



Iron Workers' Health Fund of Eastern Michigan

P.O. BOX 99219

TROY, MICHIGAN 48099-9219

(248) 347-3100 or Toll Free (800) 572-8553

Fax: 248-731-5596 Email: Local25HRAClaims@benesys.com

Health Reimbursement (HRA) Claim Form

Instructions: To receive benefits from your HRA account, you must complete **ONE FORM per patient**, along with the following information:

Reimbursement for:

Medical Co-payments

Dental and Vision Services

Prescription Payment or Co-Payment

Information Required:

Copy of your Explanation of Benefits Form (EOB).

Balance due statements are not acceptable.

A copy of a detailed invoice listing the services rendered and the charge for each.
Orthodontic services will be paid for after services are rendered.

A copy of the drug label stub or a printout from your pharmacy.

Cash register receipts are not acceptable.

PLEASE NOTE:

-Expenses must be incurred on or after February 1, 2023.

-The minimum amount that can be reimbursed is \$25.00 per submission.

- The deadline to submit reimbursement requests for unreimbursed medical expenses is 12 months from the date the expense was incurred.

You MUST allow up to 30 business days for reimbursement.

Member's Name: _____ Member's SS# _____
or Alternate ID: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, Vision, Prescription)	Provider Name	Date of Service	Amount of Claim (Claims must total at least \$25.00)
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

I hereby authorize payment for the above services for which I am requesting benefits:

By signing this form, I understand that benefits shall be paid in accordance with the terms and conditions of the Ironworkers Health Fund of Eastern MI Plan document (See the reverse side of this form for a brief description of covered benefits).

Member's Signature: _____ Date: _____

(OVER)

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Health Reimbursement (HRA) Claim Form

What is a HRA?

A Health Reimbursement Account (HRA) is established for each Active Participant. A HRA is an account to be used by the Participant for reimbursement of out-of-pocket eligible medical expenses incurred by the Participant or his/her Dependents.

Eligible Expenses:

The Plan will periodically provide a list of the types of medical expenses that may be reimbursed under the Plan. Medical expenses incurred by the participant under the Plan are eligible for reimbursement from a Participant's HRA if they:

- Were incurred on or after February 1, 2023, provided the Participant was eligible for benefits under the Plan on the date incurred (expenses are incurred when a Participant is provided with medical care/product that gives rise to the expenses, not when he/she is billed for or pays for the medical care/product);
- Qualify as a medical expense under §213 of the Internal Revenue Code; and
- Have not been or will not be otherwise paid by the Plan or have not been reimbursed by or are not reimbursable under any other health plan coverage.

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:

- ◆ Vitamins/ Supplements (whether prescribed by a doctor or not)
- ◆ Over the counter drugs or supplies
 - ◆ Acne Treatments ◆ Cosmetics ◆ Chapstick ◆ Dietary Supplements ◆ Face Cream ◆ Fiber Supplements
 - ◆ Medicated Shampoo/Soaps ◆ Moisturizers ◆ One-A-Day Vitamins ◆ Suntan Lotion ◆ Toiletries
 - ◆ Toothbrush ◆ Toothpaste ◆ Topical Creams

Please return completed claim form with documentation as follows:

Via Mail: IW 25 Health Fund
HRA Department
P.O. Box 99219
Troy, MI 48099-9219

Via Email: Local25HRAClaims@benesys.com