



# IRONWORKERS INTERMOUNTAIN HEALTH AND WELFARE TRUST FUND

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**TO:** All Participants

**FROM:** Board of Trustees

**DATE:** May 2025

**RE:** **Summary of Material Modifications to the November 1, 2024 Ironworkers Intermountain Health and Welfare Plan and Summary Plan Description (“Plan”)**

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This is a summary of material modifications that announces a change to the **Plan’s Health Reimbursement Arrangement** described at Appendix A of the Plan document (“HRA”). If your employer contributes to the Plan’s HRA and you are eligible for Plan coverage, your HRA account can reimburse you for certain medical care expenses that are not covered by the Plan. The Board of Trustees is pleased to announce the changes to your HRA benefits described below. All other HRA benefits, rules and requirements remain the same.

## **New: HRA Available for 24 Months after Termination of Active Employee Coverage**

Effective June 1, 2025, if you lose Plan coverage you will be eligible to use the amount remaining in your HRA account for up to 24 months. You do not need to apply for COBRA or Retiree coverage through the Plan to access your HRA benefits during this period of time. However, if after 24 months your HRA account has no contribution or benefit payment activity and you have not otherwise been enrolled in Plan coverage, your HRA account balance will be permanently eliminated.

Note that you may never cash out or roll over your HRA account. See the Plan Exhibit A Health Reimbursement Arrangements item 4 and the Plan generally for other circumstances that may result in permanent elimination of your HRA account.

## **New: Eligible Expenses Include Certain Over-the-Counter Drugs**

You may use your HRA to pay for medical care expenses, as defined by Tax Code Section 213(d) and permitted by law. The HRA will now reimburse over-the-counter drugs that qualify as medical care expenses. No prescription is required.

As with other HRA reimbursable expenses, the drug must be purchased for you or a Dependent who is covered by the Plan, you must pay for it when you’re covered by the Plan and eligible for HRA benefits, and the amount you pay must not be reimbursable from any other source. Examples of ineligible HRA expenses include cosmetic supplies and teeth whitening services or

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supplies. Examples of eligible HRA over the counter drugs include ibuprofen, allergy medications, heartburn relief, cold/flu remedies, skin treatments, and sleep aids.

### **Reminder: Debit Cards and Receipts**

You will be issued an HRA debit card when you become eligible to use your HRA account. Please make sure to activate the card. You may use the HRA debit card to pay for medical care expenses. **Save your receipts!**

Some drugstores and many dentists do not offer auto-confirmation of the debit card. In those cases, your debit card may be rejected, and you will have to pay out-of-pocket and submit a form and payment receipt to receive a reimbursement. Even if your debit card worked for a purchase, the HRA rules may require a receipt. If you are unable to provide a receipt you will be required to repay the HRA, and/or your debit card will be deactivated. These are Tax Code “substantiation” requirements, which the Trustees have no power to change.

To confirm a drugstore accepts the debit card, you can click on the store locator button at [sig-is.org/cardholders](http://sig-is.org/cardholders) or after logging in at [my.wexhealthcard.com](http://my.wexhealthcard.com). Your debit card can also be used to order eligible items online at [fsastore.com](http://fsastore.com)

The Administrative Office offers a dedicated staff of customer service agents Monday through Friday (8:00 a.m. to 5:00 p.m. PST) to answer your questions and can be reached at **(801) 904-4897** or toll free at **(888) 867-9510**. They can assist if you are having trouble with your debit card. If you believe your debit card has been lost or stolen, contact them immediately to deactivate the card.

You can ask for reimbursement of expenses by completing the Plan’s reimbursement form and mailing it and your paper receipt to:

Ironworkers Intermountain Health & Welfare Trust Fund  
PO Box 30580  
Salt Lake City, UT 84130-0580

You can also submit your receipts and the form via fax, email, or on-line submission through the WEX Health Participant Portal and app at:

[my.wexhealthcard.com](http://my.wexhealthcard.com)

Fax: (248) 965-8657

Email: [IronworkersHRAclaims@benesys.com](mailto:IronworkersHRAclaims@benesys.com)

### **Reminder: Overpayments and Fraud**

If it is determined that incorrect payment was made from your HRA account, you will be required to repay the Plan. Repayment is required whether the incorrect payment was made

directly to you or your debit card was used, and regardless of whether you made an innocent or reasonable mistake. These are Tax Code rules, which the Trustees have no power to change.

If you do not refund the overpayment, the Plan will deactivate your debit card and may offset future Plan benefit payments. For more information, see the Plan's terms on overpayments, subrogation and reimbursement rights, and on fraudulent or false claims.

Should you have any questions regarding these changes or regarding your other benefits, please contact the Administrative Office at **(801) 904-4897** or toll free at **(888) 867-9510** or by visiting [www.iiwbenefits.org](http://www.iiwbenefits.org).