

Health Reimbursement Arrangement

BRICKLAYERS AND ALLIED CRAFTWORKERS

HEALTH CARE PLAN HRA ACCOUNT

P. O. Box 1607

San Ramon, CA 94583

(888)208-0250

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

Reimbursement for:

Medical Co-payments

Dental Co-payments

Vision Co-payment

Prescription Co-payment

Information Required:

Copy of your Explanation of Benefits Form (EOB).

Balance due statements are not acceptable.

Copy of your Explanation of Benefits Form (EOB).

Orthodontic services will be paid for after services are rendered.

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.

Medications only prescribed by a doctor or insulin. Copy of the printout from your pharmacy.

Cash register receipts are not acceptable.

PLEASE NOTE: **You MUST allow up to 30 business days for reimbursement.** All reimbursements for claims will be made payable to the member.

Member's Name: _____ Member's SS#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service

(Medical, Dental, Vision
or Prescription)

Providers Name

Date of Service

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?

Effective January 1, 2017, as an additional benefit to active employees that work over 250 hours in a month between January 2017 and December 2018, the Plan is implementing a Health Reimbursement Arrangement (HRA). An HRA is an employer-funded medical reimbursement plan that allows active employees, retirees, former employees and their eligible dependents to receive reimbursement for health expenses that are not otherwise covered by the Plan on a tax-free basis, up to the amount in their HRA Account.

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. Under the HRA, monthly contributions will be made to HRA Accounts for active employees who work in excess of 250 hours per month and have the maximum allowable hours in their reserve account (480 hours).

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?

- ◆ The HRA will allow those with an HRA Account to be reimbursed for Eligible Health Care Expenses not otherwise covered by the Plan as defined in Internal Revenue Code Section 213(d) (i.e., COBRA or retiree premiums, prescribed medications, insulin, copayments, coinsurance, deductibles, dental expenses and laboratory expenses).
- ◆ To pay any Self Payment amount which may be due.

In other words, The H.R.A. may be used for one or more of the following expenses incurred:

- ◆ All or part of any co-payments required or amounts in excess of usual, customary and reasonable limits, on covered Medical, Dental or Vision services.
- ◆ Denied Medical, Dental, and Vision services (Provided they are IRS approved medical expenses)
- ◆ Prescription drug program co-payment
- ◆ Over the counter drugs or supplies with prescription only
- ◆ Self Payments

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:

- ◆ Cosmetic Surgery (unless necessary to improve a deformity arising from, or directly related to, a congenital abnormality, a person injury resulting from an accident or trauma, or a disfiguring disease).
- ◆ Funeral or burial expenses
- ◆ Household or domestic help
- ◆ Massage Therapy
- ◆ Custodial care
- ◆ Health club or fitness program dues
- ◆ Weight loss program
- ◆ Vitamins/ Supplements (whether prescribed by a doctor or not)
- ◆ 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. as before including Retiree Self payments. Should you die, your H.R.A. will be transferred to your surviving eligible dependents.

Self Payments

If you are required to make a self-payment to maintain your coverage, you may use your H.R.A. account to make the payment.

Maximum Benefit

Your maximum benefit equals the current balance in your Healthcare Reimbursement Account.

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