

July 2024

**The Benny® Difference – Your Card
for Better Benefits**



Dear Canton Electrical Welfare Fund Participant:

Within the next couple weeks, you will receive two “Benny”® Prepaid MasterCard® Cards at your home address for you and your family members to use beginning **July 1, 2024**. The cards will be preloaded with your Health Reimbursement Arrangement (“HRA”) balance, which represents contributions received on your behalf since January 1, 2024 at \$0.25 per hour worked.

The Cards will arrive in a special envelope that looks like this, so please don’t throw it out!



Your Benny® Prepaid Card will be loaded with the available balance of your HRA and will be updated for new contributions monthly. The Card is used, instead of cash, to pay for qualified health care expenses.

Use your Card to pay for items such as:

- Covered prescription co-pays
- Health plan coinsurance
- Health plan deductibles
- Doctor and emergency room co-pays
- Out-of-pocket dentist fees
- Orthodontics
- Out-of-pocket vision fees



Simply swipe the Benny™ Prepaid Benefits Card each time you incur a qualified health care expense at locations that accept MasterCard, and the amount of your purchase will be deducted from your HRA automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. It's that easy!

It's Important to Save Your Receipts!

Your Benny™ Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card only be used for eligible expenses. Sometimes, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. **When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.**

Using Your Card is as Easy as 1-2-3!

Please read over the enclosed FAQ that should help to answer many of your questions about using your new Benny™ Prepaid Benefits Card, and some general questions about your HRA as well. And remember, watch for your Benny™ Prepaid Benefits Cards that will be coming to you in the mail shortly.

We hope you enjoy this new, exciting feature of your HRA!!

Authorization for Disbursement from Your HRA Account

Enclosed, please find a copy of the HRA Reimbursement Claim Form for submitting manual reimbursement requests. Just attach a copy of your EOB (Explanation of Benefits) from the Canton Electrical Welfare Plan, where applicable, and any receipts showing payments were made for expenses not covered by the Canton Electrical Welfare Plan, and then sign and send all of the materials to the Fund Office with this form. Please read the form carefully for directions and options to submit your claim(s).

From the Board of Trustees of the

Canton Electrical Welfare Fund



Frequently Asked Questions

General Questions on the Prepaid Benefits Card

1. What is a Prepaid Benefits Card?

A Prepaid Benefits Card is a special-purpose MasterCard® Card that gives participants an easy, automatic way to pay for qualified health care/benefit expenses. The Card lets participants electronically access the pre-tax amounts set aside in their respective employee benefits accounts such as your Health Reimbursement Arrangement (“HRA”).

2. How does the Prepaid Benefits Card work?

It works like a MasterCard® Card, with the value of the participant’s account(s) contribution stored on it. When a participant has qualified eligible expenses at a business that accepts MasterCard debit cards, he or she simply uses the Card. The amount of the qualified purchases will be deducted – automatically – from the account and the pre-tax dollars will be electronically transferred to the provider/merchant for immediate payment.

3. How does the Prepaid Benefits Card change how the participant is reimbursed for expenses?

With the Prepaid Benefits Card, the participant simply swipes the Card and the funds are automatically deducted from the account for payment. The Card eliminates most out-of-pocket cash outlays and paperwork, as well as the need to wait for reimbursement checks.

4. Is the Prepaid Benefits Card just like other MasterCard Cards?

No. The Prepaid Benefits Card is a special-purpose MasterCard® Card that can be used **only** for qualified health care/benefit expenses. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest. For further information on qualified expenses visit: [Publication 502 \(2023\), Medical and Dental Expenses | Internal Revenue Service \(irs.gov\)](#)

5. How many Prepaid Benefits Cards will the participant receive?

The participant will receive two Cards. If participants would like additional Cards for other family members, they should contact the Fund Office.

6. What if the Prepaid Benefits Card is lost or stolen?

The participant should call the Fund Office to report a Card lost or stolen as soon as he or she realizes it is missing, so the Administrator can turn off the current Card and issue the replacement Card. If the Fund Office and the issuing bank are notified within 2 business days, the participant will not be responsible for any charges. If the notification is after 2 days, the participant may be responsible for the total amount of transactions applied to the lost or stolen card.

Getting Started and Activating Your Card

1. How do participants activate the Card?

The participant should call the toll-free number on the activation sticker on the front of the Card or visit <https://fundoffice.lh1ondemand.com>. The participant can use both Cards once the first Card is activated; both Cards do not need to be activated. The participant should wait 1 business day after activation to use the Cards. Each Card user should sign the Card with his or her own name.

2. What dollar amount is on the Prepaid Benefits Card when it is activated?

The dollar value on the Card will be the participant’s HRA contributions received since the January 1, 2024 work month. It’s from that total dollar amount that eligible expenses will be deducted as you use the Card or submit manual claims.

Using the Card

1. Where may participants use the Prepaid Benefits Card?

The Prepaid Benefits Card can be used to pay for eligible goods and services at providers/merchants that offer these goods or services and accept MasterCard prepaid cards. IRS regulations allow participants to use their Cards in participating pharmacies, discount stores, and supermarkets that can identify HRA-eligible items at checkout. *Participants cannot use their Cards at discount stores, department stores, and supermarkets that do not participate. The Card transaction may be declined. Participants can use their Cards at freestanding pharmacies and health care providers, such as hospitals, doctors, dentists, etc.*

2. Are there places where the Prepaid Benefits Card won't be accepted?

Yes. The Card will not be accepted at locations that do not offer the eligible goods and services, such as hardware stores, restaurants, bookstores, gas stations, and home improvement stores. Cards will not be accepted at discount stores, department stores, and supermarkets that cannot identify HRA-eligible items at checkout.

3. If asked, should participants select "Debit" or "Credit"?

The Prepaid Benefits Card is actually a prepaid card. But, since there is no "prepaid" selection available, participants should select "**Credit.**" Participants do not need a PIN and **cannot get cash** with their Prepaid Benefits Cards.

4. How will the Card work in participating discount stores and supermarkets?

- a. Bring prescriptions or vision products and other purchases to the register at checkout to let the clerk ring them up.
- b. Present the Card and swipe it for payment.
- c. If the Card swipe transaction is approved (i.e., there are sufficient funds in the account and at least some of the products are HRA-eligible), the amount of the HRA-eligible purchases is deducted from the account balance. The clerk will then ask for another form of payment for the non-HRA-eligible items.
- d. If the Card swipe transaction is declined, the clerk will ask for another form of payment for the total amount of the purchase.
- e. The receipt will identify the HRA-eligible items and may also show a subtotal of the HRA-eligible purchases.
- f. In most cases, the participant will not receive requests for receipts for HRA-eligible purchases made in participating discount stores or supermarkets.

5. Why do participants need to save all of their itemized receipts?

Participants should always save itemized receipts for HRA purchases made with the Prepaid Benefits Card. They may be asked to submit receipts to verify that their expenses comply with IRS guidelines. Each receipt must show: the merchant or provider name, the service received or the item purchased, and the date and amount of the purchase.

6. What if participants lose their receipts or accidentally swipe the Card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, the participant can send a check or money order to the Fund Office for the amount so it can be credited back to the participant's HRA account.

7. May participants use the Prepaid Benefits Card for prescriptions ordered prior to activating the Card?

No. The Card must be activated prior to the order and/or purchase date of prescriptions. In some cases, the participant will need to wait 1 business day after activating the Card to purchase prescriptions at his or her pharmacy. For example, if the Card is activated on Tuesday, a prescription can be ordered and picked up on Wednesday.

8. May participants use the Prepaid Benefits Card if they receive a statement with a Patient Due Balance for a medical service?

Yes. As long as the participant has money in the account for the balance due and the provider accepts MasterCard debit cards, the participant can simply write the Card number on the statement and send it back to the provider. Before providing your Prepaid Benefits Card number, be certain that the provider has submitted the charges to your health insurance, that your health insurance has considered and processed the

claim, and the remaining balance to be applied to your Prepaid Benefits Card represents only your responsibility after any health insurance payments were made.

9. How do participants know how much is in their accounts?

They can keep track of their account balances online at <https://fundoffice.lh1ondemand.com> or by clicking the link on the Participant Website at <https://www.ourbenefitoffice.com/IBEW540/Benefits>. Or they can call the Fund Office at the phone number on the back of the Card to obtain their current balances. Participants should always know their account balances before making a purchase with the Card.

10. What if a participant has an expense that is more than the amount left in the account?

When incurring an expense that is greater than the amount remaining in the account, the participant may be able to split the cost at the register. (Check with the merchant.) For example, the participant may tell the clerk to use the Prepaid Benefits Card for the exact amount left in the account, and then pay the remaining balance separately. Alternatively, the participant may pay by another means and submit the qualified transaction manually via a claim form with the appropriate documentation to the Fund Office.

11. What are some reasons that the Prepaid Benefits Card might not work at point of sale?

The most common reasons why a Card may be declined at the point of sale are:

- a. The Card has not been activated.
- b. The Card has been used before the 24-hour period after activation is over.
- c. The participant has insufficient funds in his or her HRA account to cover the expense.
- d. Non-qualified expenses have been included at the point of sale. (Retry the transaction with the qualified expense only.)
- e. The merchant is encountering problems (e.g., coding or swipe box issues).
- f. The discount store, department store, or supermarket cannot identify HRA-eligible items at checkout according to IRS rules.

12. Is the participant responsible for charges on a lost or stolen Prepaid Benefits Card?

If the Fund Office and the issuing bank are notified within 2 business days, the participant will not be responsible for any charges. If the notification is after 2 days, the participant may be responsible for the total amount of transactions applied to the lost or stolen Card.

13. Whom do participants call if they have questions about the Prepaid Benefits Card?

Call the Fund Office at the phone number shown on the back of the Card.

14. How will a participant know to submit receipts to verify a charge?

The participant will receive a letter or notification from the Fund Office if there is a need to submit a receipt. All receipts should be saved per the IRS regulations.

15. What if a participant fails to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with the Prepaid Benefits Card, then the Card may be suspended until receipts are received. The participant may be required to repay the amount charged. The Fund Office will advise the participant that the Card has been suspended if a receipt is not received. Submitting a receipt or repaying the amount in question will allow the Card to become active again.

Canton Electrical Welfare Fund

P.O. Box 1129 Troy, MI 48099-1129
Email: flexclaims@benesys.com

Toll Free: 1-800-435-2388
Fax: 1-248-556-2597

AUTHORIZATION FOR DISBURSEMENT FROM YOUR HRA ACCOUNT

Instructions: To receive reimbursement from the Health Reimbursement Arrangement (“HRA”), you must complete ONE FORM per patient, along with the following information:

Reimbursement for:

Medical Co-Payments

Dental Co-Payments

Vision Co-Payments

Prescription Co-Payments

Information Required – please attach:

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

Copy of Itemized bill
Orthodontics will be paid for after services are rendered

Copy of Itemized bill

Copy of the drug label stub or a 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 SSN: xxx-xx-_____

Address: _____

Telephone: _____

Patient Name: _____ Relationship: _____

I am requesting payment for the following charges for which I have not been reimbursed, and for which I have not and will not claim a federal income tax deduction.

Type of Service Medical/Dental/Vision/Rx	Provider's Name	Date of Service	Amount of Claim

****Please make a copy for yourself of all charges submitted in the event of loss****

By signing this form, I understand that benefits shall be paid in accordance with my Health Reimbursement Arrangement's eligibility requirements and limitations established by the Board of Trustees.

Member's Signature: _____ Date: _____

Not Valid Unless signed and dated by Member

MAIL TO: Canton Electrical Welfare Fund HRA
P.O. Box 1129, Troy, MI 48099-1129
FAX: 1-248-556-2597 or EMAIL: flexclaims@benesys.com

What do I have to do to request reimbursement for my benefit?

You must send a completed Reimbursement Claim Form along with the following information attached:

Reimbursement for:

Information Required

Medical Reimbursement

A copy of the Explanation of Benefits form (EOB) from your medical carrier showing the member's responsibility and matches the amount being requested below, and receipts showing payment was made for expenses not covered by the Health and Welfare Plan. Unreimbursed medical, dental, vision, and prescription expenses are subject to limitations specified in your Summary Plan Description.

(Please note: Balance due statements are not acceptable.)

Dental/Vision Claims

Attach a copy of the itemized billing. This billing must include the date of service, procedure code for services performed, and the patient's name. **Orthodontic services will be paid once services are rendered.**

Self-Payment

Attach a copy of the self-payment notice.

Where do I obtain Reimbursement Claim Forms?

You may print the Reimbursement Claim Form from the **Participant Website at <https://www.ourbenefitoffice.com/IBEW540/Benefits>**

Click on Documents, select Health Care – Health Care Documents, select Medical Reimbursement Form. You may also contact the Fund Office at (800) 435-2388 to have a claim form mailed to you.

Where do I send my reimbursement requests?

You have (3) options to submit your claim(s).

<u>By MAIL:</u> Canton Electrical Welfare Fund PO Box 1129 Troy, MI 48099-1129	<u>By FAX:</u> Fax: (248) 556-2597	<u>By EMAIL:</u> e-mail: flexclaims@benesys.com
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Is there a time limit to file for reimbursement benefits?

Yes, reimbursement benefit claims must be filed within one year from the date the services were rendered.

NOTE: Dental/vision claims must be filed within one year from the date of service.

What information should I keep?

Please keep a copy of all items submitted in case of an audit or IRS documentation request.