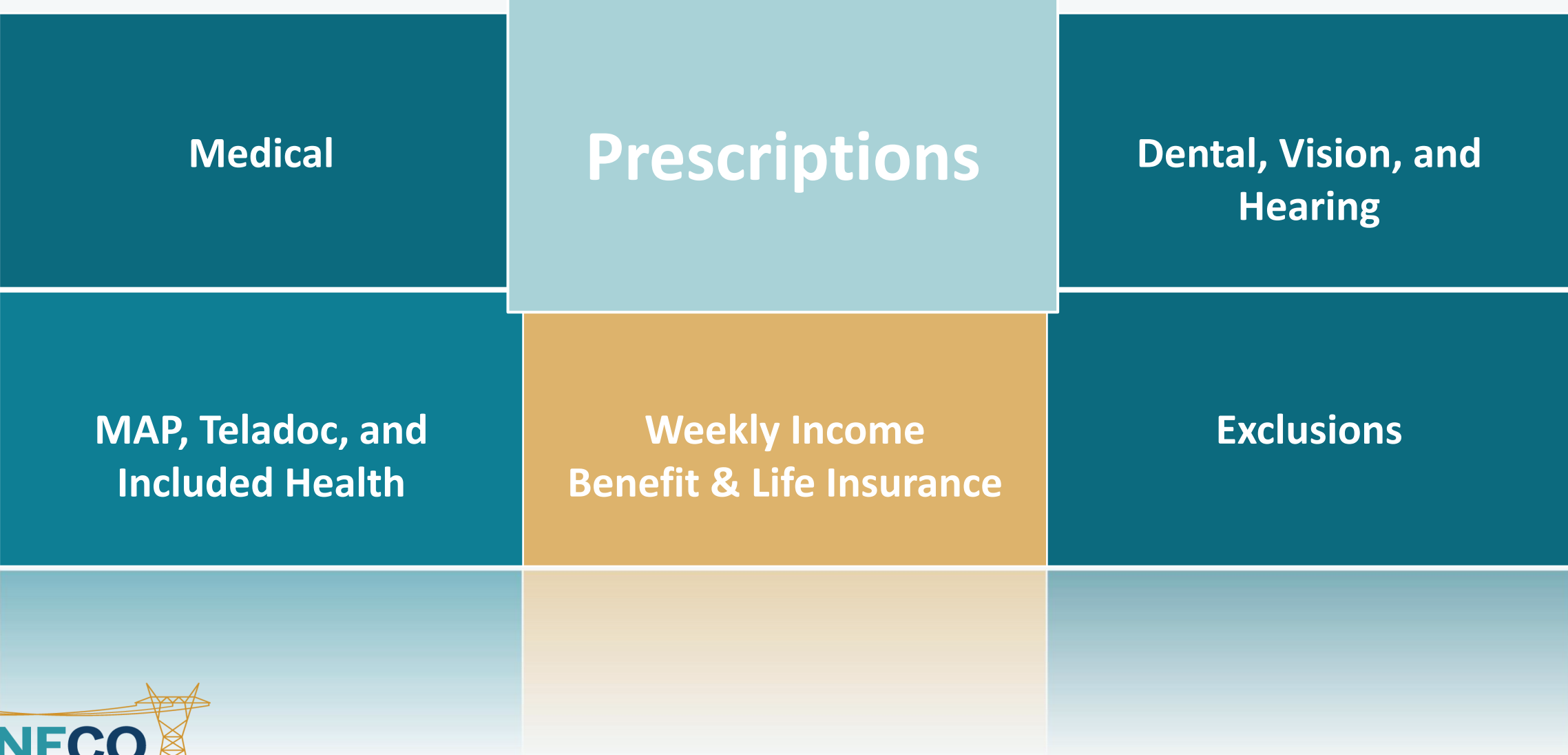
- Free to pregnant members or spouses
- **\$250 Gift card incentive for completing:** Call with due date, complete health screenings with personal Health nurse, and call no later than next business day after delivery.

Diabetes Care Program

- **\$50 bi-annual gift card**
- Coaching sessions
- 100% coverage for oral meds & testing supplies
- Teladoc Diabetes Program also available



Benefit Overview



	Mail Order	Retail Pharmacy
When	Long term maintenance medications	Short term meds, adjusting dose
Supply	Up to a 90 day supply	Up to a 30 day supply*
Cost	Generic \$10, Preferred \$20, Non Preferred \$35	Shares Medical Deductible & Co – insurance*

*Smart 90 at Walgreens 
Follows the mail order structure

Specialty Drugs

Must be Coordinated through Accredo Specialty Pharmacy

- Chemotherapy/Cancer Drugs
- Crohn's Disease
- Multiple Sclerosis
- Rheumatoid Arthritis

LINECO partners with Express Scripts and other vendors to save money whenever a manufacturer offers co-pay assistance

SaveOnSP

There are special rules for Specialty Drugs as they are very expensive. Please call the Fund Office or Express Scripts for more information

Specialty Medications (up to 30-day supply)	Participant Pays
Generic specialty drugs	10% up to \$100 maximum co-pay
Preferred (formulary) drugs	20% up to \$250 maximum co-pay
Non-preferred brand (non-formulary) drugs	20% with no maximum co-pay
<i>Co-Pay Assistance Program - Applies to certain specialty medications, particularly oncology and Hepatitis C drugs</i>	Co-pays will vary but may reduce patient cost to \$0

If Medicare is Your Primary Plan

Members automatically enrolled in the LINECO sponsored Express Scripts Medicare Part D Plan (PDP) via an Employer Group Waiver Plan (EGWP).

Mirrors the LINECO active Rx Program with slight differences

All program communication will come from Express Scripts for these members.

IF a Medicare Primary LINECO member “Opts-Out” of this Program, they will not have LINECO Rx Coverage. For Most Members It Is NOT Advantageous to “Opt-Out”

**Express Scripts
Pharmacy**

By EVERNORTH

Contact Info Express Scripts Part D: 855-634-0272

Prior Authorizations

May be required for certain drugs.

Intent is to ensure patient is on right drug at the right time.

Over The Counter Drugs

Not Covered

(*Unless Required Under ACA).

Compounded Medications

Not Covered by the Plan.

**Express Scripts
Pharmacy**

By **EVERNORTH**

Benefit Overview

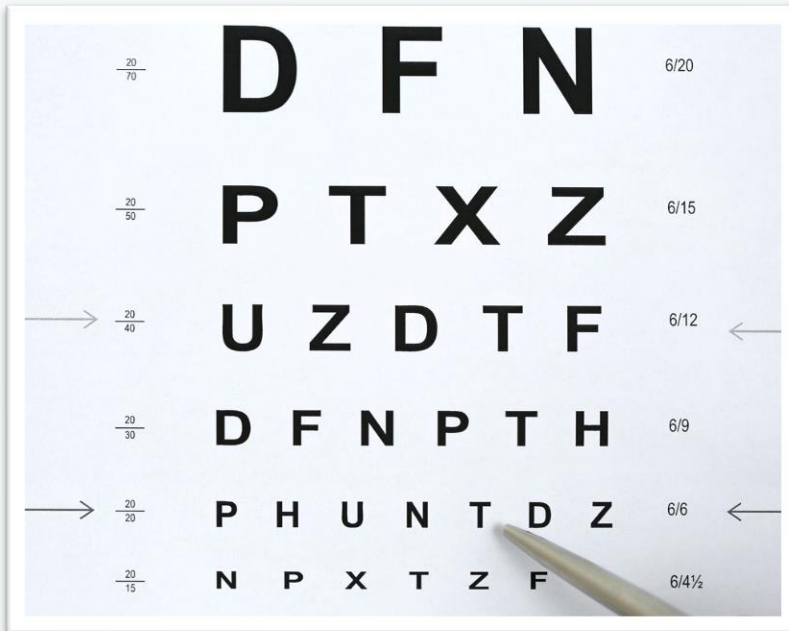
Medical	Prescription Drug	Dental, Vision, and Hearing
MAP, Teladoc & Included Health	Weekly Income Benefit & Life Insurance	Exclusions

Dental Network of America (DNOA) – Discounted Network of Providers

Dental Benefits Payments:	<u>LINECO Pays</u>	<u>Member Pays</u>
Preventive (2 Exams /2 Cleanings): *Preventive 100% Coverage For Children under 21	80%	20%
Restorative (filling, crown etc):	80%	\$100 deductible + 20%
Calendar Year Maximum:	Up to \$2,000 CY	Cost over \$2,000 CY
Orthodontia (children only):	Up to \$2,000 lifetime	Cost over \$2,000 lifetime



Additional Benefits - VSP



Exam	100% covered (every year)
Basic Lenses	100% covered (every year)
Frames	Up to \$175 (every 2 years)
Contacts (instead of glasses)	Up to \$175 (ever year)
Safety Glasses	(every 2 years)
ProTec	100% covered
Other brands	\$150

In network benefits shown. Benefits reduced out of network.

amplifon

Free Hearing Aid Batteries

Discount on Hearing aids



Hearing Benefit:

LINECO pays 80 % up to
\$2,500

every 5 years for adults
every 2 years for children

**Use of Amplifon
is optional**

Medical

Prescription Drug

Dental, Vision & Hearing

**MAP, Teladoc,
Included Health**

**Weekly Income
Benefit & Life Insurance**

Exclusions

Member Assistance Program (MAP)



6 FREE visits per issue

MAP is Confidential

Counseling, Education, and Referral Services:

- Personal and Family Problems
- Work/Life Issues
- Interpersonal Difficulties
- Stress Management
- Legal and Financial Concerns
- Substance Use Disorders

FREE Virtual Care for common minor non-emergency conditions

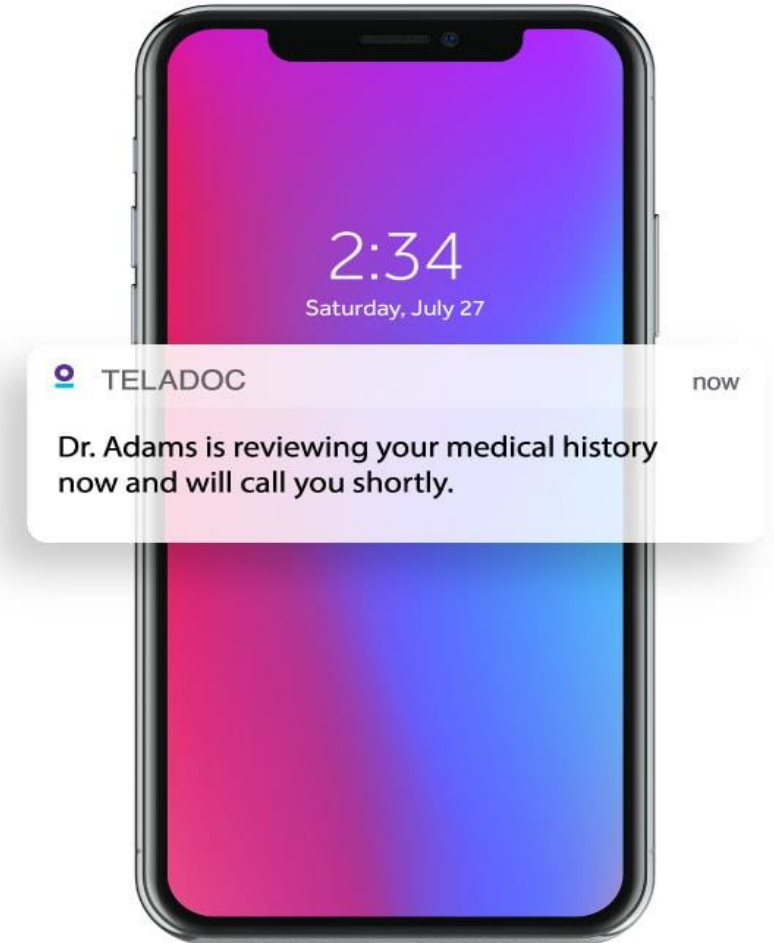
- **Acute Upper Respiratory Infection**
- **Urinary Tract Infection**
- **Skin Rash**

Free Virtual Mental Health & Substance Use Disorder services available (ages 13 & up)

www.Teladoc.com

or

1-800-Teladoc (835-2362)





Multiple Resources



**MEMBER ASSISTANCE
PROGRAM (MAP)**

6 FREE Visits

**Contact Carelon
1-800-332-2191**



**TELADOC MENTAL
HEALTH COUNSELING**

ALL Sessions FREE age 13 & up

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



**BLUE CROSS BLUE SHIELD
PROVIDERS**

Deductible & Co-Ins apply

**Call 1-800-810-BLUE (2583)
to find In-Network Providers**



Get a second opinion from
a leading specialist

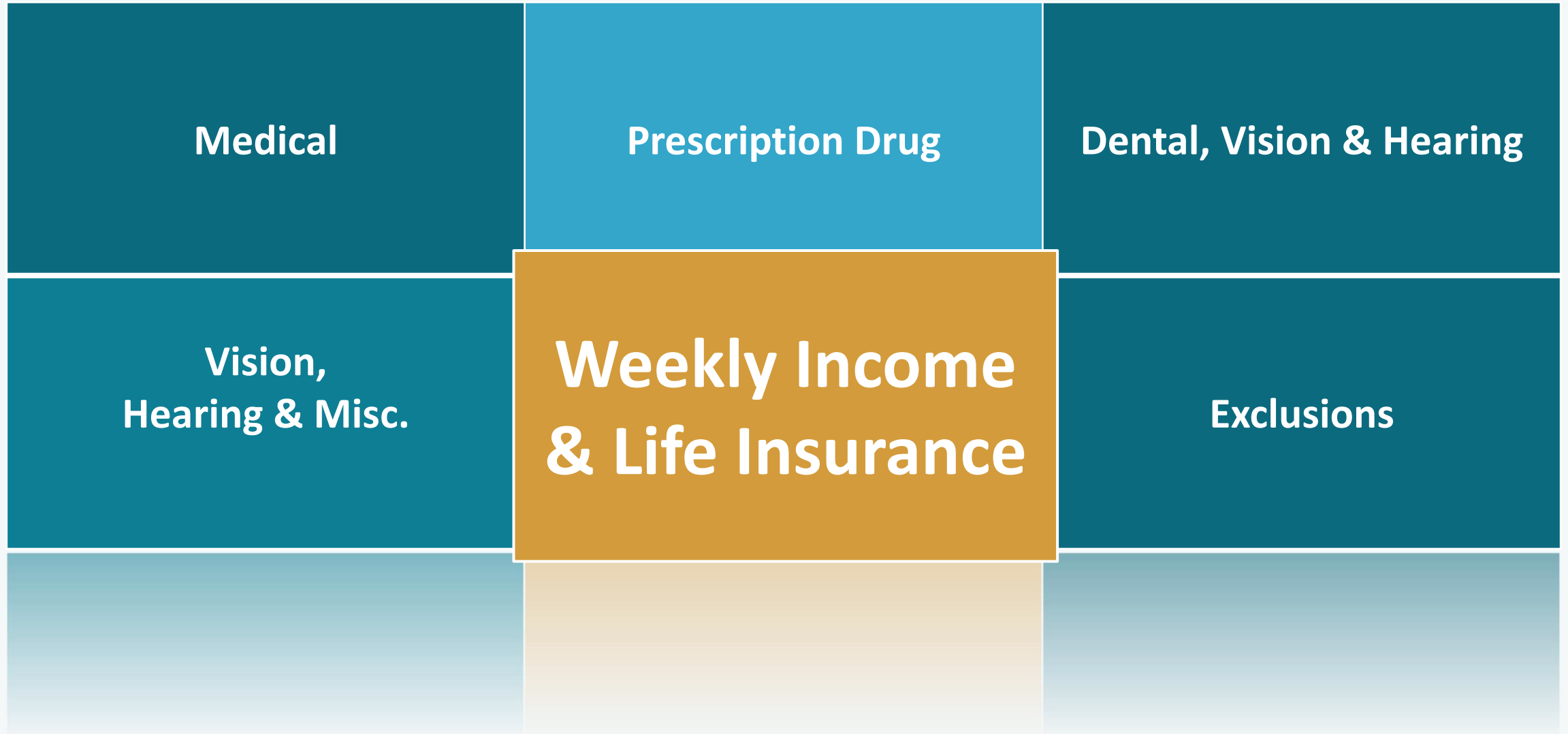
Chat with a nurse for
treatment advice

Get matched with an in-
network doctor near you.

**There is no cost to use
Included Health
for LINECO Members**

includedhealth.com/lineco

855-310-6281



Weekly Income Benefit (Active member only)

Intended to assist with lost wages if you are unable to work



- **Must be disabled by a Doctor within 15 days of your last work day.**
- **Cannot be disabled by Chiropractor (D.C.)**
- **\$600 per week for up to 26 weeks maximum**
- **Payroll Taxes Apply (W-2 Issued)**
- **Cannot be used for work related injury**
- **Must be eligible for benefits from work hours on the date the disability begins**

Weekly Income Does Not Apply to REA's/Utility/Coop Members.

Life Insurance Active Employee only (effective 1/1/25)

- Death of the Member: **\$30,000**
- Accidental Member Death OR dismemberment of Member: **\$30,000**
- Member death during covered employment: **\$30,000**

IMPORTANT !

Designate your beneficiary by completing an enrollment form. Change your beneficiary by logging on to your secure member portal at LINECO.org

Medical	Prescription Drug	Dental, Vision & Hearing
Vision, Hearing & Misc.	Weekly Income & Life Ins	Exclusions

What the Plan Does Not Cover

Cosmetic Procedures

Work related injuries
/ illness

Custodial Care

Experimental/
Investigational

Care not ordered by
Attending Dr

Educational Services

Charges over reasonable
& customary

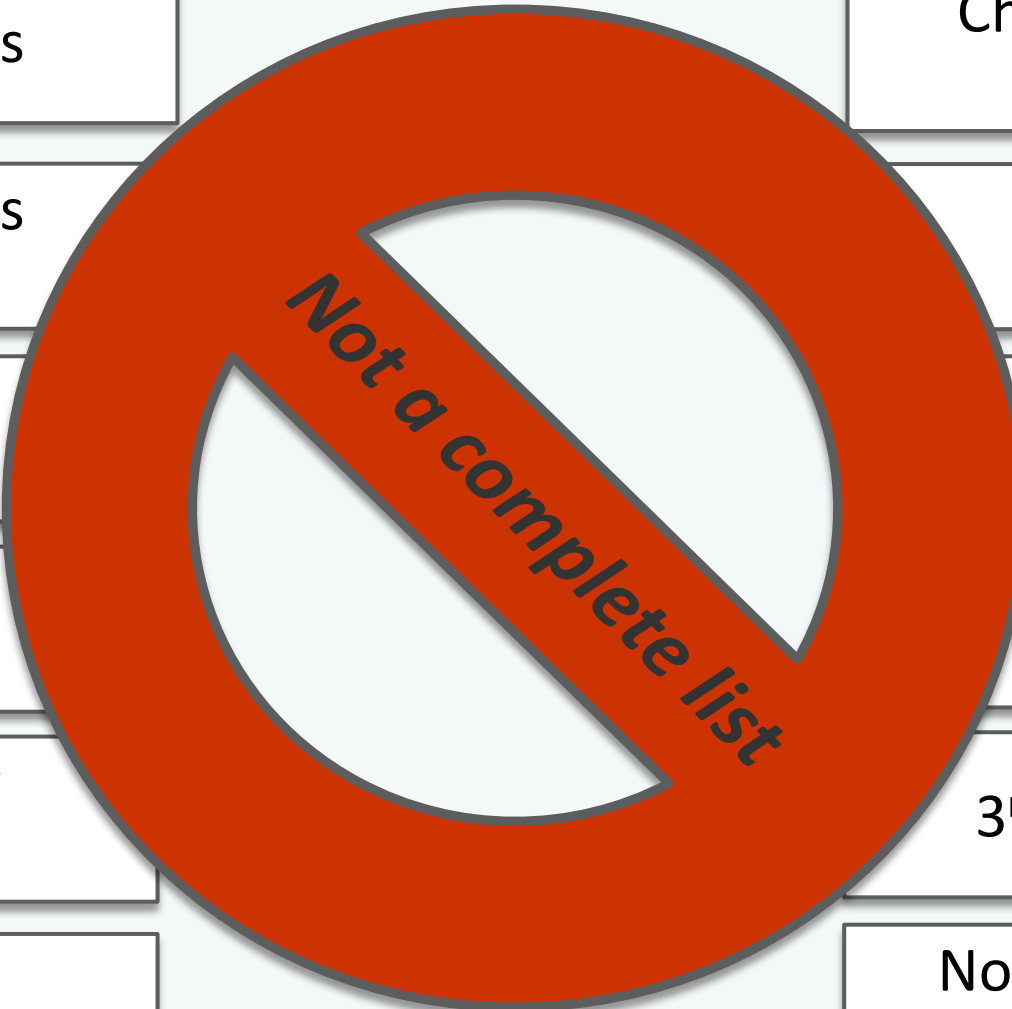
Genetic Testing

Lasik

Vitamins/ Supplements

3rd Party Responsibility

Not medically necessary /
standard of care





Claim Appeal Procedures:

You will receive timely notice as an Explanation of Benefits (EOB) for each claim processed by LINECO.

If your claim is ***DENIED***, the reason will be included on the EOB along with Claim Appeal Procedures:

- You May Call or Write LINECO Requesting the **CLAIM REVIEW COMMITTEE** review this decision.
- The **CLAIM REVIEW COMMITTEE** will hear all appeals and notify you in writing of their decision.
- The **CLAIM REVIEW COMMITTEE** consists of the Board of Trustees who meet quarterly.

In certain cases, you may request an external Independent Review Organization (IRO) review if you still are not satisfied with the CLAIM REVIEW COMMITTEE's decision.



Best in Class Benefits

**Comprehensive
Major Medical
PPO Plan**

**Prescription
Coverage Retail
& Mail Order**

**Dental
Vision
Hearing**

**Member
Assistance
Program**

**Health
Reimbursement
Account (HRA)**

**Retiree Coverage
Available &
Subsidized by Fund**

**Weekly Income
Benefit (Short
Term Disability)**

**Free
Telemedicine
Visits: TELADOC**

**Free
Second Opinion**

**Diabetic Care
Program**

**Healthy Moms
Healthy Babies
Pre-Natal Program**

**Life Insurance
and
AD & D Coverage**

Questions





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Member Portal
Demo**

Health Reimbursement Account (HRA)

Kevin Chesniak, LINECO

Lisa Baker, WEX

LINECO HRA “At A Glance”	Strategic Partner – WEX Healthcare	Program Overview
HRA Reimbursable Expenses	HRA Mobile App	Important Reminders

Participant Accounts share in any investment gain/loss each year

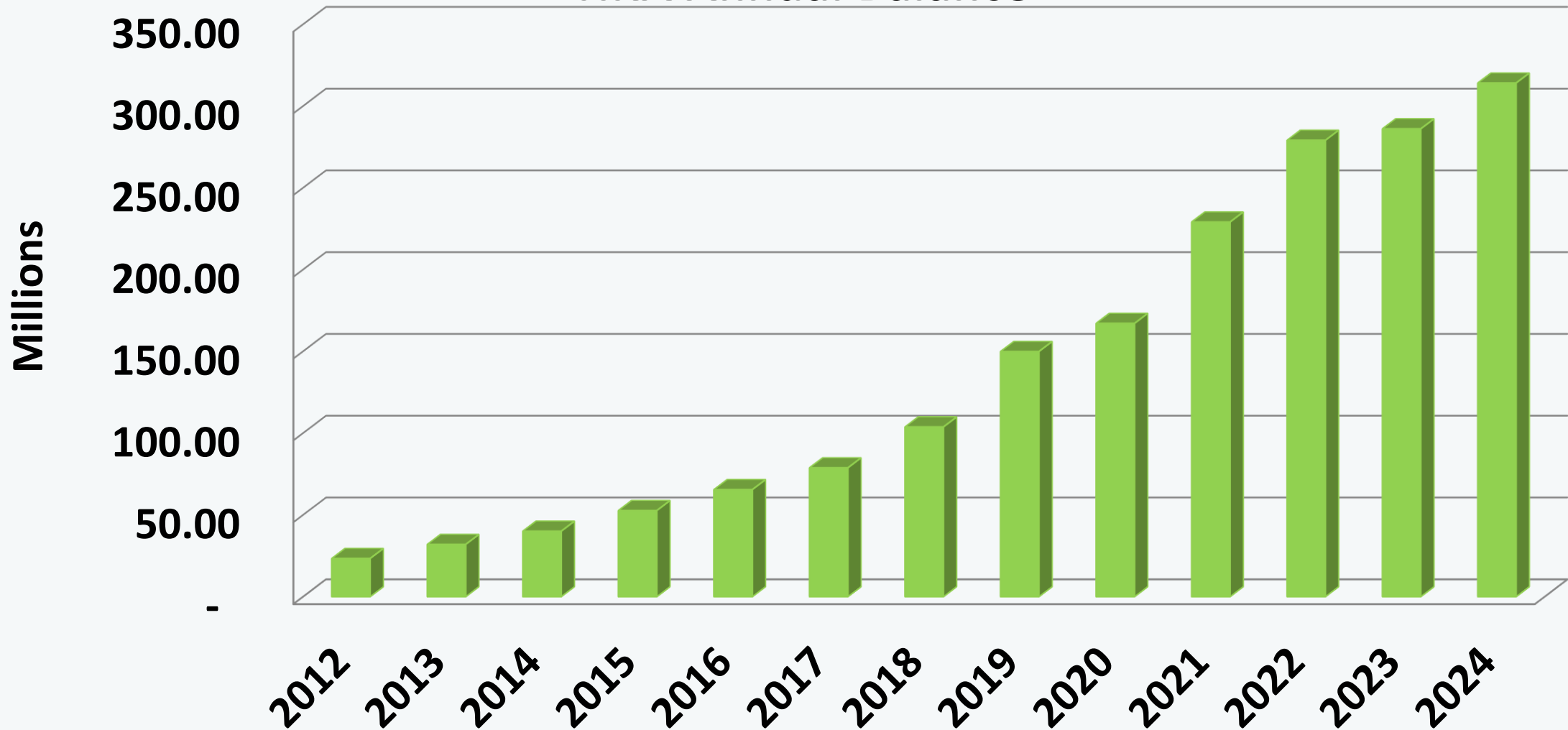
In 2020 LINECO's Fund office retained day to day admin

Integrated HRA with LINECO Health & Welfare Plan

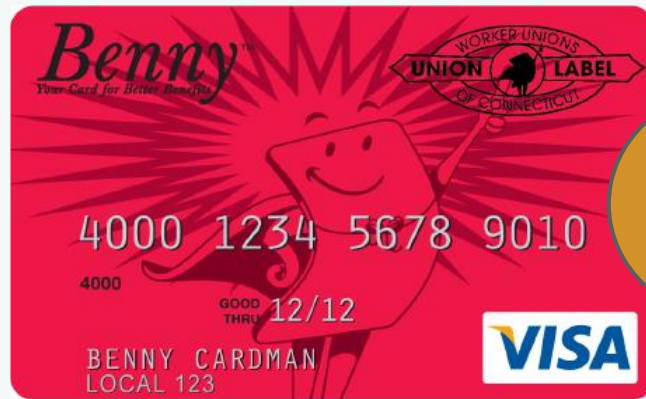
Started with 2,100 participants

Established June 1, 2012

HRA Annual Balance



OLD CARD



VS

NEW CARD



Key Strategic LINECO HRA Partner WEX



LINECO's HRA Program is
"powered" by WEX.

WEX is leading global
services company.

WEX Simplifies HRA
Programs for benefit plans
and members.

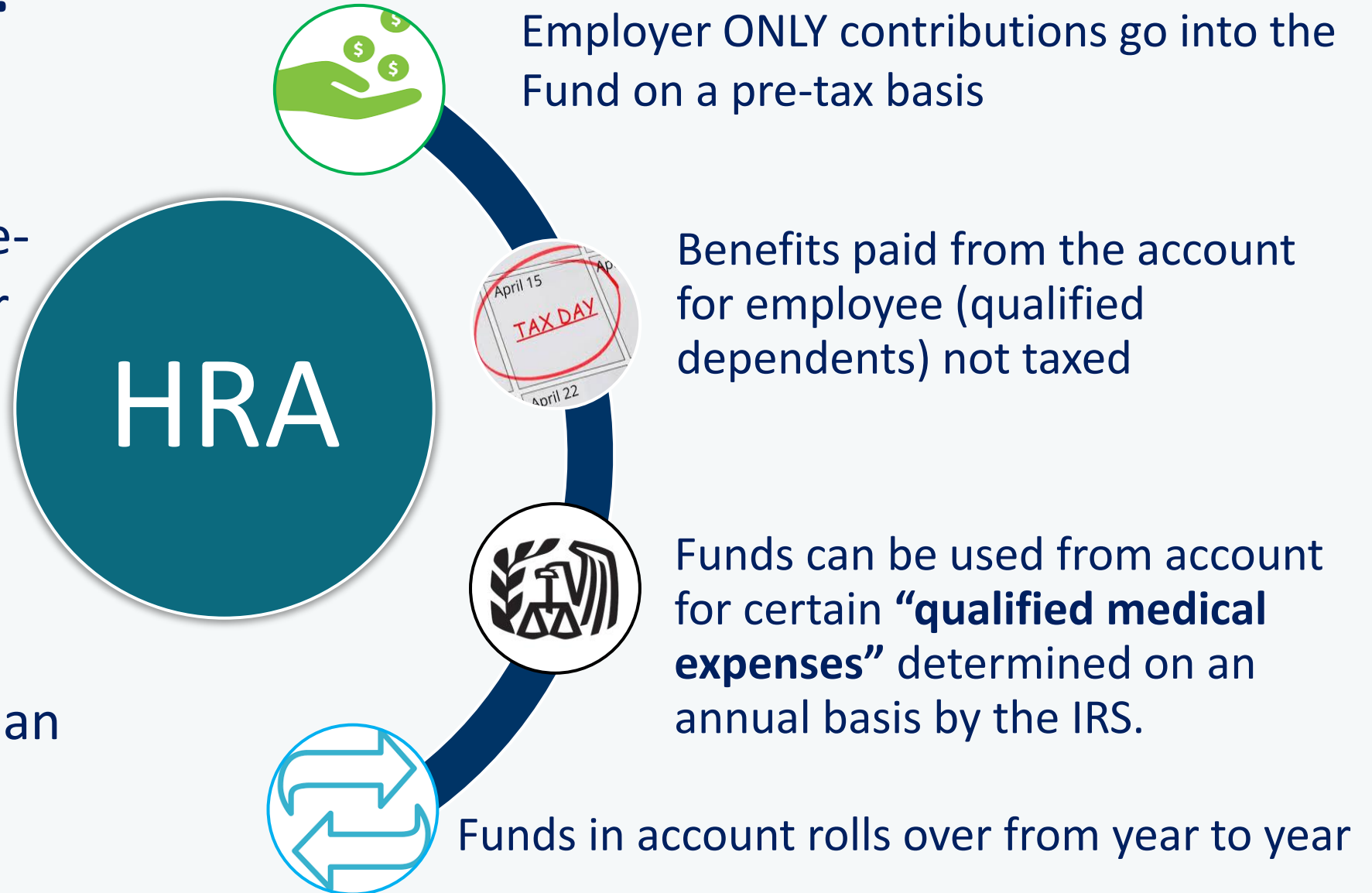


Investment Return & Administration Fees Shared

Year	Investment Yield	Annual Administration Fee
2013	5.6%	\$16.91
2014	3.8%	\$18.72
2015	-0.20%	\$20.59
2016	6.2%	\$21.97
2017	7.4%	\$16.47
2018	-1.0%	\$16.12
2019	9.4%	\$11.69
2020	7.0%	\$9.69
2021	6.3%	\$8.58
2022	-9.1%	\$8.58
2023	6.9%	\$8.29

What is an HRA?

- An IRS approved vehicle.
- Allows employer pre-tax contributions for member.
- Using an HRA yields “tax advantages to offset health care costs” for both employer as well as an member.



Types of reimbursable expenses NOT determined by Trustees

To keep HRA tax-exempt, expenses can only be those allowed as tax deductible by IRS (213d eligible expenses)

- LINECO HRA does NOT provide death benefit.
- LINECO HRA available immediately (no restriction on age/retirement status).
- LINECO HRA assets are invested by LINECO's Board of Trustees and investment returns shared annually with each members HRA (by April 30th).

HRA can be used to help employee make self-payments to continue coverage, either in active status or as retiree.



HRA Reimbursed Expenses

Retiree Premiums	Smoking cessation	Active Self-payments	Expenses not covered by LINECO	Deductibles, co-pays, coinsurance
Hearing aids	Weight loss programs	Vision surgery	Vision expenses	Prescription drug copays
Dental expenses	Breast pumps	Routine exams	Transportation for treatment	Well-child care
Expenses over a maximum benefit	Electronics for disabled	Some OTC Drugs	Long Term Care Premiums	

Items NOT Eligible for Reimbursement

Cosmetic surgery

Health club memberships

Burial expenses

Maternity clothes

Household help

Child or elder care expenses

Certain health insurance

Food / dietary supplements

Some over-the-counter drugs

Death / burial / funeral

Environmental devices such as air purifiers or humidifiers

IRS Code Section 213(d) (Pub. 502) Identifies Expenses Eligible For Reimbursement

Participant Experience

- **Card is mailed once the HRA contribution is received.**
- **Participant may opt out**



Participant presents card to Provider

- **Provider & card vendor coordinate to verify allowable expenses & available balance**
- **Providers is paid available amounts for allowable items. Participant pays any balance.**
 - **Rare: Filing a paper claim.**
 - **LINECO may request receipt from participant.**
- **Participant can authorize auto deduct for LINECO self payments.**

- **An investment credit or debit based on LINECO overall investment returns**
- **A deduction for the annual administrative fee**

Each Year Participants receive:

- **Very Popular Program**
- **Growing Quickly**
- **Average Contribution to the HRA is: \$0.75 cents/hour**
- **Average HRA Account Balance is holding steady at: \$3,000**



HRA Mobile App Introduced - 2020

HRA Mobile App
HRA updated Website
linecohra.org

Questions



Afternoon Break
15 minutes