



# IBEW LOCAL 234 HEALTH AND WELFARE PLAN



## Health Reimbursement Account Claim Form

**Instructions:** Complete one form per patient and submit along with the required documentation. Claims must total \$20.00 per submission, unless you are requesting reimbursement for a self-payment. Allow up to 30 business days for reimbursement. All reimbursements for claims will be made payable to the member.

**Reimbursement for:**

**Documentation Required:**

Medical Expenses

Copy of your Explanation of Benefits (EOB). Balance due statements are not acceptable.

Dental Expenses

Copy of Explanation of Benefits (EOB). Orthodontic services will be paid after services are rendered.

Vision Expenses

Copy of your itemized bill and paid receipt.

Prescription Expenses

Copy of the drug label stub or pharmacy printout. Cash register receipts are not acceptable.

Member's Name: \_\_\_\_\_ Member's SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Type of Service (Medical, Dental, Vision, Rx)	Provider's Name	Date of Service	Amount of Claim

By signing this form, I understand that benefits will be paid in accordance with the Health 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: \_\_\_\_\_

**Submit this form and supporting documentation using the contact information listed below.**

## **IBEW Local 234 Health and Welfare Plan** **Health Reimbursement Account Frequently Asked Questions**

### **What is a Health Reimbursement Account (HRA)?**

The Health Reimbursement Account (HRA) is an individual account for each active member. The purpose of the HRA is to help offset some of your out-of-pocket health care costs. It is funded based on hours you work multiplied by the hourly contribution rate.

### **How can I check my HRA balance?**

HRA contributions are shown on your Monthly Benefit Statement. To view your balance and account activity, manage your card, request reimbursements online, and more, please log on to the Wex web portal <https://fundoffice.lh1ondemand.com> or download the app “**BeneSys Member Reimbursement**”.

### **What can I use the HRA for?**

You may use your HRA to pay for covered medical, dental, vision or prescription expenses which would otherwise not be payable under this Plan (due to co-payments, maximum benefit allowed, or services that are not payable under this Plan), or to pay a self-payment to continue your coverage. The HRA can also be used to pay for all medications and drugs (including over the counter) and menstrual care products.

### **IRS Rules**

Benefits payable under the HRA are subject to IRS rules and regulations regarding the IRS definition of medical expenses. Expenses not payable under the HRA include but are not limited to:

- Expenses already covered under the IBEW Local 234 Health and Welfare Plan
- Elective cosmetic procedures that do not prevent or treat illness or disease
- Vitamins/Supplements (unless prescribed by a doctor)
- Medical marijuana
- Life insurance premiums and premiums for other insurance
- Any claims submitted over one year from the date of service
- Expenses for an individual other than the member or eligible dependents

### **How can I use my HRA/BennyCard?**

For ease of use, use your BennyCard at point of sale. If you were unable to do so and need to request reimbursement, there are a few options available: you can submit a claim online through the Wex web portal or app, or you can submit a paper claim to the Fund Office. You must submit one HRA claim form per patient, along with the required information (i.e. a copy of your explanation of benefits (EOB), cash register receipt, etc.). Balance due statements or credit card slips are not acceptable documentation.

### **What happens to my HRA when I retire?**

You will still be able to use your HRA as before, including to make retiree self-payments. Should you die, your HRA will be transferred to your surviving spouse.

### **Eligibility Requirements**

You must be an eligible participant in the IBEW Local 234 Health and Welfare Plan.

**What happens to my HRA if I work in the electrical industry for a non-union employer?**

You will permanently forfeit your HRA if you become employed in the electrical industry for an employer that does not contribute to the IBEW Local 234 Health and Welfare Plan or other Plan in which an IBEW Local Union has appointed Trustees to administer the Plan.

**Disclaimer**

Your benefits under the IBEW Local 234 Health and Welfare Plan are subject to audit, not only by the Fund Auditor, but also by the Department of Labor and the Internal Revenue Service. To remain in compliance with the federal regulations, it is necessary that the above procedures be followed when filing for HRA benefits. Furthermore, the IRS requires the Plan to substantiate all BennyCard transactions. When using your card, you should always retain an itemized receipt in case further substantiation is required.

If you should have any questions, please contact the Fund Office at (408) 588-3753 or visit [www.ibew234benefits.org](http://www.ibew234benefits.org).