Health Reimbursement Arrangement (HRA)

Ironworkers Intermountain Health & Welfare Trust Fund
PO Box 30580
Salt Lake City, UT 84130-0580
Phone: (801)904-4897 or (888)867-9510
Submit reimbursement requests via Fax: (248) 965-8657
or email at IronworkersHRAclaims@benesys.com

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

Types of Expenses Covered:	**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 including COBRA Pre-paid amounts will not be reimbursed for future coverage dates.

PLEASE NOTE: Expenses must be incurred by you or your enrolled Dependents while you and your Dependents are covered by the Plan and for reimbursement of medical care expenses not charged to your HRA debit card within 90 days of when the expense is incurred. An expense is "incurred" when the service is rendered, or the supply is delivered; a provider's billing practices do not matter. 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 4of 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**
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

By signing this form, I understand that benefits shall be paid in accordance with the Health Reimbursement Arrangement 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: _____

HEALTH REIMBURSEMENT ARRANGEMENT

What is an HRA?

A Health Reimbursement Arrangement is an individual account for each Active Member. The purpose of the HRA is to help defray your out-of-pocket health care costs.

How will my HRA be funded?

You are eligible for benefits from the Plan's Health Reimbursement Arrangement (HRA) only if your employer contributes to the HRA, according to a collective bargaining or other Written Agreement. HRAs are subject to all the other terms and conditions of the Plan.

You are eligible for reimbursement from your HRA once you have received contributions in the amount of $120.00. You must be a Plan Participant or enrolled in Medicare to receive HRA benefits. Participants enrolled in the Plan under the flat rate system (Section 2.2 of the Plan), unless they are covered by a collective bargaining agreement, are ineligible for HRA benefits.

Your HRA balance is the amount of employer contributions made to your HRA, less HRA benefits you have already received and less administrative expenses. If the Plan receives reciprocal contributions and your home local's master collective bargaining agreement (construction) has an HRA, then your HRA is credited with a pro rata share of the reciprocated contributions. See Section 2.1.i. of the Plan for more information on reciprocated contributions.

When can I use my HRA balance and submit HRA reimbursment claims:

You may also apply to the Administrative Office for reimbursement of medical care expenses not charged to your debit card **within 90 days of when the expense is incurred.** A claim form is available from the Administrative Office or via the Trust Fund website. When you submit a claim for reimbursement, you will be asked to include written statements and/or bills from an independent third party describing the service or product, the amount of the expense, and the date of the service or sale. Depending on the circumstances, this would include an invoice, prescription, an affidavit, and/or other documentation required by the Administrative Office. Cash register receipts are not, alone, an acceptable form of substantiation. (Further details about required documentation are on the claim form.)

How will I be informed of my HRA balance?

You can check your balance by calling (888)867-9510 or visit the participant website https://www.ourbenefitoffice.com/IIW/Benefits/Healthcare.aspx and click on the Wex Health-PCA Account Website Link.

What can I use the HRA account for?

Medical care expenses under Tax Code Section 213(d), such as COBRA payments to the Plan, deductibles, co-pays and coinsurance, prescriptions, chiropractic care, acupuncture, vision care (including LASIK), hearing aids, and medically necessary orthodontics. The expenses must be incurred by you or your enrolled Dependents while you and your Dependents are covered by the Plan. (There is one exception, if you were covered by the Plan until you turned age 65 and are enrolled in Medicare.) Note: an expense is "incurred" when the service is rendered, or the supply is delivered; a provider's billing practices do not matter.

What expenses are not allowed?

Benefits payable under the HRA 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 HRA they include but are not limited to: Non-Tax Code Section 213(d) expenses, wage replacement/cash, tuition, long-term care, most cosmetic procedures, toiletries, non-FDA-approved drugs, drugs obtained outside the U.S., over the counter medications (unless you also have a doctor's prescription for the medication), expenses for which the Participant has no payment responsibility or that are otherwise reimbursable, health insurance premiums, COBRA for another Plan, and payments toward Medicare or other health coverage.

Termination of Coverage?

Your HRA balance will be permanently eliminated if you are not available for Covered Employment or if you have lost eligibility for Retiree Coverage because you work for an employer that does not have a Written Agreement with the Plan. If your HRA is permanently eliminated, it can never be reinstated.

Maximum Reimbursement Amount for Active Employees

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

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