

THE LINE CONNECTION



Benefit News for LINECO Participants

WINTER 2025

2026 BENEFIT IMPROVEMENTS

The Board of Trustees of the Line Construction Benefit Fund (LINECO) is pleased to announce that effective January 1, 2026, there are numerous benefit improvements made to the LINECO Plan of Benefits. Please take a moment to review these enhancements so that you and eligible family members can continue to get the most out of your Plan.

DENTAL BENEFIT IMPROVED

- Dental Benefits are being expanded. LINECO will allow up to \$3,000 in yearly treatments. The previous annual limit was \$2,000 per year.
- Adult preventive dental visits will now be covered at 100% by the Plan. Previously, these benefits were only covered at 80%. We encourage all members to schedule their annual dental preventive visit.
- The dental exclusion related to attrition and abrasion has been removed from the Plan.

TELEMEDICINE BENEFITS EXPANDED

LINECO offers **FREE** 24/7/365 acute care visits, **FREE** Behavioral Health Counseling, and **FREE** Diabetic Management via Teladoc Health; the Board of Trustees is excited to announce expanded services to our members who choose to utilize Teladoc.

- **FREE** Expert Medical Opinions are now available through LINECO's partnership with Teladoc Health.
- **FREE** Dermatology Consultations are now available through Teladoc Health.
- **FREE** Virtual Primary Care will be available through Teladoc Health.
- Access to Self-Pay Weight Loss Program(s) by Teladoc Health. Although LINECO's Plan of Benefits continues to exclude weight loss coverage, members may be inclined to partner with Teladoc directly for assistance with weight management.

To learn more about these expanded services, please visit pages 3-5.

COMING SOON – NEW FERTILITY & FAMILY PLANNING COVERAGE

LINECO has partnered with **Carrot** to provide comprehensive fertility and family-building benefits – including up to \$20,000 per family per lifetime. All benefits must be coordinated through Carrot.

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2026 Benefits Improvements *continued from page 1*

With Carrot, get support for:

- Fertility health and wellness (hormone testing, trying to get pregnant)
- Medically necessary preservation – egg, embryo, and sperm freezing
- Medically necessary assisted reproduction, like IVF and IUI

What's next?

Stay tuned for more details on how to sign up for Carrot and start exploring the expert support and resources available. If you have questions, you'll be able to contact Carrot support **after** the benefit goes live on January 1, 2026 by calling 888-828-1675.

NEW HEARING AID PARTNER

LINECO will be partnering with **TruHearing** effective January 1, 2026. When members coordinate their hearing exam / hearing aid purchase through TruHearing, there will be no out-of-pocket cost for the patient. To set up your TruHearing appointment, simply call 1-833-723-8282.

Out of Network hearing aids claims will need to be filed directly to TruHearing and will be reimbursed at the current LINECO benefit levels of 80% up to \$2,500. New hearing aids will be allowed every 3 years for adults and every 2 years for children.

The Trustees strongly encourage you to utilize TruHearing for all your hearing aid needs.

MEDICAL BENEFITS UPDATED

Habilitative Therapy – The Plan has added Habilitative Therapy as a covered service and will now cover up to 20 Habilitative Therapy Visits per patient per year.



Speech Therapy Dollar Visit Limit Removed – The Plan of benefits has removed the \$90 reimbursement limit on Speech Therapy claims. Up to 50 medically necessary speech therapy visits are allowed annually.

Surviving Spouse Coverage – The Fund has amended its language regarding the ability to qualify for Surviving Spouse Coverage. The new definition will allow Dependent Children (up to age 26) to qualify for continuation in the LINECO Plan under the new Surviving Spouse / Dependent Children rules.

CONCLUSION

As a reminder, in 2024, the Board of Trustees instituted the Reduced Retiree Premium Rate (RRR) for members with 57,600 covered work hours (typically 30 years) contributed to the Fund. In 2025, the Trustees also improved the Life Insurance benefit for our members and added a new Line of Duty Death Benefit.

LINECO was established in 1963 and the Board of Trustees continues to focus on their Mission of providing you and your family with access to quality health and welfare benefits with best in class service. The Board wishes you and your family a very Happy and Safe Holiday Season!



Say hello to virtual primary care and annual checkups



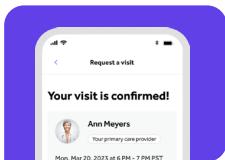
Did you know?

Primary360 visits can save you money by helping prevent costly health issues down the road.

Primary360 easily connects you to primary care so you can become your healthiest self.

Manage every bit of your health—body and mind—with a board-certified primary care provider of your choice and your own care team by your side. So you can live healthier ever after.

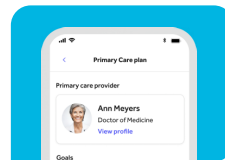
What you get with Primary360:



Annual checkups and wellness visits by phone or video



Dedicated time with your provider to talk through your medical history, challenges and needs



A personalized Care Plan so you can meet your health goals with ease



Referrals, prescriptions and lab orders as needed

Achieve better health with Primary360 today

teladochealth.com/Primary360 | 1-800-835-2362

Download the app

Have your skin concerns evaluated by a licensed dermatologist



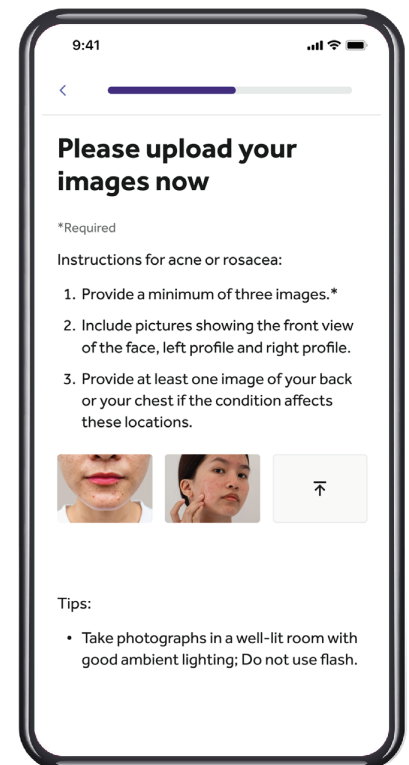
Clear, healthy skin is the goal, but sometimes you need help with:

- Acne
- Rosacea
- Rashes
- And more
- Eczema

Teladoc Health Dermatology is available to you in a snap. Upload images of your skin issue online or on the app. You'll receive a custom treatment plan within 24 hours.

How it works:

- 1 Download the app or go online to register or log in
- 2 Complete or update a brief medical history
- 3 Upload images of your skin issue online or on the app. You'll receive a treatment plan within 24 hours. You may ask questions for up to 7 days after you receive your plan.



Learn more today

Visit TeladocHealth.com

Call 1-800-835-2362 | Download the app

Phone and video visits are not required or part of the dermatology visit.

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Health experts in your corner, from anywhere

Discover a one-of-a-kind approach to managing chronic conditions.



Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Coming soon 1/1/2026

Weight Management

Reach your goals with our interactive weight management program. Get tools and support to help with nutrition, exercise, stress and more.

Program includes:

- Smart scale that syncs to the app and web portal
- App to log food and set goals
- One-on-one support from a team of expert coaches
- Ability to share progress with doctor

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Learn more and join

Visit TeladocHealth.com/Smile or call 800-835-2362

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite TeladocHealth.Com/Hola

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

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CARROT



Coming soon — your fertility and family-building benefits

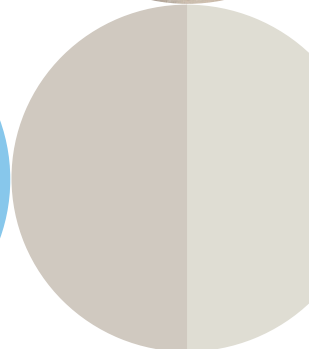
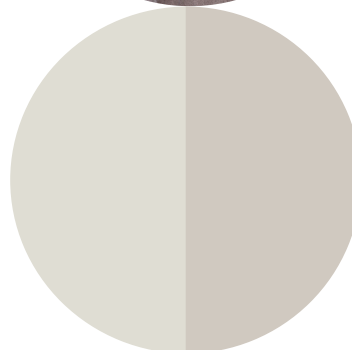
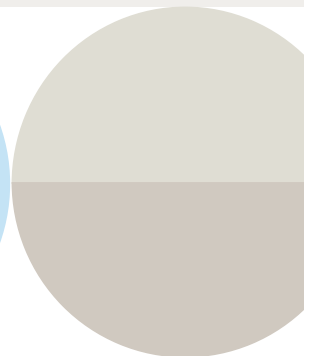
We've partnered with Carrot to provide comprehensive care and on-demand resources, **including funds to help pay for eligible care.**

Get support for

- ▶ Fertility health and wellness (hormone testing, trying to get pregnant)
- ▶ Medically necessary preservation — egg, embryo, and sperm freezing
- ▶ Medically necessary assisted reproduction, like IVF and IUI

What's next?

Stay tuned for more details on how to sign up for Carrot so you can start exploring the resources and support available.

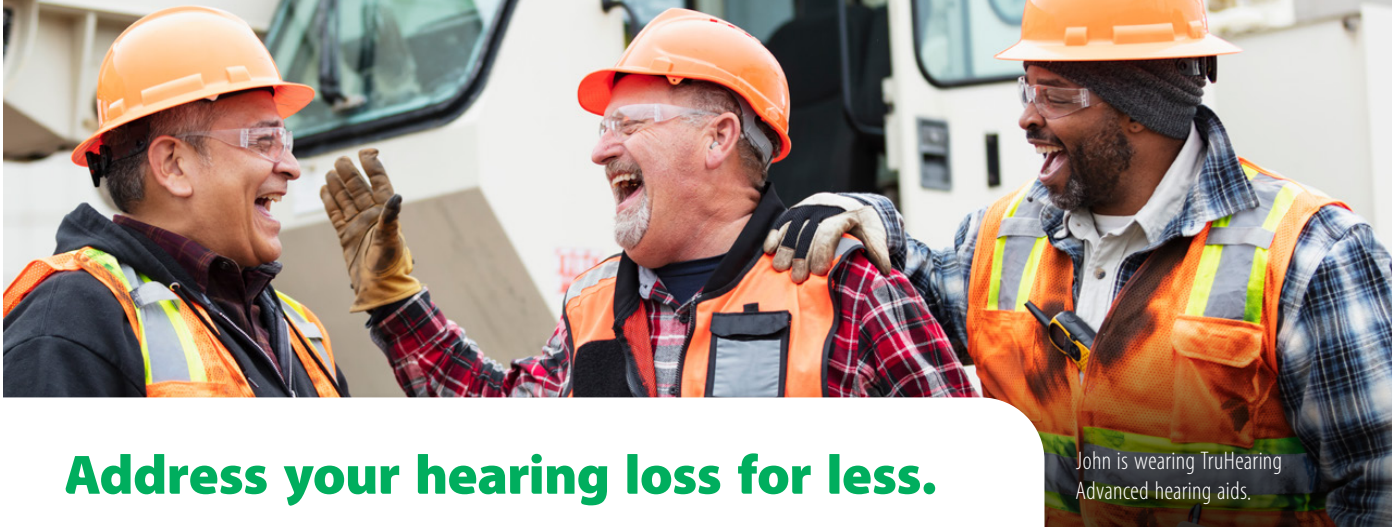


COMING SOON



TruHearing®

1-833-723-8282 | TTY: 711



John is wearing TruHearing Advanced hearing aids.

Address your hearing loss for less.

Thanks to LINECO you have access to tremendous savings through TruHearing®, Benefits through LINECO's partnership with TruHearing includes a hearing exam (\$0 copay) and a hearing aid allowance up to \$3,000 total every three years.

Hearing aid tier	Average retail price/aid	TruHearing price	Allowance	Member cost
Value	\$1,435	\$600	\$600	\$0
Basic	\$1,705	\$850	\$850	\$0
Standard	\$2,065	\$1,100	\$1,100	\$0
Advanced	\$2,745	\$1,350	\$1,350	\$0
Premium	\$3,250	\$1,500	\$1,500	\$0

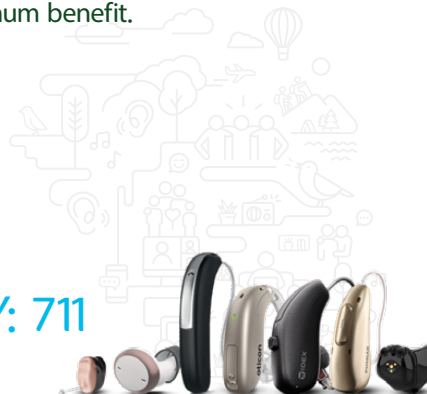
Exam must be performed by a TruHearing network provider.

When calling, please provide your date of birth and the last four digits of your Social Security Number to receive your maximum benefit.

Start by calling TruHearing.

1-833-723-8282 | TTY: 711

Hours: 8am–8pm, Monday–Friday



Your hearing aid purchase through TruHearing includes



60-day, risk-free trial



1 year of follow-up visits



80 free batteries per non-rechargeable hearing aid



3-year full manufacturer warranty

Annual Reminder

COVERAGE FOR BREAST RECONSTRUCTION

You may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Plan 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 her physician) breast reconstruction in connection with the mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

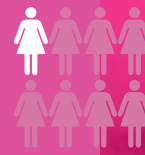
Plan benefits payable for these services and supplies are subject to the deductibles, co-payment percentages, and maximum benefit limitations applicable to covered services for other covered medical conditions. Contact the Fund Office at (800) 323-7268 for more details.

YOUR RIGHT TO RECEIVE A COPY OF THE FUND'S NOTICE OF PRIVACY PRACTICES

The Fund is required by law to maintain the privacy of your health information as described in its Notice of Privacy Practices. You have a right to request and receive a copy of that notice at any time, even if you have received the notice previously. To obtain a copy, please contact the Welfare Fund's Privacy Official by writing or calling the Fund Office at (800) 323-7268.

Don't forget to SCHEDULE YOUR MAMMOGRAM

LINECO's Plan of Benefit covers at 100% any mammogram that is considered a preventive screening for women over Age 40. Please consider speaking to your doctor and scheduling your annual mammogram.



1 in 8

women in the United States will develop breast cancer in their lifetime.



REMINDER 90 Day Drug Supply Now Available at Walgreens

Express Scripts, LINECO's Pharmacy Benefit Manager (PBM), has a partnership with Walgreens Pharmacy to allow 90 day supply of medications that can be filled at participating Walgreens Pharmacy's.

Previously, most prescriptions filled at a Walgreens Pharmacy would only be allowed for a 30 day supply. Longer term medications would typically need to be ordered via the Express Scripts Mail Order Program.

You may still order all your long-term, recurring prescriptions via the Express Scripts Mail Order Program, however, you now have a choice to get those same prescriptions for 90 days via Walgreens. This may be a more convenient option for you and the negotiated prices at Walgreens are the same as your current mail order copayment and may be less expensive in some instances. Feel free to consult your neighborhood Walgreens Pharmacy or contact Express Scripts directly for additional information.

Required Annual Federal Health Plan Disclosures

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, 2024. 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, 2024 were \$2,936,662.

BASIC FINANCIAL STATEMENTS

The value of plan assets, after subtracting liabilities of the plan was \$1,722,229,074 as of December 31, 2024, compared to \$1,571,719,794 as of January 1, 2024. During the plan year the plan experienced an increase in its net assets of \$150,509,280. This increase included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$1,272,960,738, including (but not limited to) employer contributions of \$1,058,127,406, participant contributions of \$28,069,090, realized (losses) of (\$971,988) from the sale of investments, and earnings from investments of \$96,139,028.

Plan expenses were \$1,122,451,458. These expenses included \$18,195,871 in administrative expenses and \$1,104,255,587 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;
- insurance information including sales commissions paid by insurance carriers;
- information regarding any common or collective trusts, pooled separate accounts,
- master trusts or 103-12 investment entities in which the plan participates;
- assets held for investment; and
- transactions in excess of 5 percent of plan assets.

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 821 Parkview Boulevard, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be \$33.25 for the full annual report or \$.25 per page for any part thereof. 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 accompanying 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 821 Parkview Boulevard, 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

Health Plan Disclosures *continued from page 9*

Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions

of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control

Special Enrollment Provisions

Under the Health Insurance Portability and Accountability Act (HIPAA), you have the right to enroll in the Plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. *Notwithstanding the following rules, you and your family will be automatically enrolled in the Plan once you and your dependents become eligible for Plan coverage.*

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you are entitled to enroll your new dependents. To enroll a new dependent, please contact the Fund Office promptly following the marriage, birth, or adoption.

Loss of Other Coverage. Under HIPAA, if you were to decline enrollment under the Plan for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you might be entitled to enroll yourself and your dependents in the Plan at a later time if you or

your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, because all eligible individuals (employees and dependents) automatically are enrolled in the Plan (regardless of whether such individuals have other coverage through another plan), this special enrollment right has no application to the Plan.

Loss of Medicaid or Children's Health Insurance Program (CHIP). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that coverage.

Eligibility for Premium Assistance under Medicaid or CHIP. If the current employee or dependent becomes eligible for a new premium assistance subsidy plan under Medicaid or CHIP, you may be able to enroll yourself and your eligible dependents.

To request a special enrollment or for more information, contact the Fund Office at (800) 323-7268.

Important Notice from Line Construction Benefit Fund About Your Prescription Drug Coverage and Medicare



This notice is for all persons eligible for Medicare, even if Medicare is not the person's primary health plan. The information in this notice applies only to participants who are eligible for Medicare, or who will become eligible for Medicare during the upcoming plan year.¹

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Line Construction Benefit Fund (the Fund) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage (also called Medicare Part D) became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare

Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Line Construction Benefit Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. In essence, if you are satisfied with your current prescription drug plan with the Line Construction Benefit Fund, there is no need to enroll in another Medicare sponsored plan.

When Can You Join a Medicare Part D Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

continued on page 12

¹ Generally, any individual age 65 or older, or anyone entitled to Medicare disability or end-stage renal disease benefits is eligible.

Prescription Drug Coverage and Medicare *continued from page 11***What Happens to Your Current Coverage if You Decide to Join a Medicare Part D Drug Plan?**

If you join another Medicare Prescription Drug Plan, you will no longer be eligible for the Line Construction (LINECO) Express Scripts Part D Prescription Drug Plan. This means LINECO will no longer pay for your prescription drugs. If you do decide to join a Medicare drug plan and drop your current LINECO Express Scripts Part D coverage, be aware that you and your dependents may not be able to get this coverage back.

Since this Plan is primary to Medicare, this Plan will pay its normal benefits and your Medicare plan's duplicate coverage rules will determine its benefit level. Various Medicare prescription drug plans may have different rules.

You should be aware that having two prescription drug plans could have an effect on whether you reach the Medicare plan's catastrophic coverage level. That is because standard Medicare prescription drug plans are only required to count your actual out-of-pocket costs when determining when you reach the catastrophic coverage level. Drug costs that are paid by this Plan do not qualify as out-of-pocket expenses.

What Happens if You Do Not Join a Medicare Part D Drug Plan?

You do not have to enroll in a Medicare drug plan. If you choose not to join a Medicare Part D drug plan, your benefits, including prescription drug benefits, under the Line Construction Benefit Fund will continue.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Part D Drug Plan?

You should also know that if you drop or lose your current coverage with the Line Construction Benefit Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary

premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About this Notice or Your Current Prescription Drug Coverage...

Contact the Fund Office for further information at (800) 323-7268. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Fund changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at **www.askebsa.dol.gov** or call **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 was updated on July 31, 2024. Contact your State for more information on eligibility –

ALABAMA | Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA | Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS | Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA

Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO | Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA | Medicaid

Website: <https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA | Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Premium Assistance *continued from page 13*

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA | Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA | Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS | Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY | Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/>

Phone: 1-877-524-4718

Kentucky Medicaid Website:

<https://chfs.ky.gov/agencies/dms>

LOUISIANA | Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE | Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740.

TTY: Maine relay 711

MASSACHUSETTS | Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA | Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI | Medicaid

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA | Medicaid

Website: <http://dphhs.mt.gov/>

MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

Email: HSHIPPPProgram@mt.gov

NEBRASKA | Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA | Medicaid

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE | Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext 5218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY | Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK | Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA | Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA | Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
 Phone: 1-844-854-4825

OKLAHOMA | Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON | Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
 Phone: 1-800-699-9075

PENNSYLVANIA | Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
 Phone: 1-800-692-7462
 CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
 CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND | Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347, or 401-462-0311
 (Direct Rite Share Line)

SOUTH CAROLINA | Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA | Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS | Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
 Phone: 1-800-440-0493

UTAH | Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
 Website: <https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov
 Phone: 1-888-222-2542
 Adult Expansion Website:
<https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program Website:
<https://medicaid.utah.gov/buyout-program/>
 CHIP Website: <https://chip.utah.gov/>

VERMONT | Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
 Phone: 1-800-250-8427

VIRGINIA | Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select> <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
 Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON | Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA | Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
 Medicaid Phone: 304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN | Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING | Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565



Important Plan Reminders Inside.



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Lombard, IL 60148-3250

lineco.org
1-800-323-7268

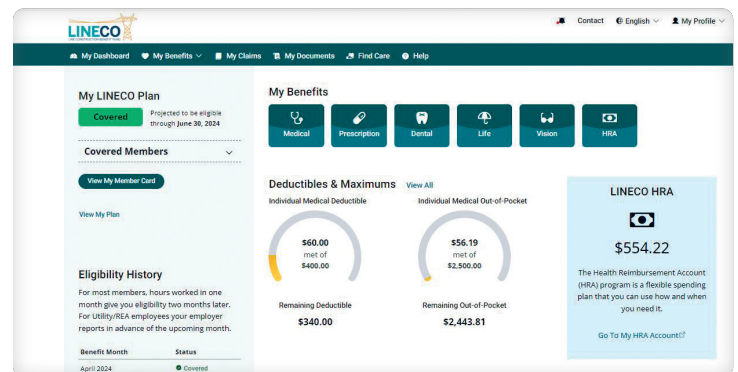
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New & Improved MEMBER WEBSITE



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