

# THE LINE CONNECTION

November 2013

## Benefit News for Lineco Participants



### About this Notice

Each year the Line Construction Benefit Fund is required to provide certain important Plan information to our members. Please take a moment to read this document and familiarize yourself with any upcoming changes regarding your benefits. Helpful tips to get the most out of your plan are included. You should keep this newsletter near or with your Summary Plan Description (SPD).

### Information Enclosed

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## • Notice About Benefit Changes • (Summary of Material Modifications)

### EFFECTIVE JANUARY 1, 2014

1. **Annual Limit Removed** – The \$2,000,000-per-person limit on the amount the Plan will pay for medical benefits per calendar year will not apply to benefits incurred on or after January 1, 2014.
2. **Immunizations Covered for Children Under Age 21** – The Plan currently covers most immunizations for children ages 0-18 in full regardless of whether the provider is in-network or out-of-network. This benefit will now be provided to children through the age of 20.
3. **Dental Benefit Maximum for Children** – The \$2,000 annual maximum under the Dental Benefit will be waived for covered individuals ages 0-20. As before, benefits will be limited to reasonable and customary fees, and to services that are appropriate and in accordance with accepted dental standards. This change does not apply to orthodontia which will continue to be limited to \$2,000 per lifetime. (Orthodontia is provided only for dependent children.)
4. **Clinical Trials** – If an eligible participant is enrolled in an approved clinical trial, the related routine patient costs will be covered by the Plan subject to the usual in-network and out-of-network payment rates, and to all applicable Plan provisions, such as the reasonable and customary fee limitation and the medical necessity requirement. (The cost of the medication or supply being studied will be provided at no cost by the study program.)  
  
An “approved clinical trial” is defined as a Phase I, II, III or IV clinical trial for the prevention, detection or treatment of cancer or other life-threatening condition. A “life-threatening condition” is any disease from which the likelihood of death is probable unless the course of the disease is interrupted. “Routine patient costs” include all services and supplies that are typically covered by the Plan for persons not enrolled in clinical trials. Routine patient costs do NOT include: 1) the investigational item, device or service itself; 2) services that are provided solely to satisfy data collection and analysis needs, or 3) services that are clearly inconsistent with the widely accepted and established standards of care.
5. **Change to the Way Out-of-Pocket Limits Are Tracked** – Your out-of-pocket limit is the amount you must pay in coinsurance each year before the Plan’s payment percentage increases to 100% for the remainder of the year. The Plan’s out-of-pocket limits

have always been separate from the calendar year deductible, co-pays, and coinsurance for certain limited benefits. However, because of an Affordable Care Act (ACA) mandate, all deductibles and coinsurance will now apply to your out-of-pocket limit. This only applies to medical expenses, and, with respect to persons who are not Medicare-eligible, retail prescription drugs. The medical out-of-pocket limit does not include dental, vision, etc.

This change will help participants reach 100% Lineco coverage sooner.

In order to make allowance for this change, the Plan’s out-of-pocket limits will be increased as shown below to account for the \$300 deductible and the additional coinsurance that will now apply to the out-of-pocket limit.

| MEDICAL OUT-OF-POCKET LIMITS<br>EFFECTIVE JANUARY 1, 2014 |              |                                 |
|---|--------------|---------------------------------|
|   | Old Limit    | Effective<br>January 1,<br>2014 |
| Per person  | \$1,500      | \$2,000                         |
| Per family  | \$3,000      | \$4,000                         |
| Per person, if the person is eligible for Medicare*       | \$1,125      | \$1,625                         |
| Deductibles and all coinsurance                           | Not included | <u>Included</u>                 |

*\* Note, however, that if the person elects a Medicare Part D plan, his Lineco drug coverage will terminate and the out-of-pocket limits revert to \$2,000/individual, \$4,000/family.*

ACA also limits the amount of a plan’s out-of-pocket limits, but Lineco’s limits are well below the maximum allowed.

6. **Covered Providers** – The Plan will cover all licensed providers who are providing services and supplies considered covered medical expenses by the Plan. The services must be medically necessary and provided within the scope of the provider’s license. All Plan exclusions, limitations and provisions will continue to apply. Note that Lineco’s current rules regarding covered mental health and substance abuse providers will remain in effect. For example, practitioners with Master’s degrees will only be covered if they are in the ValueOptions provider network. See your Summary Plan Description booklet for details.

## • Notice About Benefit Changes •

(Continued) •

7. **Chiropractic Care** – The Plan currently pays services by chiropractors at 50% after the deductible, up to a maximum of \$600 per year. Starting January 1, 2014, these benefit limits will apply to services by any provider who is providing the same types of services. Specifically, the limits will apply to “spinal manipulations and adjustments, and x-rays and other modalities and services performed to diagnose or treat the condition for which the spinal manipulations and/or adjustments are being provided.” The benefit limits will apply regardless of the type of licensed provider performing the service. Your coinsurance will now count toward meeting your out-of-pocket limit.
8. **Exclusions for Massage Therapy and Alternative Therapies** – The following exclusions have been added to the Plan:
  - Massage therapy will be excluded regardless of the reason it is being rendered, whether or not it was prescribed by a doctor, and no matter what credentials or license the therapist has obtained.
  - The Plan will exclude the following regardless of the type of provider rendering the treatment: holistic, naprapathic, naturopathic or any other alternative therapies.
9. **Acupuncture Limit Applies to All Providers** – The current coverage limit of 12 acupuncture visits per calendar year, if medically necessary, will apply to acupuncture performed by any covered provider, not just acupuncturists.

### • Retail Rx Program Reminder •

You no longer have to mail receipts to Lineco in order to receive retail prescription drug benefits. Your pharmacist should collect your deductible and, after your deductible is met, your 20% co-pays when you purchase your drugs. You must use your Express Scripts card so the pharmacist can charge you the correct amount.

Make sure your pharmacy has your Rx Express Scripts card on file. You can check the Express Scripts website to see how your prescription was processed. If you are unable to use your Express Scripts card, please mail your receipts and a claim form directly to Express Scripts at P.O. Box 2872, Clinton, IA 52733-2872, Attention Commercial Claims.



## • SPD Corrections •

Please note the following corrections to the 2013 Edition of the Lineco Summary Plan Description (SPD). These are not Plan changes, just corrections to the wording in the SPD.

- **Contact Lenses** – On the Schedule of Benefits, page 8, under the Vision Benefit, contact lenses provided by VSP Doctors are “Covered in full **up to \$100/pair.**”
- **Benefits for Medicare-Eligibles** – On the Schedule of Benefits, pages 6 and 7, under Out-of-Pocket Limits and the Prescription Drug Program, the special benefits for Medicare-eligible participants are described as being for persons for whom Medicare is primary. *This is incorrect—it does not matter if Medicare is primary or secondary.* The \$1,125 out-of-pocket limit (now \$1,625—see No. 5 above), and the \$1,000 prescription drug out-of-pocket limit apply to any participant who is covered by Medicare. (There are other references throughout the SPD to these benefits, and if the SPD refers to Medicare-primary individuals, it *should* refer to individuals who are covered by Medicare.) Also note that the \$1,000 prescription drug out-of-pocket limit for Medicare-eligibles only applies to retail prescriptions, and not to mail-order.

## • Affordable Care Act Update •

By now you will have noticed a tremendous amount of media coverage regarding the functionality of the federal insurance exchange and some state exchanges. Thankfully, since you are eligible for Lineco, you do not need to purchase coverage on the exchanges.

Following is some information that may help you understand how the exchanges affect you.

- Lineco coverage qualifies as “essential minimum coverage” under the Affordable Care Act (ACA). This means:
  - If you are covered under Lineco, you do NOT need to apply for or purchase exchange coverage, and you will not qualify for any federal subsidies if you do apply for an exchange plan.
  - You will not have to pay the individual mandate penalty as long as you do not lose Lineco coverage for three months or more.

## • Affordable Care Act Update (Continued) •

- The only time you may want to shop for coverage via an exchange is if you lose coverage through Lineco. Lineco will continue to offer COBRA coverage for employees and dependents who lose coverage due to COBRA qualifying events. But your financial situation may be such that you want to purchase less comprehensive—and, therefore, possibly cheaper—coverage through the exchange/marketplace. You should keep in mind that:
  - The plans offered through the exchanges/marketplaces may have narrower (smaller) provider networks than your current plan.
  - The exchange/marketplace plans will generally not include comprehensive dental, vision or life insurance coverage.
  - The exchange/marketplace plans have timely enrollment requirements, so you must enroll before you have gone 60 days without coverage.
- You and your family members who meet Lineco's definition of "dependent" are automatically eligible for Lineco coverage. You do not need to enroll for this coverage. However, Lineco can and will ask you to submit proof that your family members are covered dependents.

## • Visit the Lineco Website • [www.lineco.org](http://www.lineco.org)

You can access the following information on the Lineco website:

- Employee and family eligibility and hours
- Family claims history
- Plan benefits and provisions
- Change of address forms, family enrollment forms, and many other helpful documents
- Links to service providers, including Express Scripts, the Member Assistance Program, Vision Service Plan, the Lineco HRA (if applicable), and the Blue Cross Blue Shield Provider Finder.

### Want less paper?

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

## • Wellness Reminders •

Lineco covers a wide range of preventive and wellness services designed to keep participants and dependents healthy. Covered expenses include:

- Physical exams
- Well-baby check-ups
- Developmental screenings
- Mammograms (age 40+)
- Colonoscopies (age 50+)
- Most immunizations, including flu shots

Coverage levels vary based on the type of service and provider network participation.

A complete list is available on the Lineco website.

## • Healthy Moms = Healthy Babies Gift Card •

Medical Cost Management (MCM), Lineco's medical review organization also provides a prenatal program for Lineco participants. This program, called Healthy Moms = Healthy Babies, provides resources and support for maternity patients, and helps ensure timely assistance for women during pregnancy. Upon completion of the program, participants receive a \$250 gift card. Please contact Lineco or MCM as soon as a pregnancy is confirmed (in the first trimester).



## • Required Federal Notices •

### Reminder About Coverage for Breast Reconstruction

Lineco will consider charges for the following services and supplies to be covered medical expenses when the charges are incurred by a covered person who is receiving Plan benefits for a mastectomy, and when the person elects (in consultation with their physician) breast reconstruction in connection with the mastectomy:

- 1) reconstruction of the breast on which the mastectomy has been performed;
- 2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 3) prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas. Plan benefits payable for these services and supplies are subject to the deductibles, co-payment percentages and maximum benefit limitations applicable to covered services for other covered medical conditions.



### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

## • Required Federal Notices (Continued) •

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility –

|   |  |
|---|--|
| <b>ALABAMA – Medicaid</b>   | <b>COLORADO – Medicaid</b>   |
| Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a><br>Phone: 1-855-692-5447   | Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a><br>Medicaid Phone (In state): 1-800-866-3513<br>Medicaid Phone (Out of state): 1-800-221-3943  |
| <b>ALASKA – Medicaid</b>  |  |
| Website:<br><a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a><br>Phone (Outside of Anchorage): 1-888-318-8890<br>Phone (Anchorage): 907-269-6529  |  |
| <b>ARIZONA – CHIP</b>   | <b>FLORIDA – Medicaid</b>  |
| Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a><br>Phone (Outside of Maricopa County): 1-877-764-5437<br>Phone (Maricopa County): 602-417-5437   | Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a><br>Phone: 1-877-357-3268  |
|   | <b>GEORGIA – Medicaid</b>  |
|   | Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a><br>Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)<br>Phone: 1-800-869-1150  |
| <b>IDAHO – Medicaid and CHIP</b>  | <b>MONTANA – Medicaid</b>  |
| Medicaid Website:<br><a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a><br>Medicaid Phone: 1-800-926-2588<br>CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a><br>CHIP Phone: 1-800-926-2588 | Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a><br>Phone: 1-800-694-3084  |
| <b>INDIANA – Medicaid</b>   | <b>NEBRASKA – Medicaid</b>   |
| Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a><br>Phone: 1-800-889-9949   | Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a><br>Phone: 1-800-383-4278   |
| <b>IOWA – Medicaid</b>  | <b>NEVADA – Medicaid</b>   |
| Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a><br>Phone: 1-888-346-9562  | Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a><br>Medicaid Phone: 1-800-992-0900  |
| <b>KANSAS – Medicaid</b>  |  |
| Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a><br>Phone: 1-800-792-4884   |  |
| <b>KENTUCKY – Medicaid</b>  | <b>NEW HAMPSHIRE – Medicaid</b>  |
| Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a><br>Phone: 1-800-635-2570   | Website:<br><a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a><br>Phone: 603-271-5218   |
| <b>LOUISIANA – Medicaid</b>   | <b>NEW JERSEY – Medicaid and CHIP</b>  |
| Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a><br>Phone: 1-888-695-2447   | Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 |
| <b>MAINE – Medicaid</b>   |  |
| Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a><br>Phone: 1-800-977-6740<br>TTY 1-800-977-6741   |  |

• **Required Federal Notices (Continued)** •

|   |   |
|---|---|
| <b>MASSACHUSETTS – Medicaid and CHIP</b><br>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a><br>Phone: 1-800-462-1120   | <b>NEW YORK – Medicaid</b><br>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| <b>MINNESOTA – Medicaid</b><br>Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a><br>Click on Health Care, then Medical Assistance<br>Phone: 1-800-657-3629   | <b>NORTH CAROLINA – Medicaid</b><br>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a><br>Phone: 919-855-4100   |
| <b>MISSOURI – Medicaid</b><br>Website:<br><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005  | <b>NORTH DAKOTA – Medicaid</b><br>Website:<br><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-800-755-2604  |
| <b>OKLAHOMA – Medicaid and CHIP</b><br>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | <b>UTAH – Medicaid and CHIP</b><br>Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a><br>Phone: 1-866-435-7414  |
| <b>OREGON – Medicaid and CHIP</b><br>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a><br><a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a><br>Phone: 1-800-699-9075 | <b>VERMONT – Medicaid</b><br>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 1-800-250-8427  |
| <b>PENNSYLVANIA – Medicaid</b><br>Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a><br>Phone: 1-800-692-7462   | <b>VIRGINIA – Medicaid and CHIP</b><br>Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a><br>CHIP Phone: 1-866-873-2647 |
| <b>RHODE ISLAND – Medicaid</b><br>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a><br>Phone: 401-462-5300  | <b>WASHINGTON – Medicaid</b><br>Website:<br><a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a><br>Phone: 1-800-562-3022 ext. 15473   |
| <b>SOUTH CAROLINA – Medicaid</b><br>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a><br>Phone: 1-888-549-0820   | <b>WEST VIRGINIA – Medicaid</b><br>Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a><br>Phone: 1-877-598-5820, HMS Third Party Liability  |
| <b>SOUTH DAKOTA - Medicaid</b><br>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059   | <b>WISCONSIN – Medicaid</b><br>Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a><br>Phone: 1-800-362-3002  |
| <b>TEXAS – Medicaid</b><br>Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a><br>Phone: 1-800-440-0493  | <b>WYOMING – Medicaid</b><br>Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a><br>Phone: 307-777-7531  |

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

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

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

## • 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, 2012. 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, 2012 were \$1,496,121.

### Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was \$635,991,900 as of December 31, 2012, compared to \$536,016,181 as of January 1, 2012. During the plan year the plan experienced an increase in its net assets of \$99,975,719, which included a transfer of assets to this plan of \$22,868,803. During the plan year, the plan had total income of \$366,495,564, including (but not limited to) employer contributions of \$300,559,825, participant contributions of \$12,021,759, realized gains of \$1,358,112 from the sale of assets and earnings from investments of \$47,611,973. Plan expenses were \$289,388,648. These expenses included \$8,970,545 in administrative expenses and \$280,418,103 in benefits paid to participants and beneficiaries.

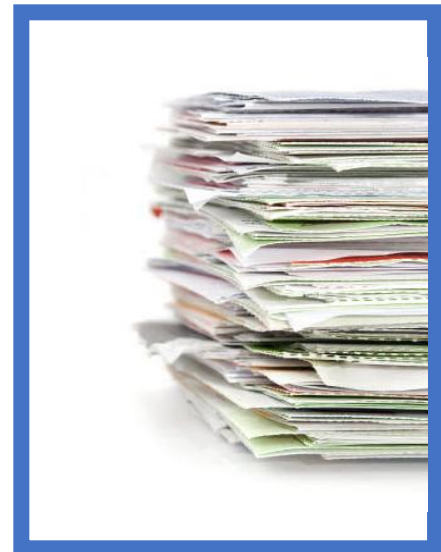
### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The items listed below are included in that report:

- an accountant's report;
- financial information and information on payments to service providers;
- assets held for investment;
- insurance information including sales commissions paid by insurance carriers;
- transactions in excess of 5 percent of plan assets; and
- information regarding any common or collective trusts, pooled separate accounts,
- master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Line Construction Benefit Fund who is plan sponsor, at 2000 Springer Drive, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be \$77.25 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 2000 Springer Drive, Lombard, IL 60148 and the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.





## • Notice of Privacy Practices •

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Line Construction Benefit Fund ("Fund") exists for one purpose: to provide health and welfare benefits to participants in the Fund and to their eligible dependents. In the course of providing welfare benefits, the Fund receives and maintains information that constitutes "protected health information" (PHI) as defined in Federal privacy rules. This notice describes the Fund's policies that protect you from the unnecessary disclosure of your health information and give you certain rights regarding your health information.

In this Notice, "you" means any person whose health information is received by the Fund. This Notice applies to you whether you are the Plan participant or an eligible dependent. Privacy rights can be exercised either by you or your Personal Representative (defined on page 5). For a minor child, the parent is the Personal Representative.

### **Circumstances in Which the Fund Uses or Discloses Health Information**

**To Process and Pay Your Claims** - The Fund may use or disclose your health information to process and pay your benefit claims. Claim processing includes all aspects of the process including, for example:

- Determining benefit eligibility or Plan coverage.
- Reviewing health care services for medical necessity and reasonableness of charges and duration of hospital stays.
- Providing information regarding your coverage or health care treatment to another health plan to coordinate payment of benefits.
- Processing claim appeals.
- Telephoning you (or in your absence, an adult member of your household) to obtain information needed to process your claim.
- Answering questions regarding claim payments and benefits from you, your family members or other relatives or close personal friends, if such a person is involved with your health care or the payment of your claim.
- Answering questions from Local Unions or employers who have entered into Business Associate Agreements with the Fund.

**To Collect Contributions for Coverage** - The Fund may use or disclose your health information in the process of collecting any payments, such as the cost of COBRA coverage.

**For Administrative Purposes** - The Fund may use or disclose health information for its own operations. Some examples are:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs, including health research.
- Underwriting, premium rating or related functions to create, renew or replace Plan benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

- Business planning and development including cost management and planning related analyses.
- General administrative activities of the Fund, including customer service and resolution of internal grievances.
- When an individual dies and has elected to be an organ donor, to respond to organ donation requests, medical examiners, funeral directors and organ procurement organizations.

**To Provide You With Health-Related Information** - The Fund may use and disclose your health information to tell you about or recommend possible treatment options or alternatives, or to advise you of health-related benefits and services that may be of interest to you.

**When Legally Required** - The Fund will disclose your health information when it is required to do so by any Federal, state or local law. Examples include:

- When the Fund receives an order, issued by a court or a state agency, to disclose your health information.
- When the Fund receives a subpoena or a discovery request in a lawsuit or a workers' compensation case.

In the case of a subpoena or discovery request that has not been issued under a court order, the party requesting the information should notify you of the request so that you will have an opportunity to obtain a court order protecting your health information

**To Conduct Health Oversight Activities** - The Fund may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensing or disciplinary action.

**For Law Enforcement Purposes** - As permitted or required by state law, the Fund may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, reporting a crime in an emergency or if the Fund has reason to believe that your death was the result of criminal conduct.

**For Specified Government Functions** - In certain circumstances, Federal regulations require the Fund to use or disclose your health information to facilitate specified government functions, for example those related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**In the Event of a Serious Threat to Health or Safety** - The Fund may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Fund, in good faith, believes that disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

## • Notice of Privacy Practices (Continued) •

**For Specified Government Functions** - In certain circumstances, Federal regulations require the Fund to use or disclose your health information to facilitate specified government functions, for example those related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**In the Event of a Serious Threat to Health or Safety** - The Fund may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Fund, in good faith, believes that disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

We are required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. When we do so, we must meet many conditions. For additional information on these activities see: [www.hhs.gov/ocr/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/hipaa/understanding/consumers/index.html)).

### Persons Who Will Use Your Health Information

Claims adjusters and other employees in the Fund Office will use your health information to process your benefit claims. The Fund Administrator and other supervisory personnel may use your health information for claim payment, training and administrative purposes, among others. The Board of Trustees, in its capacity as administrator of the Fund, may have access to your health information for appeals or other administrative or supervisory purposes.

### Releasing Health Information With Your Authorization

The categories above ("Circumstances in Which the Fund Uses or Discloses Health Information") describe when the Fund will use or disclose your health information without your authorization. Other than as stated above, the Fund will not disclose your health information, except with your written authorization. The following rules apply to authorizations to release health information:

- Authorizations will be in writing, signed by you or your Personal Representative.
- You or your Personal Representative will receive a copy of the authorization form.
- Authorizations have an expiration date that is stated on the authorization form.
- You or your Personal Representative can revoke the authorization at any time. The revocation must be in writing, delivered to the Fund Office at 2000 Springer Drive, Lombard, Illinois 60148.

### Your Rights With Respect to Your Health Information

You have the following rights regarding your health information that the Fund maintains:

**Right to Request Restrictions** - You may request restrictions on certain uses and disclosures of your health information. The

Fund is not required to agree to your request but the Fund will ordinarily honor any request that the Fund communicate only with you (that is, refrain from disclosing your claim or benefit information to your relatives, friends members of your household, your Local Union or Employer). You have a right to restrict information provided to friends and family members in the event of a natural or other disaster, but such restrictions must be requested in writing. In the absence of such direction, the Fund will disclose information in such circumstances when the Fund determines it to be in your best interests. Please note that we never share or sell your health information for marketing purposes unless we have your written permission. If you wish to make a request for restrictions, please contact the Fund's Privacy Officer.

**Right to Receive Confidential Communications** - You have the right to request that the Fund communicate / with you in a certain way. The Fund is not required to honor such requests but the Fund will do so if it can be done without interfering with the Fund's normal operations or if you believe that the disclosure of your health information could endanger you. If you wish to receive confidential communications, please make your request in writing to the Fund's Privacy Officer. Here are some examples of requests for confidential communications:

- A request that the Fund communicate only with you (that is, refrain from disclosing your claim or benefit information to your relatives, friends or members of your household). The Fund will routinely grant this request;
- A request that the Fund only communicate with you at a certain telephone number or send written communications to a P.O. box instead of your home;
- A request from a child who is of legal age that the Fund not communicate with the participant or his spouse.

**Right to Inspect and Copy Your Health Information** - You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the Fund's Privacy Officer. If you request a copy of your health information, the Fund will charge you \$0.25 per page for copying, plus actual mailing costs.

**Right to Amend Your Health Information** - If you believe that your health information records are inaccurate or incomplete, you may request that the Fund amend the records. That request may be made as long as the information is maintained by the Fund. A request for an amendment of records must be made in writing to the Fund's Privacy Officer. The Fund may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Fund, if the health information you are requesting to amend is not part of the Fund's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Fund determines the records containing your health information are accurate and complete.

## • Notice of Privacy Practices (Continued) •

**Right to an Accounting** - You have the right to request a list of certain disclosures of your health information that the Fund is required to keep a record of under the Federal privacy rules, such as disclosures for public purposes, disclosures authorized by law or disclosures that are not in accordance with the Fund's privacy policies or applicable law. The request must be made in writing to the Fund's Privacy Officer. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. The Fund will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests will be subject to a reasonable cost-based fee. The Fund will inform you in advance of the fee, if applicable.

**Right to a Copy of this Notice** - You have a right to request and receive a copy of this Notice at any time, even if you have received this Notice previously. To obtain a copy, please contact the Fund's Privacy Officer or any employee at the Fund Office. This Notice is also available on the Fund's website at [www.Lineco.org](http://www.Lineco.org).

**Right to a Notice of a Breach** - We will notify you promptly if a breach occurs that may have compromised the privacy and security of your information.

### Your Personal Representative

If you are of legal age, you can exercise the privacy rights explained in this Notice. Your rights can also be exercised by your Personal Representative. A Personal Representative is:

- The parent of a minor child.
- The person designated in Health Care Power of Attorney (limited to the rights stated in the Power of Attorney).
- The legal guardian of a mentally incompetent adult.
- The administrator or executor of your estate, or your next of kin.

### Obligations of the Fund

The Fund is required by law to maintain the privacy of your health information as described in this Notice and to provide to you this Notice of the Fund's duties and privacy practices. The Fund is required to conform to the terms of this Notice. The Fund is not allowed to use genetic information to decide whether or not to provide coverage and the price of that coverage.

The Fund reserves the right to change the terms of this Notice at any time. Any change will apply to all health information. If that happens, the Fund will revise the Notice and will provide you with a copy of the revised Notice within 60 days of the change. Any changes in the Fund's privacy practices will apply to all health information that the Fund has, regardless of whether the information was obtained before or after the change in privacy practices.

You have the right to submit any complaints regarding privacy issues to the Fund's Privacy Officer. If you believe that your privacy rights have been violated, you have the right to report any violations to the Secretary of the Department of Health and

Human Services (see [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)). The Fund encourages you to express any concerns you may have regarding the privacy of your information. Neither the Fund, your employer nor your Union are permitted to retaliate against you in any way for filing a complaint.

### Contact Person

The Fund has designated Jeff Marshall as its HIPAA Privacy Officer. This is the contact person for all issues regarding patient privacy and your privacy rights. You may contact this person at 2000 Springer Drive, Lombard, Illinois 60148, 1 (800) 323-7268.

This Notice was effective as of November 23, 2013.



## • Important Contact Information •

| CALL   | FOR   | PHONE NUMBER                  | WEBSITE                                 |
|--|---|-------------------------------|---|
| <b>Fund Office</b><br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Mailing Address:</b><br/>                     2000 Springer Drive<br/>                     Lombard, IL 60148                 </div> | Medical and disability claim questions<br>Eligibility questions<br>Write to the Trustees<br>Appeals   | 1-800-323-7268                | www.lineco.org<br>disponible en Español |
| <b>Blue Cross Blue Shield</b>  | Find PPO hospitals and doctors  | 1-800-810-BLUE<br>(2583)      | www.bcbsil.com                          |
| <b>Medical Cost Management</b>   | Pre-certification of all hospital admissions<br>(except for mental health and substance<br>abuse)<br>Enroll in Prenatal Care Program  | 1-800-323-7268<br>Ask for MCM |   |
| <b>ValueOptions</b>  | Member Assistance Program<br>Mental health provider network<br>Pre-certification of inpatient, residential,<br>partial inpatient and intensive outpatient<br>treatment, psychological testing and elec-<br>troconvulsive therapy. | 1-800-332-2191                | www.lineco.org<br>(follow link)         |
| <b>Express Scripts</b>   | Prescription Drug Program   | 1-877-327-0568                | www.express-scripts.com                 |
| <b>CuraScript/Accredo</b>  | Specialty drugs   | 1-866-848-9870                | www.express-scripts.com                 |
| <b>Dental Network of America</b>   | Dental preferred provider network (PPO)   | 1-866-522-6758                | www.dnoa.com                            |
| <b>Vision Service Plan (VSP)</b>   | Vision program and preferred vision pro-<br>viders  | 1-800-877-7195                | www.vsp.com                             |
| <b>HearPO</b>  | Hearing aid discount program  | 1-888-HEARING<br>(432-7464)   | www.hearpo.com                          |
| <b>Lineco HRA</b>  | HRA program for employees of partici-<br>pating employers   | 1-877-282-8665                | www.lineco.org<br>(follow link)         |

Summary of Material  
Modifications 2013-1

EIN: 36-6066988 PN: 501

Line Construction Benefit Fund  
 2000 Springer Drive  
 Lombard, IL 60148

P: 1-800-323-7268

www.lineco.org