

Health Reimbursement Account

ARIZONA PIPE TRADES HEALTH & WELFARE FUND HRA ACCOUNT

P.O. Box 4660
Troy, MI 48099-4660
Phone: (877) 429-7473

Submit reimbursement requests via Fax: (248) 556-2597
or email at flexclaims@benesys.com

Instructions: To receive benefits from the Healthcare Reimbursement Account (HRA), you must complete **ONE FORM** per patient, along with the following information:

For Active Employees and Dependents: **Information Required:**

Medical Care Expenses	Copy of your Explanation of Benefits Form (EOB). Receipt or Itemized Statement required for proof of payment. HRA participants must meet an aggregate threshold of \$250 in Medical Care Expenses before the Plan will pay or reimburse for any expenses under the HRA Plan.
COBRA payments	Cobra payments made directly to the Arizona Pipe Trades Health & Welfare Trust Fund.

For Retirees: **Information Required:**

Medical Care Expenses:	Copy of your Explanation of Benefits Form (EOB). Balance due statements are not acceptable.
Dental and Vision Co-payments	Copy of your Explanation of Benefits Form (EOB). All vision services MUST be submitted through your vision benefit plan, prior to submitting through your HRA account.
Prescription Co-payments	Copy of the drug label stub or a printout from your pharmacy. Cash register receipts are not acceptable.
Medical Premiums:	Health insurance premiums, Medicare premiums, Cobra premiums (self-payments), retiree self-payments require proof of payment such as from a bank statement or receipt from the carrier.

PLEASE NOTE: All claims must be submitted within two (2) years from the date of service. **You MUST allow up to 30 business days for reimbursement.** All reimbursements for claims will be made payable to the member.

Member's Name: _____ Alt ID or Last 4 SSN:: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, Vision or Prescription)	Providers Name	Date of Service	Amount of Claim
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Please sign the second page before returning

Retiree Medical Premiums

Instructions for Retiree Recurring Reimbursements: To receive benefits from the Health Reimbursement Arrangement (HRA), for recurring insurance premiums, complete the below:

Start Date of Monthly Recurring Premium Reimbursement: _____

End Date of Monthly Recurring Premium Reimbursement: _____

Amount of Claim: _____

By signing this form, I understand that benefits shall be paid in accordance with the Healthcare Reimbursement Account Plan eligibility requirements and limitations established by the Board of Trustees. (See reverse side of this form for a brief description of covered benefits).

Member's Signature: _____ Date: _____

HEALTHCARE REIMBURSEMENT ACCOUNT

What is a H.R.A?

A Health Reimbursement Arrangement is an individual account for each Active Member. The purpose of the H.R.A. is to help defray some of your out of pocket health care cost.

How will my H.R.A. be funded?

Each eligible member's account will be funded with employer contributions required by collective bargaining agreements, within guidelines determined by the Board of Trustees.

How will I be informed of my H.R.A. balance?

H.R.A. information appears on your monthly status report. The monthly status report shows your current balance, any new work hour contributions to the H.R.A. and any reimbursement requests that have been processed.

What can I use the H.R.A. account for?

Active Employees and Dependents -

Effective 01/01/2019

- ◆ To get reimbursed for expenses that meet the definition of "medical care" under Internal Revenue Code §213, except for expenses specifically excluded under the Plan. For a list of examples of eligible Medical Care Expenses, visit the IRS website at <https://www.irs.gov/pub/irs-pdf/p502.pdf> to view "IRS Publication 502".
- ◆ To pay Cobra payments made directly to the Arizona Pipe Trades Health and Welfare Trust Fund.

Effective 01/01/2020

- ◆ Over the counter Drugs/Vitamins/ Supplements (whether prescribed by a doctor or not)

Retirees:

- ◆ To pay bills for covered medical, dental, vision or prescription expenses which would otherwise not be payable under your healthcare plan.
- ◆ To pay any Health insurance premiums, Medicare premiums, Cobra premiums (self-payments), retiree self-payments.

Effective 01/01/2020

- ◆ Over the counter Drugs/Vitamins/ Supplements (whether prescribed by a doctor or not)

What expenses are not allowed?

Benefits payable under the H.R.A. are subject to IRS rules and regulations regarding the IRS definition of medical expenses, which may be included in medical expense deductions. The following is a brief list of expenses not payable under the H.R.A. they include but are not limited to:

- ◆ Expenses already covered under the Plan.
- ◆ Over the counter Drugs/Vitamins/ Supplements (whether prescribed by a doctor or not) prior to 01/01/2020
- ◆ Life Insurance premiums, premiums for other insurance, etc.

What happens to my H.R.A. after I retire?

You will still be able to use your H.R.A. to pay Health insurance premiums, Medicare premiums, Cobra premiums (self-payments), retiree self-payments. Diagnosis, cure, mitigation treatment, or prevention of disease and for treatments affecting any part or function of body.

Maximum and Minimum Reimbursement Amount for Active Employees and Non-Medicare Retirees

Your maximum benefit equals the current balance in your Healthcare Reimbursement Account. If applicable, the minimum reimbursement amount, per claim, is \$250 or the balance of your account.

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