

THE LINE CONNECTION

November 2014

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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Line Construction Benefit Fund
2000 Springer Drive
Lombard, IL 60148

P: 1-800-323-7268

www.lineco.org



• NOTICE ABOUT BENEFIT CHANGES •



VISION

EFFECTIVE JANUARY 1, 2015

- 1. Frame/Contact Lens Allowance Increased** - The benefit for frames purchased from VSP doctors will increase from \$115 to \$175. The benefit for contact lenses purchased in lieu of frames and lenses is also increasing to \$175 (includes evaluation and fitting). (The out-of-network allowances will remain at \$35/frame and \$100/contacts.)
- 2. Glasses Covered for Active Employees** - One pair of prescription-lens ProTec Safety® glasses every two years will be covered under the VSP vision plan. Safety glasses must be obtained through a VSP provider, and the lenses must be prescription (not plain). The safety lenses are certified according to the American National Standards Institute (ANSI) guidelines for impact protection. Benefits are in addition to the other vision benefits, and do not count toward the regular frame/lens allowances.

MEDICAL AND PRESCRIPTION DRUGS

EFFECTIVE JANUARY 1, 2015

- 1. Additions to the List of Covered Preventive Services** - The following services will now be covered under LINECO's preventive benefit.

Summary of Newly Covered Preventive Services		
Adults	Women (≥ 18)	Children (< 19)
<ul style="list-style-type: none"> Hepatitis C screening Lung cancer screening with low-dose CT scan calendar year Bowel preps for screening colonoscopies 	Chemoprevention of breast cancer	Tobacco use intervention



Certain limitations apply. See the complete list on www.lineco.org for details.

Covered preventive services from a provider in the Blue Cross-Blue Shield PPO network will be paid at 100% with no deductible. Out-of-network services are subject to the deductible, and charges in excess of the deductible will be paid at 70%.

- 2. Emergency Room Co-Pay Increased** - The Plan's emergency room co-pay will increase from \$100 to \$150 per occurrence. This co-pay is waived if the patient is admitted.
- 3. Hospice Benefits** - The \$20,000 limit on hospice benefits will no longer apply. Instead, hospice care will be covered for a 180-day treatment period. Hospice care must be pre-approved by Medical Cost Management, the Plan's medical review organization. They can be reached at 1-800-323-7268.
- 4. Home Health Care** - The \$5,000-per-year benefit maximum for home health care will be replaced by a limit of 40 visits per year. A "visit" is up to four continuous hours of care. Home health care should be pre-approved by Medical Cost Management, the Plan's review organization. They can be reached at 1-800-323-7268.
- 5. Mail-Order Co-Pays**

Regular Plan (Non-Medicare Participants) - Your co-pays for prescriptions purchased through the Express Scripts mail-order pharmacy will now apply toward your \$300 calendar year deductible and your \$2,000 annual out-of-pocket limit. This is a benefit improvement and mirrors how your retail pharmacy (i.e. Walgreens, CVS, etc.) claims are applied toward your yearly deductible and out-of-pocket expense.

Medicare-Eligible Participants - Your mail-order co-pays already apply to your \$1,000 prescription drug out-of-pocket limit.

6. New Prescription Clinical Management Programs

Compounded Medications - Express Scripts will be reviewing all compounded medications for medical necessity, clinical benefit, excessive cost and waste.

Compounded medications are made from scratch, usually by a "compounding pharmacy." The use of compounded medications has greatly increased over the last few years, and since the prices are not subject to the usual negotiated discounts, they are often greatly inflated. There are also safety concerns since compounded products are not generally regulated by the Food and Drug Administration (FDA). Although compounds may be clinically indicated in some cases, many patients can be safely treated with less costly alternatives. Compounds will be excluded unless they are medically indicated.

- Specialty Drugs Purchased Outside the Prescription Drug Program** - The Plan currently requires that all specialty drugs be filled via the Accredo / Curascript Pharmacy. Specialty drug medications are one of the most expensive and fastest rising costs of the LINECO Plan

MEDICAL AND PRESCRIPTION DRUG

(Continued)

LINECO and Express Scripts will be closely monitoring specialty drugs that are purchased through physicians' and clinical offices (ex., infused and injectable chemotherapy drugs). Affected participants will be contacted directly and given more information about the new program.

7. **Jaw/TMJ Surgery** - The benefit limitation that applies to out-of-network or non-precertified TMJ/jaw surgery will now apply to TMJ only.

The Plan defines "TMJ" as temporomandibular joint syndrome, maxillary or craniomandibular disorders, and other conditions of the joint linking the jaw bone and the skull, along with the complex of muscles, nerves, and other tissues related to that joint.

TMJ surgery that is out-of-network or not pre-certified will be limited to \$3,000 per lifetime. Both the facility and the provider performing the procedure must be in the Blue Cross Blue Shield PPO network.

Regular medical benefits will be payable for surgeries on the jaw that are not related to TMJ. You should still pre-certify any proposed jaw surgery as the Plan will continue to review these procedures for medical necessity criteria. REMEMBER: Services that are deemed not medically necessary are not covered.

8. Mental Health and Substance Abuse

- **Residential Treatment Facilities** - Medically necessary confinement in a licensed residential treatment facility will be covered when the treatment is pre-approved by ValueOptions.

For the purpose of Plan benefits, a *residential treatment facility* is defined as a rehabilitation facility for the treatment of individuals suffering from substance abuse or a mental/nervous disorder.

The facility must: a) provide 24-hour-a-day nursing services by or under the supervision of doctors or R.N.s, with an R.N. on the premises and on duty at least 8 hours per day; and b) either be eligible to participate under Medicare, be accredited by the Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations), or be part of the PPO network. As with other medical care, your benefits for in-network facilities will be higher than for out-of-network facilities. Residential treatment center confinements require pre-certification by ValueOptions.

- **Partial hospitalization (PHP)** - The Plan will cover medically necessary partial hospitalization programs for treatment of a substance abuse or mental nervous disorder. The treatment must be provided by a covered facility and pre-approved by ValueOptions.

- **Outpatient/Office Treatment** -The Plan will only cover outpatient/office visits for treatment of a substance abuse or mental nervous disorder when the treatment is rendered by a licensed mental health practitioner with at least a Masters' degree. This rule applies to in-network and out-of-network services. Treatment must also be medically necessary.

Call 1-800-332-2191 to:

- Access the MAP;
- Find ValueOptions providers; and
- Pre-certify mental health and substance treatment.

Reminders:

- You can get up to six free counseling sessions through the Lineco Members Assistance Program (MAP) administered by ValueOptions.
- The Plan's PPO network for mental health and substance abuse is the ValueOptions provider network.
- Pre-certification is required for inpatient, residential, partial inpatient (PHP) and intensive outpatient treatment (IOP), psychological testing and electro-convulsive therapy.

9. Medicare – Eligible Participants Family Out of Pocket (OPX) Limit Clarification

- **Medical Plan** - A \$4,000 per-family out-of-pocket limit (OPX) applies to the medical plan. This OPX limit is unchanged from previous years, however, due to Federal regulations, this amount needs to be communicated to Plan participants.
- **Prescription Drug Plan** – A \$2,000 per family out-of-pocket limit (OPX) will apply to the prescription (Rx) plan for Medicare-eligibles only. This should not be viewed as a change since the current individual benefit allows for a \$1,000 OPX per individual Medicare eligible member. However, Federal regulations requires the Plan to add a family limit.

FYI When Adult Child's Coverage Ends

Your adult child's LINECO coverage will terminate at the end of the month in which his or her 26th birthday occurs, not on the birthday itself.

HOSPITAL PRE-CERTIFICATION REMINDER

The Line Construction Benefit Fund has a \$250 penalty that applies to hospital admissions that are not pre-certified by Medical Cost Management (MCM), the Plan's review organization. MCM can be contacted by calling 1-800-323-7268.

The penalty is similar to a deductible—it is added to the expenses that are otherwise covered before the Plan deductible and coinsurance provisions are applied. It is the responsibility of the patient, a family member, a physician, or the facility to contact MCM in order to pre-certify the inpatient admission.

Please call BEFORE a non-emergency hospital admission. Call within two (2) business days after an emergency admission (treatment in an emergency room does not require pre-certification unless the patient is admitted as inpatient).

DENTAL

EFFECTIVE JANUARY 1, 2015



1. Preventive Services for Children Paid in Full - Covered preventive and diagnostic services for children (ages 0-20) will be paid at 100% effective January 1, 2015. You will no longer be required to pay the usual 20% coinsurance. This applies to:

- Routine oral examinations and prophylaxis (scaling and cleaning of teeth, including periodontal maintenance prophylaxis), up to two per calendar year;
- Topical application of fluoride;
- Space maintainers that replace prematurely lost teeth for children under 19 years of age;
- Emergency palliative treatment;
- Dental x-rays, including full mouth x-rays (once in a period of 36 consecutive months), supplementary bitewing x-rays (up to two sets per calendar year), and such other dental x-rays as are required in connection with the diagnosis of a specific condition requiring treatment; and
- For eligible dependent children under age 15 only, sealants on the 6-year and 12-year molars only, with at least 5 years in between a repeat sealant procedure on any tooth.

2. Annual Benefit Maximum for Children - Also effective January 1, 2015, the \$2,000 annual dental benefits maximum will not apply to the benefits paid for children (ages 0-20) for the preventive and diagnostic services described above. The annual limit will, however, apply to all other dental services.

HRA

EFFECTIVE JANUARY 1, 2015

The Affordable Care Act requires that health reimbursement account (HRA) plans allow participants an opportunity to permanently opt out of the HRA plan (so that they can seek subsidized coverage through a health insurance exchange). If a participant opts out, the balance in his account is forfeited, and he waives his right to any future reimbursements. To comply with this requirement, LINECO HRA participants will be offered the opportunity to opt out effective each January 1. An employee who will otherwise lose eligibility due to reduced work hours or termination of employment will also be able to opt out. It is anticipated that opting out will be an extremely rare occurrence.

REMINDER FOR HRA PARTICIPANTS

If you are a participant in the LINECO Health Reimbursement Account (Lineco HRA), remember that it covers a wide range of healthcare expenses not payable by LINECO. It can also be used to make active and retiree LINECO self-payments when you lose eligibility or retire.

You can track your account activity including employer contributions to the LINECO HRA online through a secure link to the HRA program on the LINECO website: www.lineco.org.

It is also very important to retain your receipts and EOBs in case you are asked to substantiate the Benny Card purchase or for IRS tax purposes.

The LINECO HRA program is administered by CompuSys. Call them at 1-877-282-8665 if you have any questions about covered expenses or how to use your Benny Card.

HEALTHY MOMS = HEALTHY BABIES

Call 1-800-323-7268 and ask for MCM during first trimester.
\$250 gift card for qualifying participants.

See page 34 of Summary Plan Description (SPD) booklet for more info.



HEARPO HEARING DISCOUNT PROGRAM

www.hearpo.com
1-877-609-0758

LINECO members have access to the HearPO discount program, at **no charge!**

The hearing discount program features:

- Leading technology and well-known brands
- Discounts on testing and hearing aids—approximate savings of 25%!
- 60-day trial period for you to try the hearing aids
- 3-year warranty – one of the longest in the industry
- Free batteries – two-year supply (max 160 cells per hearing aid, an approximate \$150 value)

Call 1-877-609-0758 to find a participating hearing care provider near you.



VISIT WWW.LINECO.ORG

- Verify eligibility and hours
- View claims
- Download forms
- Links to preferred providers



LINECO COVERAGE SATISFIES THE ACA'S INDIVIDUAL MANDATE

Reminder: If you are eligible for benefits through LINECO, you're **NOT REQUIRED** to purchase any other health insurance coverage as of January 1, 2015 through a private or public health insurance marketplace or health exchange.

Additional tips regarding the Affordable Care Act (ACA) are located on our web-site at www.lineco.org.



Urgent Care, Retail Health Clinic, or Emergency Room?

Quick reference guide for Lineco participants

Sometimes it's easy to know when you should go to an emergency room (ER), such as when you have severe chest pain or unstoppable bleeding. At other times, it isn't always clear. Where do you go when you have an ear infection, or are generally not feeling well and the doctor's office is closed? You have three medical options for receiving treatment. Know when to use each to help save time and money.

Did you know?

Average cost for an emergency room visit compared to personalized treatment in your doctor's office:

Emergency Room \$690

Doctor Office Visit \$75

Care Option	Hours	Relative Cost	Description
Retail Health Clinic	Similar to retail store hours	Same cost as an office visit.	Walk-in clinics are often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems like: ear infections, athlete's foot, bronchitis and some vaccinations. Example: Take Care Clinic SM at select Walgreens; CVS Minute Clinic [®]
Urgent Care Provider or Clinic (also called Immediate Care Clinic)	Generally include evenings, weekends, and holidays	Facility and provider benefits paid at 70% (out-of-network) or 80% (in-network) after you meet the annual deductible.	Urgent care centers provide care when your doctor is not available, and you don't have a true emergency. For example, urgent care centers can treat sprained ankles, fevers, minor cuts and injuries.
Emergency Room	24 hours, seven days a week	\$150 co-payment (waived if admitted). Facility and provider benefits paid at 80% after you meet the annual deductible.	An emergency means you could die, lose the use of a limb or organ, or otherwise place your health in serious jeopardy if you don't get care quickly. For serious, life-threatening conditions, you need emergency care.

WHERE SHOULD YOU GO?

Retail health clinic				Walk-in doctor's office	Urgent care center	Emergency room
Animal bites					✓	<ul style="list-style-type: none"> · Sudden or unexplained loss of consciousness · Signs of a heart attack, such as sudden/severe chest pain or pressure · Signs of a stroke, such as numbness of the face, arm or leg on one side of the body, difficulty talking, sudden loss of vision · Severe shortness of breath · High fever with stiff neck, mental confusion and/or difficulty breathing · Possible broken bones · Poisoning · Stab wounds · Sudden, severe abdominal pain · Trauma to the head · Suicidal feelings · Partial or total amputation of a limb
Stitches					✓	
X-ray					✓	
Back pain				✓	✓	
Mild asthma				✓	✓	
Minor headache				✓	✓	
Sprain, strain				✓	✓	
Nausea, vomiting, diarrhea				✓	✓	
Bumps, cuts, scrapes				✓	✓	
Cough, sore throat				✓	✓	
Ear or sinus pain				✓	✓	
Eye swelling, irritation, redness or pain				✓	✓	
Minor allergic reaction				✓	✓	
Minor fever, colds				✓	✓	
Rash, minor bumps				✓	✓	
Vaccination				✓	✓	

• 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'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 www.insurekids-now.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).



• 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, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	COLORADO – Medicaid Medicaid Website: http://www.colorado.gov Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	MONTANA – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid Website: http://www.in.gov/fssa Phone: 1-800-889-9949	NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	NORTH CAROLINA – Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	NORTH DAKOTA – Medicaid NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

• **REQUIRED FEDERAL NOTICES** •
(Continued)

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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, 2013. 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, 2013 were \$2,201,023.

BASIC FINANCIAL STATEMENTS

The value of plan assets, after subtracting liabilities of the plan was \$670,096,301 as of December 31, 2013, compared to \$635,991,900 as of January 1, 2013. During the plan year the plan experienced an increase in its net assets of \$34,104,401, which included a transfer of assets to this plan of \$3,631,016. During the plan year, the plan had total income of \$391,299,525, including (but not limited to) employer contributions of \$337,342,839, participant contributions of \$11,655,827, realized gains of \$8,739,570 from the sale of assets and earnings from investments of \$26,258,788. Plan expenses were \$360,826,140. These expenses included \$10,105,429 in administrative expenses and \$350,720,711 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 the plan sponsor, at 2000 Springer Drive, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be \$71.50 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.



• **IMPORTANT CONTACT INFORMATION** •

CALL	FOR	PHONE NUMBER	WEBSITE
Fund Office <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Mailing Address: 2000 Springer Drive Lombard, IL 60148 </div>	Medical and disability claim questions Eligibility questions Write to the Trustees Appeals	1-800-323-7268	www.lineco.org disponible en Español
Blue Cross Blue Shield	Find PPO hospitals and doctors	1-800-810-BLUE (2583)	www.bcbsil.com
Medical Cost Management	Pre-certification of all hospital admissions (except for mental health and substance abuse) Enroll in Prenatal Care Program	1-800-323-7268 Ask for MCM	
ValueOptions	Member Assistance Program Mental health provider network Pre-certification of inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing and electroconvulsive therapy.	1-800-332-2191	www.lineco.org (follow link)
Express Scripts	Prescription Drug Program	1-877-327-0568	www.express-scripts.com
CuraScript/Accredo	Specialty drugs	1-866-848-9870	www.express-scripts.com
Dental Network of America	Dental preferred provider network (PPO)	1-866-522-6758	www.dnoa.com
Vision Service Plan (VSP)	Vision program and preferred vision providers	1-800-877-7195	www.vsp.com
HearPO	Hearing aid discount program	1-877-609-0758	www.hearpo.com
Lineco HRA	HRA program for employees of participating employers	1-877-282-8665	www.lineco.org (follow link)

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