

THE LINE CONNECTION



Benefit News for LINECO Participants

WINTER 2024

2025 Benefits Update

Life Insurance Benefit Increased

Effective **January 1, 2025**, the LINECO Board of Trustees has increased the Life Insurance benefits offered to active eligible members (employee only). Specifically, Life Insurance death benefits will be increased from the current amount of \$20,000 to \$30,000.

Accidental Death (AD) benefit has also been increased from \$20,000 to \$30,000.

Finally, the Board of Trustees has added an additional death benefit of \$30,000 for a member's line of duty death (occupational death while doing covered work under a collective bargaining agreement).

Your beneficiary for the above mentioned benefits is the person(s) you designate with LINECO to receive your life insurance benefit. If you name more than one beneficiary, your beneficiaries will share equally unless you indicate otherwise on your beneficiary form.

Beneficiaries may be updated or changed at any point in time by the member (employee) on their secure **myLINECO** member portal at **lineco.org**.

The life insurance benefits described above do not apply to designated utility members employed at a utility, electric cooperative, or rural electrical association.

The Board of Trustees is also happy to report that there are no other major changes to the strong benefit

package. Medical deductibles, out of pocket amounts and coinsurance levels remain unchanged.

Please see page 12 of this newsletter for a Schedule of Key Benefits.

DID YOU KNOW?



YOUR EOB's ARE AVAILABLE ONLINE!!!

Sign up for the **myLINECO** secure member portal at **www.lineco.org** for convenient and confidential access to your claim and work hours history. Choose to opt out of receiving Explanation of Benefits (EOB's) by mail to save time and resources. You may also track your hours worked, monthly eligibility and your HRA account balance (if applicable) on the secure member portal. Check it out today at **lineco.org**.

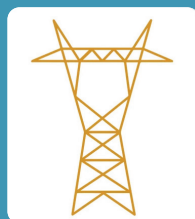
Note: Any covered dependent over the age of 18 will need to register for their own account.

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IMPORTANT LIFE EVENT REMINDERS

MARITAL STATUS / DIVORCE

If you divorce from your spouse, **notify the Fund Office immediately.**

Once you divorce or legally separate, your spouse is no longer eligible for benefits under this Plan, however, your ex-spouse may enroll in COBRA continuation coverage. If you do not notify the Fund Office when you become divorced, you will be responsible for reimbursing the Plan for all charges that were paid by the Plan on behalf of your former spouse while not eligible for coverage.

Provide the Fund Office with:

- Update Your Life Insurance Beneficiary Information
- Copy of your divorce decree
- Copy of any Qualified Domestic Relations Order (QDRO); and
- If you have children, copy of any Qualified Medical Child Support Order (QMCSO), if applicable.

If your former spouse wants to self-pay for COBRA continuation coverage, your former spouse must contact the Fund Office. Your former spouse may elect COBRA coverage for up to a maximum of 36 months, provided the Fund Office is informed of the divorce within 60 days of the day the divorce became final.

ADULT CHILDREN OTHER INSURANCE (18 - 26 YEARS OLD)

If for any reason your dependent no longer meets the Plan's dependent eligibility requirements, you must notify the Fund Office immediately. Please notify the Fund if:

- Your child enters the military,
- Your child becomes employed,
- Your child gets married,
- Your child becomes disabled

Although LINECO eligibility may still exist in the above situations, LINECO coordinates order of benefits payment with other insurance. Your failure to provide such notice, and the submission of claims while your dependent is no longer eligible for coverage, may be considered an intentional misstatement of material fact and/or fraud.

In addition, if you do not notify the Fund Office when your dependent ceases to meet the eligibility requirements, you will be responsible for reimbursing the Plan for all charges that were paid by the Plan while the dependent was not eligible for coverage.



You've got Teladoc Health



Access to quality care when you need it most



General Medical (24/7 Care) | \$0/visit

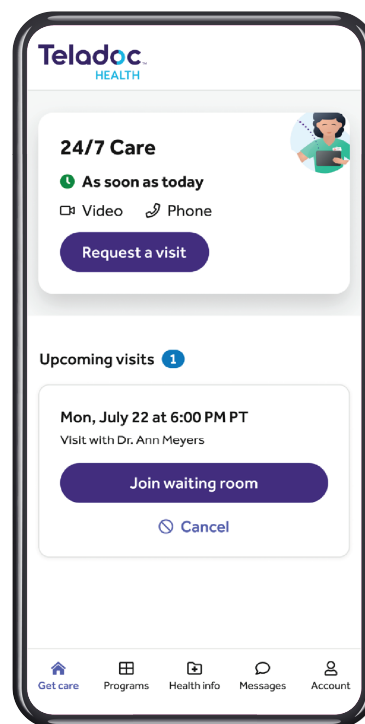
Talk to a licensed healthcare provider for non-urgent conditions 24/7.
Flu • Sinus infections • Sore throats • And more



Mental Health

Talk to the therapist who's right for you by phone or video.

- \$0/therapist visit**
- \$0/psychiatrist first visit**
- \$0/psychiatrist ongoing visit**



Register or log in today

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (800-835-2362) | Download the app

Be sure to mention LINECO when registering.

The Rise of Biosimilars

New Drug Class on the Way to Help Reduce Prescription Cost

Annually, LINECO spends over \$100 million to provide prescription medications to our members. The United States is well known as pharmaceutical innovators, however, many new brand specialty medications have been introduced to treat very unique health conditions. Many of these medications are very expensive. Until recently, there was not an ability for generics or other drug classifications to compete with specialty brands. Recently, the U.S. Food and Drug Administration (FDA) has been approving a new class of drugs called "Biosimilars." These are less expensive versions of the brand specialty therapies such as Humira or Epogen. These biosimilar medications are generally substantially less expensive than the original brand product, with similar results as the original brand product.

LINECO and our pharmacy benefit manager, Express Scripts will be utilizing many of these new, safe,

and similar medications, when clinically appropriate, to help keep both our patients and plan costs from rising. To learn more about biosimilars, see below:

What is a biosimilar?

A biosimilar is a biologically engineered medication that is highly similar to and has no clinically meaningful differences from an existing U.S. Food and Drug Administration (FDA)-approved innovator drug.

Biosimilars also create a more competitive pricing environment among drug manufacturers that can help drive down medication costs.

What is an innovator type drug?

An innovator is the brand medication that was first-to-market. Examples of a brand innovator drugs are Humira and Lantus. Typically, innovator drugs are very expensive as they can maintain patent exclusivity.

Is a biosimilar like a generic?

A generic and a biosimilar are both alternative versions of an innovator medication, but a biosimilar is not considered a generic although it is allowed to be interchanged with an originator brand.

How many biosimilars are currently FDA approved?

More than 50 biosimilars have been approved by the FDA, but some are still not commercially available.

Biosimilars will be quickly coming to the marketplace in 2025 and 2026:

- Biosimilars for Humira are Abrilada, Amjevita, Cyltezo, Hadlima, Hyrimoz, Hulio, Idacio, Simlandi, Yuflyma, Yusimry
- Biosimilar for Epogen/ Procrit is Retacrit
- Biosimilars for Actemra are Tyenne, Tofidence
- Biosimilars for Neulasta are Fulphila, Fylnetra, Nyvepria, Stimufend, Udenyca, Ziextenzo
- Biosimilars for Neupogen are Nivestym, Releuko, Zarxio
- Biosimilars for Avastin are Alymsys, Mvasi, Vegzelma, Zirabev, Zymfentra
- Biosimilars for Rituxan are Riabni, Ruxience, Truxima
- Biosimilars for Lantus are Rezvoglar, Semglee

If you are currently taking any of the above brand name drugs, your doctor and pharmacist may be able to interchange a biosimilar to save you and the Plan money.

BIOSIMILAR DRUGS	VS	GENERIC DRUGS
<ul style="list-style-type: none"> • Made from natural or living organisms • Large molecule drugs • Highly similar to the innovator but not exact copy • Lower cost than brand name • Minor differences in clinically inactive components • No clinically meaningful differences between biosimilar and innovator in terms of safety and effectiveness 		<ul style="list-style-type: none"> • Made from chemicals • Small molecule drugs • Chemically identical to brand name drug • Lower cost than brand name

ProTec Safety Plan (Employee Only)



Thousands of eye injuries occur every day at work and at home. According to the American Academy of Ophthalmology, most injuries are preventable with the proper use of safety eyewear.



What's covered?

With the Protec Safety® Plan,¹ you get an affordable benefit that includes a safety frame and prescription lenses that meet current guidelines for impact protection. Choose from the ProTec Eyewear® collection or frame allowance from a VSP® provider or the safety frame selection at Visionworks®.



Choose from a wide variety of safety frames.

Safety frames come in different styles and materials—many frames come with a case, and either built-in or detachable side shields.

vsp.
vision care

90%
of all
eye injuries

can be prevented with
protective eyewear.

YOUR PROTEC SAFETY COVERAGE WITH A VSP IN-NETWORK PROVIDER

Eye Exam

- Receive an annual WellVision Exam^{®1} from a VSP network doctor.

Eyewear

- Fully covered prescription single vision, lined bifocal, and lined trifocal safety lenses certified according to the American National Standards Institute (ANSI) guidelines for impact protection.
- Fully covered ANSI-certified safety frames when a pair is selected from the ProTec Eyewear collection or Visionworks' safety frame selection.
- Or receive a \$150 frame allowance for any other safety frame outside of the ProTec Eyewear collection only available from a VSP provider and 20% savings on the amount over your allowance.
- Get up to 20% savings on additional pairs of glasses, including lens enhancements, from the same VSP network doctor.

Questions? [vsp.com](https://www.vsp.com) | 800.877.7195



LINECO HRA Frequently Asked HRA Questions



When do I use my LINECO HRA Card?

Use your LINECO HRA card to pay for medical, dental or vision expenses **AFTER** claims for services have been submitted by your provider to LINECO. You will receive an EOB (Explanation of Benefits) from LINECO **AND** a bill from your provider. Use your card to pay the remaining amount due to your provider after LINECO has processed your claims.

How are HRA Qualified Medical Expenses Determined?

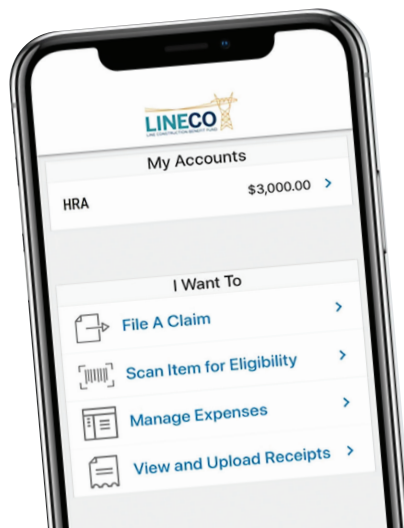
Qualified medical expenses for an HRA are those expenses that **would be** eligible for reimbursement under a typical major medical plan. This includes deductibles, copayments, coinsurance, or out of pocket expenses. In addition, qualified medical expenses for an HRA can also include dental and vision care expenses, as well as prescription drugs.

Who determines what qualifies as an eligible medical expense?

The list of qualified medical expenses is determined by the IRS; see **IRS Publication 502**. You may also use the LINECO HRA app to scan a retail item barcode to determine if it is a qualified item for purchase using your LINECO HRA card.

Do I need to keep receipts when I use my HRA Card?

Yes! Keep all receipts and EOB's. LINECO may request receipts for expenses paid using your HRA card. Your EOBs are available online at **lineco.org** on your **myLINECO** Portal.



What are some medical expenses that CANNOT be reimbursed?

(NOTE: This list IS NOT all-inclusive of ineligible expenses.)

- Gym Membership
- Cosmetic Procedures
- Electrolysis
- Face Lift
- Hair Transplant
- Teeth Whitening
- Marriage/Family Counseling
- CBD Products
- Childcare
- Diapers
- Exercise Equipment
- Hair Regrowth products
- Massages
- Controlled Substances
- Medical/Dental/Vision Services that occurred more than 2 years ago.

Please be aware, if your HRA Card is used for NON QUALIFIED items, you will be responsible for reimbursing YOUR LINECO HRA ACCOUNT for those expenses.

For Qualified Medical and Dental Expenses see IRS Publication 502 or use the LINECO HRA mobile app.

How do I know what my HRA account balance is?

Visit **lineco.org** and log into **myLINECO** Portal, your secure access to YOUR LINECO information.

Does my HRA account earn interest?

Yes! LINECO's HRA assets are invested. Last year, HRA accounts earned a positive 6.9% investment return. Account balances were credited in April 2024.

You can also manage your HRA Account via the LINECO HRA mobile app.

Search **LINECO HRA** on your app store.

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.

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.

Continued on page 8

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

Important Notice *continued from page 7*

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 Express Scripts Part D Plan 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).

Date: October 2024
 Name of Entity/Sender: Line Construction Benefit Fund
 Contact: Fund Office
 Address: 821 Parkview Boulevard,
 Lombard, IL 60148
 Phone Number: (800) 323-7268

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 your dependent were to decline enrollment under the Plan while other health insurance or group health plan coverage is in effect, they might be entitled to enroll themselves in the Plan at a later time if they lose eligibility for that other coverage

(or if their employer stops contributing toward 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 an eligible dependent (including your spouse) while on Medicaid or CHIP, you may be able to enroll your dependents in this plan if your dependents lose eligibility for that coverage.

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

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

Don't forget!



Annual Reminder About 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.

Summary Annual Report

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, 2023. 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, 2023 were \$3,420,050.

Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was \$1,571,719,794 as of December 31, 2023, compared to \$1,421,124,053 as of January 1, 2023. During the plan year the plan experienced an increase in its net assets of \$150,595,741. 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 \$1,166,713,093, including (but not limited to) employer contributions of \$979,471,986, participant contributions of \$27,072,674, realized gains of \$2,443,077 from the sale of investments, and earnings from investments of \$91,569,780.

Plan expenses were \$1,016,117,352. These expenses included \$17,986,601 in administrative expenses and \$998,130,751 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 \$30.00 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 Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

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

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

Premium Assistance *continued from page 11***GEORGIA | Medicaid**

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

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/Pages/index.aspx>

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: 1-800-657-3739

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

Phone: 1-800-694-3084

Email: HSHIPPProgram@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: 609-631-2392

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, 2024, 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

GET THE MOST OUT OF YOUR PLAN

Visit the LINECO Website:
www.lineco.org

Use the **secure member portal** to view:

- Hours reported, claims history, Explanation of Benefits (EOBs) and enroll your dependents,
- Download & upload important forms and documents
- Follow links to preferred providers
- View HRA balances, get a virtual ID card, and more!

Use Network Providers

- BlueCross BlueShield PPO Network
- Dental Network of America (DNoA) dentists
- Vision Service Plan (VSP) eye-doctors
- Amplifon Hearing Care Network

Call for Precertification

Conifer, LINECO's Personal Health Nurse Team, handles all inpatient medical, behavioral health, and substance abuse admissions.

Use the Mail Service Rx

See Prescription Drug Programs for more information.

Expert Second Medical Opinion

- Included Health
- Get expert second opinions with no exams or appointments
- Find trusted, experienced doctors

Take Advantage of the Member Assistance Program (MAP)

For free, confidential counseling and referrals for a wide range of personal, emotional, work/family problems. The MAP program is administered by Carelon Behavioral Health.

Participate in the Healthy Moms = Healthy Babies Program

Female employees and spouses who participate in LINECO's prenatal program can earn a \$250 gift card. Call LINECO's Personal Health Nurse (PHN).

Use Teladoc

There is no charge to eligible employees, retirees and dependents who use Teladoc, a telemedicine service for common minor ailments or behavioral health or substance use disorder counseling.

Enroll in Better Health With Diabetes Care Program

If you are a diabetic, contact LINECO's Personal Health Nurse (PHN) for additional benefits, including 100% coverage for certain diabetic supplies, treatment and medication.

Notify Fund of Address Change

It is very important to inform the Fund of your new address. You may change your address online via our member portal at www.lineco.org.

IMPORTANT CONTACT INFORMATION

Listed below are phone numbers and websites to help you quickly get answers to your questions. Have your Member Identification Number (BlueCross BlueShield ID Card) available when you call.

LINECO, 821 Parkview Boulevard, Lombard, IL 60148 - 3230
www.lineco.org | 1-800-323-7268

FOR INFORMATION ABOUT	CONTACT	PHONE NUMBER	WEBSITE
Life Insurance/Weekly Income	Benefit Fund Office	1-800-323-7268	www.lineco.org
Medical Claims Member Services	Benefit Fund Office	1-800-323-7268	www.lineco.org
Dental Claims Member Services	Benefit Fund Office	1-800-323-7268	www.lineco.org
Eligibility/Hours Worked	Benefit Fund Office	1-800-323-7268	www.lineco.org
Medical, Mental Health/Substance Abuse PPO Network Providers	BlueCross BlueShield	1-800-810-BLUE (2583)	www.bcbs.com
Dental PPO Network Providers	Dental Network of America (DNOA)	1-866-522-6758	www.dnoa.com (choose DNOA Pro Enhanced plan option)
Health Reimbursement Account (HRA)	Benefit Fund Office	1-800-323-7268	www.lineco.org or download the LINECO HRA app
24/7 Medical Advice	Teladoc	1-800-Tel-aDoc (835-2362)	www.teladochealth.com
Precertification - Inpatient Medical, Surgical, Behavioral Health, Substance Use Disorder	Conifer Health Solutions LINECO Personal Health Nurse	1-800-323-7268 or 1-844-213-5658	www.lineco.org
Healthy Moms = Healthy Babies	Conifer Health Solutions LINECO Personal Health Nurse	1-800-323-7268 or 1-844-213-5658	www.lineco.org
Diabetic Care Program	Conifer Health Solutions LINECO Personal Health Nurse	1-800-323-7268 or 1-844-213-5658	www.lineco.org
Member Assistance Program (MAP)	Carelon	1-800-332-2191	www.carelonwellbeing.com/lineco
Prescriptions - Retail/Home	Express Scripts (ESI)	1-877-327-0568	www.express-scripts.com
Prescriptions - Specialty	Accredo	1-877-476-2267	www.express-scripts.com
Prescriptions - Medicare Part D	Express Scripts (ESI)	1-855-634-0272	www.express-scripts.com
Vision Care	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Hearing Care/Ear Care	Amplifon	1-877-609-0758	www.amplifonusa.com
Expert Second Opinion	Included Health	1-855-310-6281	www.includedhealth.com/lineco

SCHEDULE OF BENEFITS EFFECTIVE 1/1/2025

All Plan payments, deductibles, maximums and limitations apply to each person separately except where stated otherwise.

Benefits for Eligible Employees

Life Insurance Benefits & Weekly Income Not Provided For Utility/REA, Retirees, or Dependents

INSURANCE BENEFITS (Effective 1/1/2025)	
Life Insurance	\$30,000
Accidental Death & Dismemberment Insurance	\$30,000
Line of Duty	\$30,000
WEEKLY INCOME BENEFIT for non-occupational disabilities only	
Amount of weekly benefit	\$600
Maximum weeks payable per period of disability	26 weeks
<i>Benefits start on the first day of a disability due to an accidental injury. For an illness, benefits start on the earlier of the first day of an inpatient hospital stay or the eighth day of disability.</i>	

Benefits for Eligible Employees, Retirees and Dependents

MEDICAL/PRESCRIPTION BENEFIT		
Deductibles		
Individual (calendar year)		\$400
Family (calendar year) - 3 or more family members		\$1,200
Hospital Precertification Noncompliance per admission (in addition to the calendar year deductible)		\$250
Emergency Room (each occurrence of hospital emergency room treatment - waived if admitted)		\$150
Plan Payment Percentages		
<i>After satisfying your deductible, the Plan will typically pay the following percentages. (Note: See below for exceptions.)</i>		
	Blue Cross Blue Shield In-Network (Plan Pays)	Out-of-Network (Plan Pays)
Covered Medical Expenses (unless stated otherwise)	80%	70%
Emergency Room (services for an emergency)	80%	80%
Knee and Hip Replacements at Blue Distinction Centers	100% see "Special Benefits"	70%
Prescription Drugs (Retail)	80%	n/a
Chiropractic Care (up to \$600/year)	50%	50%
Out-of-Pocket Maximum		
<i>The out-of-pocket maximum is the most you will pay for covered services under the Plan each calendar year. Non-covered services and expenses for hearing care, dental and vision care do not apply toward your out-of-pocket maximum.</i>		
Per Person, includes prescription drug co-pays		\$2,500
Per Family		\$7,500
Per Person, if Medicare-eligible		\$1,625
Per Family, if Medicare-eligible		\$7,500

SPECIAL BENEFITS AND LIMITATIONS

Unless stated otherwise, the Plan payment percentages for the following types of treatment are the percentages shown above.

Acupuncture	12 visits per calendar year	
Blue Distinction Center (knee or hip replacement) <i>Deductible does not apply. Precertification required.</i>	100%	
Chiropractic	50% to \$600 per calendar year	
Hearing Care <i>Deductible does not apply</i>	80% to \$2,500 every 5 years (every 2 years for children)	
Home Health	40 visits per calendar year	
Hospice	180 days	
Mental/Nervous and Substance Abuse Precertification required for inpatient, residential, partial inpatient	Same as medical/surgical (80% in-network, 70% out-of-network after deductible)	
Preventive Care	Blue Cross Blue Shield In-Network	Out-of-Network
	100% <i>Deductible does not apply.</i>	70% <i>Deductible applies.</i>
Routine physical examinations <i>Deductible does not apply.</i>	100% up to \$125 per calendar year	
Outpatient diagnostic x-ray and lab (employee and spouse only)	100% up to \$150 per calendar year, regular benefits after	
Speech Therapy - outpatient		
Maximum allowable number of sessions per person per calendar year	50 visits per calendar year	
Maximum allowable amount per visit	\$90	
Teladoc (telehealth medical and mental health consult)	FREE	
TMJ		
Surgical TMJ treatment that is out-of-network or not precertified	\$3,000 maximum , per lifetime	
Non-surgical TMJ treatment	\$1,000 maximum , per lifetime	
Skilled Nursing Facility	60 days per calendar year	

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SCHEDULE OF BENEFITS EFFECTIVE 1/1/2025

Continued from page 17

PRESCRIPTION DRUG PROGRAMS	
<i>Does not apply to retirees and their dependents who are eligible for Medicare</i>	
	Participant Pays
Retail (up to 30-day supply)	
Participant co-pay percentage	20% (after deductible)
Mail-Order (up to 90-day supply)	
Generic drug	\$10
Preferred (formulary) drugs	\$20
Non-preferred (non-formulary) drugs	\$35
<i>For LINECO-primary individuals who are also Medicare-eligible, use of the mail-order for a maintenance medication is mandatory after the original supply plus one refill. You cannot use the mail-order pharmacy if LINECO is secondary to any other drug plan</i>	
Specialty Medications (up to 30-day supply)	
Specialty Medications must be filled through Accredo Specialty Pharmacy	
Generic specialty drugs	10% up to \$100 maximum co-pay
Preferred (formulary) drugs	20% up to \$250 maximum co-pay
Non-preferred (non-formulary) drug	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
Out-of-Pocket Maximum - Covered persons with Medicare as their secondary medical plan	\$1,000/person \$2,000/family
Mandatory Generic Rule - If a brand is chosen over an available generic	Difference in cost plus applicable coinsurance/ deductible
Express Scripts Medicare Drug Plan (when Medicare is primary)	See Express Scripts PDP Evidence of Coverage
MEMBER ASSISTANCE PROGRAM	
Member Assistance Program (MAP) is administered by Carelon and provides confidential, counseling, education and referral services to you and your eligible family members. You can receive MAP counseling services free for up to 6 face-to-face office visits per problem	6 FREE VISITS per problem
EXPERT SECOND MEDICAL OPINION	
Included Health will find a doctor, collect all medical records and (if necessary) schedule the appointment at no cost. Included Health physicians span all conditions and specialty areas.	FREE

DENTAL BENEFIT	
Deductible (per calendar year per person) <i>Does not apply to preventive care</i>	\$100
Maximum benefit (per calendar year per person) <i>Preventive and diagnostic services for ages 0-20 are covered at 100% with no maximum.</i>	\$2,000
Plan payment percentage	80%*
Orthodontia lifetime maximum <i>For dependent children only. Orthodontia benefits do not apply to \$2,000 annual dental maximum.</i>	\$2,000

* Exceptions: Anesthesia for children ages 6 through 12 is payable at 50%.

VISION BENEFIT		
	Plan Pays	
	VSP Doctor	Out-of-Network
Vision Exam - every calendar year	Covered in full	Up to \$35
Frame - every two calendar year	Covered up to \$175 retail value	Up to \$35
Lenses - every calendar year:		
Single vision	Covered in full	Up to \$30/pair
Lined bifocal	Covered in full	Up to \$40/pair
Lined trifocal	Covered in full	Up to \$55/pair
Contacts, including exam, fitting, evaluation and lenses	Covered up to \$175/pair	Up to \$100/pair
Safety Glasses - every two years (employees only)	Covered in full	Not Covered

If you use a VSP doctor and select eyewear that costs more than the amount allowed by VSP, you will pay an additional (discounted) charge to the VSP doctor.

HRA	
Health Reimbursement Account (HRA) program is a flexible spending plan that covers a wide range of healthcare expenses not payable by LINECO. Individual HRA accounts are funded by separate employer contributions. Not all employers will be participating in this program.	Covers deductibles, co-pays and coinsurance for medical, prescription, dental, vision and hearing expenses. Also covers self-payments for LINECO coverage.



Happy Holidays

FROM LINECO

Important Plan Reminders Inside.



821 Parkview Boulevard
Lombard, IL 60148-3250

www.lineco.org
1-800-323-7268

CHECK OUT **WHAT'S INSIDE**

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YOU HAVE A 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 LINECO's Privacy Officer by writing or calling the Fund Office at (800) 323-7268. Additionally, the Notice of Privacy Practice can also be viewed at **www.lineco.org** (view the Summary Plan Description – SPD).