

# THE LINE CONNECTION



Benefit News for LINECO Participants

NOVEMBER 2018

## 2019 Benefits Update

LINECO continues to offer a full complement of Health and Welfare Benefits. For 2019, the Board of Trustees is pleased to report that there are **NO** changes to your benefit package. Deductibles, Coinsurance, and Out of Pocket amounts remain unchanged.

Additionally, enclosed in this mailing are your Summary's of Benefit Coverage (SBC's). Each year, LINECO is required by the Federal Government to provide SBC's to our members.

Finally, any changes to the monthly Retiree Self Pay rates or COBRA rates will be published on the LINECO website at [www.lineco.org](http://www.lineco.org) no later than January 2, 2019. Any rate changes will become effective on March 1, 2019.

## New and Improved LINECO Explanation of Benefits

This Fall, LINECO updated our Explanation of Benefits (EOB's).

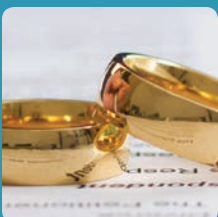
An Explanation of Benefits (EOB) is a notification provided to members when a medical or dental claim is processed by the Line Construction Benefit Fund (LINECO). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

*continued on page 2*

### ABOUT THIS NEWSLETTER

Periodically the Line Construction Benefit Fund (LINECO) is required to provide certain important Plan information to our members. Please take a moment to review this document and familiarize yourself with your benefit plan. Helpful tips to get the most out of your plan are included. It is also highly recommended to visit our website at [www.lineco.org](http://www.lineco.org) to learn more about your Plan.

### IN THIS ISSUE



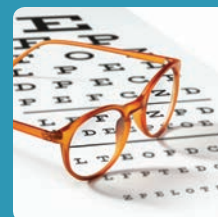
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Life Events



Thank You for  
Your Efforts

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Vision Benefit  
Reminder


continued from page 1

- 1 Member's Name and Mailing Address
- 2 Summary Box for Claim Including Total Billed by Provider, any Discounts, Reductions, and Payments made by LINECO, and the Amount the Provider May Bill You
- 3 Type of Service for EOB, will be Medical Services OR Dental Services
- 4 Name of Patient and Relationship to Member
- 5 Date Claim Processed and Provider Name
- 6 What Provider May Bill You and Network Used (if any)
- 7 Date of Service
- 8 Service Description
- 9 Provider Charges, Network Discount, Other Plan Payment (if any) and Allowed Amount
- 10 Your Share of the Cost of the Claim (Non Covered, Deductible, Coinsurance)
- 11 LINECO Plan Paid Amount and Remarks (Remarks may include the reason services were denied, if any)
- 12 Individual and Family Deductible Met and Remaining at the Time the Claim was Processed
- 13 Individual and Family Out of Pocket Met and Remaining at the Time the Claim was Processed
- 14 Important Website and Telephone Numbers Where You Can Obtain More Information




**LINECO**  
821 Parkview Blvd.  
Lombard, IL 60148

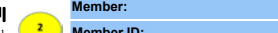
SAMPLE EOB



**LINECO**  
LINE CONSTRUCTION BENEFIT FUND

Electronic Service Requested

1  1

2  2

**Explanation of Benefits (EOB)**

Member:	JOHN A. SMITH
Member ID:	888888888
Claim Number:	200122000222
Provider Charges:	\$544.00
Discount, Reductions and Payments:	\$472.50
<b>Provider May Bill You:</b>	<b>\$71.50</b>

THIS IS NOT A BILL

Benefit Statement Overview

**Medical Services** 1

Date: 8/10/2018 5

Provider: MEMORIAL CLINIC 5

Patient: MARY SMITH 4

Relationship to Member: SPOUSE 4

Provider May Bill You: \$71.50 6

Network: BLUE CROSS BLUE SHIELD 10

**Claim Level Explanation:** 9

Date(s) of Service	Description of Service	Provider Charges	Network Discount	Other Plan Payment	Allowed	Your Responsibility				Plan Paid	Remarks
						Not Covered	Deductible	Coinsurance	Plan Paid		
7/17/18-7/17/18	PHYSICIAN SERVICES	\$544.00	\$186.50	\$0.00	\$357.50	\$0.00	\$0.00	\$71.50	\$286.00		
<b>Totals</b>		\$544.00	\$186.50	\$0.00	\$357.50	\$0.00	\$0.00	\$71.50	\$286.00		

Remarks	Explanation
503	Blue Cross Blue Shield Discount

You saved 34% by using a BLUE CROSS BLUE SHIELD Provider!

**Individual Deductible:** 12

\$400.00 Maximum \$400.00 Met \$0.00 Remaining

**Family Deductible:**


\$1,200.00 Maximum \$1,200.00 Met \$0.00 Remaining


**Individual Out of Pocket:** 13

\$2,500.00 Maximum \$2,056.33 Met \$443.67 Remaining

**Family Out of Pocket:**

\$7,500.00 Maximum \$3,947.17 Met \$3,552.83 Remaining

 [www.lineco.org](http://www.lineco.org)

 Member Services: 1.800.323.7268

## Your EOB's Are Available Online

Sign up for LINECO's secure member portal at [www.lineco.org](http://www.lineco.org) for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOB's by mail to save time and resources. You may also track your hours worked and eligibility on the secure member portal. **Check it out today at [www.lineco.org](http://www.lineco.org).**

## Appeal Rights

As a member in LINECO, you are afforded Appeal Rights for any claim of service that has been denied. On the reverse side of every Explanation of Benefits (EOB), your full Appeal Rights and instruction are listed.

Additionally, your Appeal Rights are listed in our Summary Plan Description (SPD) that can be viewed/downloaded from [www.lineco.org](http://www.lineco.org).



## Life Events

### 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. NOTE: Regardless if you are court ordered to provide coverage for your spouse, they are not eligible for LINECO once you are divorced or legally separated.

Provide the Fund Office with:

- ✓ Updated Family Enrollment Form (update your life insurance beneficiary if you wish)
- ✓ 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 (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.

# The Opioid Epidemic... There is Help

No recent public health issue has been more immensely discussed in the past year than how to address our country's opioid epidemic, which claims **115 lives every day** across the nation. The Line Construction Benefit Fund (LINECO) and our members are not immune from this epidemic.

An effective solution for safer opioid prescribing, whether a policy change at the federal or state level, or a public-sector program, must connect each point of the care continuum – patients,

physicians and pharmacists – to be successful. LINECO continues to support our Pharmacy Benefit Manager (PBM), Express Scripts, and our PPO Network, BlueCross BlueShield to create a solution that reaches these three critical touchpoints

LINECO offers our Member Assistance Program (MAP) to all our eligible members as well as comprehensive substance abuse and mental health program via our partner Beacon Health Options.

If you or someone you know may be struggling with addiction, please remind them that LINECO offers 6 free MAP visits per problem. Help is just a phone call away at 1-800-332-2191.

In addition to the MAP, LINECO offers inpatient, outpatient, intensive outpatient, counseling and more as part of our substance abuse and mental health medical coverage. Please contact Beacon Health Options at 1-800-332-2191 to find a network provider or certify inpatient treatment options.

## Do You Have Prescriptions in Your Home?

### Please do your part and properly discard any unused medications:

According to the Food and Drug Administration (FDA), there are a few acceptable ways you can get rid of unneeded or expired medication:

- **Collection sites:** This is the safest and most effective option. Periodically, the U.S. Drug Enforcement Administration (DEA) and local police departments set up sites around the community for safe prescription take-back days. Specific dates and times can be found on the DEA website.



- **Dispose in household trash:** If there aren't any take-back days available near you, the FDA recommends disposing of leftover pills in your household trash. Mix medicine in with unpalatable substances such as dirt or coffee grounds. After mixing the materials, place them in a sealed container and discard into the trash bin. Remember to scratch out your personal information from the prescription pill bottle.

- **Flush down the toilet:** As a last resort, some especially dangerous prescription medications are to be flushed down the toilet after use. Check the label of your prescription bottle or ask your doctor or pharmacist for guidance.

In addition to these tips, the FDA recommends keeping prescription bottles tightly sealed and stored out of reach in a locked cabinet to prevent the accidental or intentional misuse.

### Resources

#### LINECO

[www.lineco.org](http://www.lineco.org)  
(800) 323-7268

#### Beacon Health Options/Member Assistance Program

[www.achievesolutions.net/achievesolutions/en/lineco/Home.do](http://www.achievesolutions.net/achievesolutions/en/lineco/Home.do)  
(800) 332-2191

#### National Institute on Drug Abuse

[www.drugabuse.gov](http://www.drugabuse.gov)  
(301) 443-1124

#### Substance Abuse and Mental Health Services Administration

[www.samhsa.gov](http://www.samhsa.gov)  
(877) 726-4727

# Specialty Drug Program Assistance

Beginning May 1, 2018, Line Construction Benefit Fund (**LINECO**) partnered with Express-Scripts' program: **SaveonSP**, to help our members save money on certain high cost specialty medications. When our members participate in this program, select specialty medications will be free of charge (\$0). The specialty prescriptions will still be filled through **Accredo**, our existing specialty mail pharmacy.

Specialty drug costs continue to increase substantially year after year. Most specialty prescriptions cost our members

at least \$250 each fill. The plan cost to LINECO on these specialty drugs typically exceeds \$3,000 per fill. This program leverages additional, available copay assistance funds that can be obtained from the drug manufacturer and will provide savings for both the patient and LINECO.

In most cases, your specialty payment per fill drops from its current cost of \$250 to \$0. Alternatively, if you do not enroll in the program, you may see a significant increase to your specialty drug cost as

these drugs will now be considered non-essential and the copayment will increase beyond \$250. Additionally, the new copayment will not count toward your annual deductible and out of pocket amounts.

Below is a list of drugs that are part of the program effective 1/1/2019.

**You will be contacted by SaveonSP if you are not enrolled and currently taking one of the high cost specialty drugs listed below:**



## LINECO – SaveonSP 2019 Specialty Drug List

Below are the associated medications in the SaveonSP program.

Once enrolled, your responsibility will be \$0. **Please call 1-800-683-1074 to enroll.**

**The enrollment process should take one short phone call to SaveonSP.**

### Drug Name

Actemra	Enbrel	Inflectra	Orencia	Taltz
Advate	Entyvio	Inlyta	Orenitram	Tarceva
Afinitor	Epclusa	Iressa	Orkambi	Tasigna
Alecensa	Erbitux	Jadenu	Otezla	Tecentriq
AlphaNine	Erivedge	Jakafi	Perjeta	Tecfidera
Alprolix	Exjade	Kadcyla	Plegridy	Tobi Podhaler
Ampyra	Farydak	Kalbitor	Promacta	Tremfya
Aubagio	Fasenra	Kalydeco	Pulmozyme	Tykerb
Avastin	Firazyr	Kevzara	Rebif	Valchlor
Avonex	Gazyva	Kisqali	Remicade	Vosevi
Benefix	Gilenya	Lenvima	Rituxan	Votrient
Benlysta	Glatiramer	Letairis	Rixubis	Xalkori
Betaseron	Glatopa	Lonsurf	Rydapt	Xeljanz
Bosulif	Gleevec	Lynparza	Siliq	Xolair
Cabometyx	Granix	Mekinist	Simponi	Xtandi
Cimzia	Harvoni	Neulasta	Spinraza	Yervoy
Cinryze	Herceptin	Nexavar	Sprycel	Zarxio
Copaxone	Humira	Ninlaro	Stelara	Zelboraf
Cosentyx	Hycamtin	Nplate	Stivarga	Zepatier
Cotellic	Ibrance	Nucala	Sutent	Zykadia
Darzalex	Ilaris	Ocrevus	Symdeko	Zytiga
Dupixent	Imatinib	Odomzo	Tafinlar	
Empliciti	Mesylate	Opdivo	Tagrisso	



# Thank You for Your Efforts During Recent Natural Disasters

Given the natural disasters that have wreaked havoc in our Country this past year, many of our members have been asked to work under extremely stressful conditions.

## Responders: Tips for Taking Care of Yourself

Responding to disasters is both rewarding and challenging work. Sources of stress for emergency responders may include witnessing human suffering, risk of personal harm, intense workloads, life-and-death decisions, and separation from family. Stress prevention and management is critical for responders to stay well and to continue to help in the situation. There are important steps responders should take before, during, and after an event. To take care of others, responders must be feeling well and thinking clearly.

**Here are some important steps responders can take to ensure they are able to do their job and cope with challenging situations:**

### Preparing for a Response:

- Try to learn as much as possible about what your role would be in a response.
- If you will be traveling or working long hours during a response, explain this

to loved ones who may want to contact you. Come up with ways you may be able to communicate with them. Keep their expectations realistic, and take the pressure off yourself.

- Talk to your supervisor and establish a plan for who will fill any urgent ongoing work duties unrelated to the disaster while you are engaged in the response.
- Remember to carry your LINECO BlueCross BlueShield ID Card with you when you leave home.
- Utilize Teladoc services to speak to a doctor 24/7/365. Teladoc is only a phone call away at 1-800-835-2362

### During a Response: Understand and Identify Burnout and Secondary Traumatic Stress

Limit your time working alone by trying to work in teams.

Responders experience stress during a crisis. When stress builds up it can cause:

- **Burnout** – feelings of extreme exhaustion and being overwhelmed.
- **Secondary traumatic stress** – stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.

Coping techniques like taking breaks, eating healthy foods, exercising, and using the buddy system can help prevent and reduce burnout and secondary traumatic stress. Recognize the signs of both of these conditions in yourself and other responders to be sure those who need a break or need help can address these needs.

### SIGNS OF BURNOUT:

- Sadness, depression, or apathy
- Easily frustrated
- Blaming of others, irritability
- Lacking feelings, indifferent
- Isolation or disconnection from others
- Poor self-care (hygiene)
- Tired, exhausted or overwhelmed
- Feeling like:
  - A failure
  - Nothing you can do will help
  - You are not doing your job well
  - You need alcohol/other drugs to cope

### SIGNS OF SECONDARY TRAUMATIC STRESS

- Excessively worry or fear about something bad happening
- Easily startled, or "on guard" all of the time
- Physical signs of stress (e.g. racing heart)

## Notice of Privacy Practice

### Right to a Copy of LINECO's Notice of Privacy Practice

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 by calling 1-800-323-7268. This Notice is also available on the Fund's website at [www.lineco.org](http://www.lineco.org)



- Nightmares or recurrent thoughts about the traumatic situation
- The feeling that others' trauma is yours

### Get support from Team Members: Develop a Buddy System

In a buddy system, two responders partner together to support each other, and monitor each other's stress, workload, and safety.

- Get to know each other. Talk about background, interests, hobbies, and family. Identify each other's strengths and weaknesses.
- Keep an eye on each other. Try to work in the same location if you can.

- Set up times to check-in with each other. Listen carefully and share experiences and feelings. Acknowledge tough situations and recognize accomplishments, even small ones.
- Offer to help with basic needs such as sharing supplies and transportation.
- Monitor each other's workloads. Share opportunities for stress relief (rest, routine sleep, exercise, and deep breathing).

### Responder Self-Care Techniques

- Work in teams and limit amount of time working alone.
- Write in a journal.

- Talk to family, friends, supervisors, and teammates about your feelings and experiences.
- Practice breathing and relaxation techniques.
- Maintain a healthy diet and get adequate sleep and exercise.
- Avoid or limit caffeine and use of alcohol.

Responding to disasters can be both rewarding and stressful. Knowing that you have stress and coping with it as you respond will help you stay well, and this will allow you to keep helping those who are affected.

*This article was adopted from the Centers For Disease Control (CDC)*



# 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, 2017. 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 accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the policy year ending December 31, 2017 were \$2,418,756.

## Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was \$750,624,865 as of December 31, 2017, compared to \$676,793,952 as of January 1, 2017. During the plan year the plan experienced an increase in its net assets of \$73,830,913. During the plan year, the plan had total income of \$572,573,568, including (but not limited to) employer contributions of \$482,411,146, participant contributions of \$17,179,241, realized gains of \$1,689,592 from the sale of assets and earnings from investments of \$49,329,298. Plan expenses were \$507,867,834. These expenses included \$10,911,527 in administrative expenses and \$496,956,307 in benefits paid to participants and beneficiaries. The plan also received assets of \$9,125,179 as a result of a Plan merger.

## 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 Blvd, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be \$37.25 or \$.25 per page. 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 Blvd, 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





## Tax Forms – Coming Soon

LINECO continues to monitor and comply with all Federal health care regulations originating from Washington, D.C. We have worked diligently since March 2010 to adopt mandatory Affordable Care Act (Obamacare) provisions.

The LINE CONSTRUCTION BENEFIT FUND (LINECO) is required by the Internal Revenue Service (IRS) to send out proof of health coverage for 2018. If you were eligible for LINECO at any time during 2018, you will receive an

IRS 1095-B Form that proves you had qualified and minimum essential health coverage for you and your eligible family members during 2018.

Although not required to file with your Federal tax returns, please keep these documents with any other important tax forms (W-2's, etc) in case they are requested by a tax professional or the IRS.

## 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:

- 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 states 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.

# Get the Most Out of Your Plan

**Visit the LINECO Website:****[www.lineco.org](http://www.lineco.org)****Use the secure member portal to view:**

- Hours reported, claims history and Explanation of Benefits (EOBs)
- Download important forms
- Follow links to preferred providers

**Use Network Providers**

- BlueCross BlueShield PPO Network
- Beacon Health Options Network (Mental Health / Substance Abuse)
- Dental Network of America (DNoA) dentists
- Vision Service Plan (VSP) eye-doctors
- Amplifon Hearing Care Network

**Call for Precertification**

- 1-800-332-2191: Beacon Health Options for precertification of the following mental health/substance abuse services: inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing, Applied Behavioral Analysis (ABA) therapy and electroconvulsive therapy.
- 1-800-323-7268: Medical Cost Management (MCM) for precertification of all medical/surgical hospital admissions.

**Use the Mail Service Rx or Walgreens**

Attempt to have generic drugs dispensed to save yourself and the Fund money.

**Take Advantage of the Member Assistance Program (MAP)  
1-800-332-2191**

For free, confidential counseling and referral for a wide range of personal, emotional, work/family problems. The MAP is administered by Beacon Health Options.

**Participate in the Healthy Moms = Healthy Babies Program**

Female employees and spouses who participate in Medical Cost Management's prenatal program can earn a \$250 gift card. Call 1-800-323-7268.

**Use Teladoc  
1-800-Teladoc (835-2362)**

There is no charge to eligible employees, retirees and dependents who use Teladoc, a telemedicine service for common minor ailments.

**Better Health With Diabetes Care Program**

If you are a diabetic, contact MCM for additional benefits, including 100% coverage for certain diabetic supplies, treatment and medication. Call 1-800-323-7268.

**File Claims Correctly and on Time**

Always present your Blue Cross Blue Shield Card when receiving Medical / Dental / Rx Services.

**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](http://www.lineco.org)**.

# Vision Benefit Reminder

Vision Benefits are provided through a contract with an organization called VSP (Vision Service Plan). VSP gives you a choice of the way you can receive your Vision Benefits.

## You Can Use the VSP Doctors

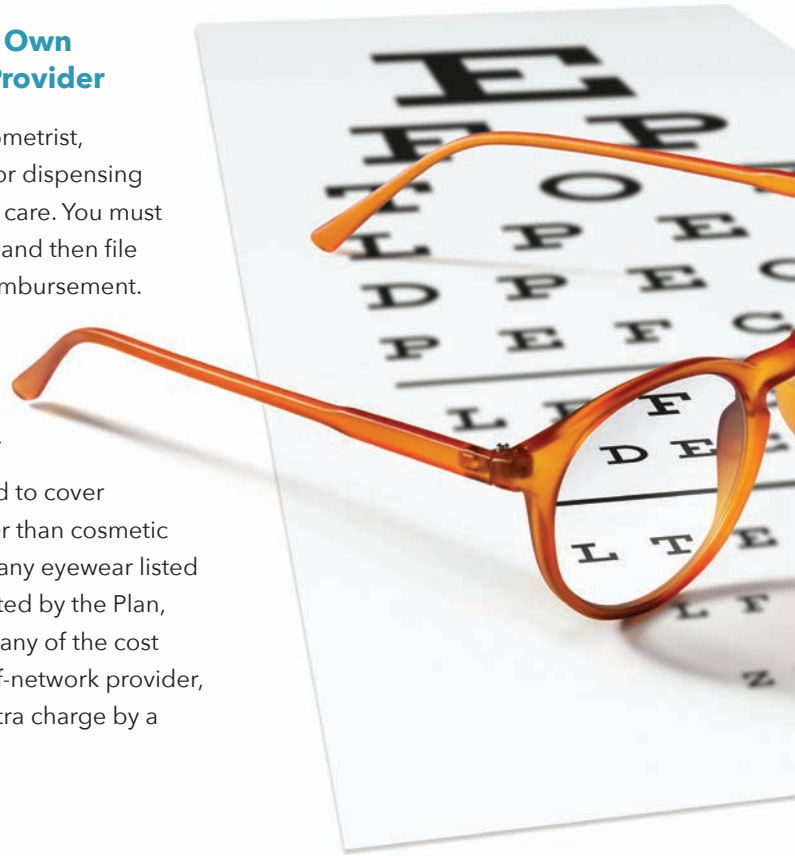
VSP has arranged for a number of doctors in your area ("VSP doctors") who will provide professional vision care for you and your dependents. VSP doctors provide examinations, professional services, lenses, and good quality frames at no out-of-pocket expense to you. VSP pays the doctors for the services and eyewear provided to you. Any additional vision care, services and/or materials not covered by VSP can be arranged between you and the doctor.

**To Find a VSP Doctor: Call 1-800-877-7195 toll free or go to [www.vsp.com](http://www.vsp.com)**

## You Can Use Your Own Out-of-Network Provider

You can go to any optometrist, ophthalmologist and/ or dispensing optician for your vision care. You must pay the provider in full and then file a claim with VSP for reimbursement. You will be reimbursed according to the Out-of-Network Schedule of Benefits for the Plan.

This benefit is designed to cover your visual needs rather than cosmetic materials. If you select any eyewear listed that is excluded or limited by the Plan, VSP will not reimburse any of the cost incurred from an out-of-network provider, and there will be an extra charge by a VSP doctor.



## VISION BENEFIT

	Plan Pays	
	VSP DOCTOR	OUT-OF-NETWORK
<b>Vision Exam</b> – every calendar year	<b>Covered in full</b>	Up to \$35
<b>Frame</b> – every two calendar years	<b>Covered up to \$175 retail value</b>	Up to \$35
<b>Lenses</b> – every calendar year:		
Single vision	<b>Covered in full</b>	Up to \$30/pair
Lined bifocal	<b>Covered in full</b>	Up to \$40/pair
Lined trifocal	<b>Covered in full</b>	Up to \$55/pair
Contacts, including exam, fitting, evaluation and lenses	<b>Covered up to \$175/pair</b>	Up to \$100/pair
Safety Glasses – every two years (employees only)	<b>Covered in full</b>	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.*

# 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](http://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.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**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, 2018. Contact your State for more information on eligibility**

## ALABAMA | Medicaid

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

## ALASKA | Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com> Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

## ARKANSAS | Medicaid

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

## 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+: [Colorado.gov/HCPF/Child-Health-Plan-Plus-CHP+](http://Colorado.gov/HCPF/Child-Health-Plan-Plus-CHP+)  
Customer Service: 1-800-359-1991 / State Relay 711

## FLORIDA | Medicaid

Website: <http://flmedicaidtprecovery.com/hipp>  
Phone: 1-877-357-3268

## GEORGIA | Medicaid

Website: <http://dch.georgia.gov/medicaid>  
Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

## INDIANA | Medicaid

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip> Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com> Phone 1-800-403-0864

## IOWA | Medicaid

Website: <http://dhs.iowa.gov/hawk-i> Phone: 1-800-257-8563

## KANSAS | Medicaid

Website: <http://www.kdheks.gov/hcf> Phone: 1-785-296-3512

## KENTUCKY | Medicaid

Website: <https://chfs.ky.gov> Phone: 1-800-635-2570

## LOUISIANA | Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

## MAINE | Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003  
TTY: Maine relay 711

## MASSACHUSETTS | Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth>  
Phone: 1-800-862-4840

## MINNESOTA | Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
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

**NEBRASKA | Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
 Phone: (855) 632-7633  
 Lincoln: (402) 473-7000  
 Omaha: (402) 595-1178

**NEVADA | Medicaid**

Website: <http://dhcfp.nv.gov> Phone: 1-800-992-0900

**NEW HAMPSHIRE | Medicaid**

Website: <https://www.dhhs.nh.gov/ombp/nhhpp/>  
 Phone: 603-271-5218  
 Hotline: NH Medicaid Service Center at 1-888-901-4999

**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

**NEW YORK | Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid](https://www.health.ny.gov/health_care/medicaid)  
 Phone: 1-800-541-2831

**NORTH CAROLINA | Medicaid**

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

**NORTH DAKOTA | Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid>  
 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>  
<http://www.oregonhealthcare.gov/index-es.html>  
 Phone: 1-800-699-9075

**PENNSYLVANIA | Medicaid**

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
 Phone: 1-800-692-7462

**RHODE ISLAND | Medicaid**

Website: <http://www.eohhs.ri.gov> Phone: 855-697-4347

**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: <http://gethipptexas.com> Phone: 1-800-440-0493

**UTAH | Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov>  
 CHIP Website: <http://health.utah.gov/chip>  
 Phone: 1-877-543-7669

**VERMONT | Medicaid**

Website: <http://www.greenmountaincare.org>  
 Phone: 1-800-250-8427

**WASHINGTON | Medicaid**

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
 Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA | Medicaid**

Website: <http://mywvhipp.com>  
 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN | Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
 Phone: 1-800-362-3002

**WYOMING | Medicaid**

Website: <https://wyequalitycare.acs-inc.com> Phone: 307-777-7531

**VIRGINIA | Medicaid and CHIP**

Medicaid Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
 Medicaid Phone: 1-800-432-5924  
 CHIP Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
 CHIP Phone: 1-855-242-8282

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565



# LINECO



## Why wait for the care you need now?



**Did you know there's a convenient and affordable healthcare alternative?** With Teladoc®, you can be connected with a licensed physician in minutes, not hours or days like you would at the ER, urgent care or with your PCP. And, you can get care from wherever you are: home, office or traveling.

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#### TELADOC

**Request a consult  
from work or home**

**A doctor calls you  
back in minutes**

**Get the care you need  
at a price you can afford**

VS.



#### ER OR URGENT CARE

**Drive to the nearest  
office while sick**

**Wait hours before  
seeing the doctor**

**Pay high ER and  
urgent care fees**

### COMMON ISSUES TELADOC DOCTORS TREAT INCLUDE:

- Respiratory Infection
- Allergies
- Bronchitis
- Cold and Flu Symptoms
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- Sinus Problems
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Teladoc doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults.

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1-800-Teladoc (835-2362)



# IMPORTANT CONTACT INFORMATION

[www.lineco.org](http://www.lineco.org) 1-800-323-7268

FOR INFORMATION ABOUT	CONTACT	PHONE NUMBER	WEBSITE
Member Service / Coverage Inquiry	<b>Benefit Fund Office</b>	1-800-323-7268	<a href="http://www.lineco.org">www.lineco.org</a>
Medical PPO Network Providers	<b>BlueCross BlueShield</b>	1-800-810-BLUE (2583)	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Dental PPO Network Providers	<b>Dental Network of America</b>	1-866-522-6758	<a href="http://www.dnoa.com">www.dnoa.com</a>
Health Reimbursement Account (HRA)	<b>CompuSys</b>	1-877-282-8665	<a href="http://www.lineco.org">www.lineco.org</a>
24 / 7 Medical Advice	<b>Teladoc</b>	1-800-Tel-aDoc (835-2362)	<a href="http://www.teladoc.com">www.teladoc.com</a>
Precertification – Hospital Healthy Moms = Healthy Babies Diabetic Care Program	<b>Medical Cost Management (MCM)</b>	1-800-323-7268 (ask for MCM)	<a href="http://www.medicalcost.com">www.medicalcost.com</a>
Precertification– Mental Health or Substance Abuse	<b>Beacon Health Options</b>	1-800-332-2191	<a href="http://www.achievesolutions.com">www.achievesolutions.com</a>
Member Assistance Program (MAP)	<b>Beacon Health Options</b>	1-800-332-2191	<a href="http://www.achievesolutions.com">www.achievesolutions.com</a>
Prescriptions – Retail / Home	<b>Express Scripts</b>	1-877-327-0568	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Prescriptions – Specialty	<b>Accredo</b>	1-877-476-2267	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Prescriptions – Medicare Part D	<b>Express Scripts</b>	1-855-634-0272	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Vision Care	<b>Vision Service Plan (VSP)</b>	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Hearing Care / Ear Care	<b>Amplifon</b>	1-877-609-0758	<a href="http://www.amplifonusa.com">www.amplifonusa.com</a>



## Important Plan Reminders Inside.



821 Parkview Boulevard  
Lombard, IL 60148-3250

[www.lineco.org](http://www.lineco.org)  
1-800-323-7268

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