

# Health Reimbursement Arrangement (HRA)

Operating Engineers Local 501 Security Fund HRA Reimbursement Form

PO Box 99416

Troy, MI 48099

Phone: (626) 646-1079 or (800) 320-0106, E-Fax: (626) 262-4722

Submit reimbursement requests via Fax: (626) 262-4722

or email at [flexclaims@benesys.com](mailto:flexclaims@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:**

Medical Care Expenses:

Dental and Vision Co-payments

Prescription Co-payments

Medical Premiums:

## **Information Required:**

Copy of your Explanation of Benefits Form (EOB).

**Balance due statements are not acceptable.**

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.**

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

**Cash register receipts are not acceptable.**

Health insurance premiums

Pre-paid amounts will not be reimbursed for future coverage dates.

**PLEASE NOTE:** Expenses must be incurred on or after 10/1/21. **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 4 of 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 a 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?**

Active participants who are eligible for coverage on September 1, 2021, will have a lump sum contribution amount of \$250 allocated to an HRA in their name on October 1, 2021. Each year thereafter, contributions to your HRA will be made annually on October 1st provided you are eligible for coverage one month earlier on September 1st. If you become eligible for coverage after September 1, 2021, your lump sum contribution to your HRA will be made at the beginning of the next Plan Year (October 1, 2022), as long as you remain eligible on the following September 1st (September 1, 2022) immediately preceding the next Plan Year. The Plan Year is October 1st through September 30th. If you are not eligible for coverage on the September 1st immediately preceding the Plan Year, you will not receive a HRA contribution during that Plan Year and must instead wait until the next Plan Year to receive coverage (as long as you remain eligible).

## **How will I be informed of my HRA balance?**

You can check your balance online at <https://fundoffice.lh1ondemand.com/Login.aspx> or by calling 800-320-0106.

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

- ◆ To get reimbursed for expenses that meet the definition of “medical care” under Internal Revenue Code §213, except for expenses specifically excluded under the Plan. For a list of examples of eligible Medical Care Expenses, visit the IRS website at <https://www.irs.gov/pub/irs-pdf/p502.pdf> to view “IRS Publication 502”.
- ◆ Over the counter Drugs/Vitamins/ Supplements (prescribed by a doctor)

## **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:

- ◆ Expenses already covered under the Plan.
- ◆ Life Insurance premiums, premiums for other insurance, etc.
- ◆ Cosmetic Surgery
- ◆ Gym Memberships
- ◆ Teeth Whitening Agents

## **Termination of Coverage?**

In the event you lose coverage through the Fund, retire, or die, any unused HRA balance will be forfeited immediately after your active coverage has ended. You cannot cash-out or roll-over to another health plan your unused HRA balance upon termination of coverage. As previously noted, any unused balance after the Plan Year ends will be forfeited and your HRA will be replenished based on the annual contribution in effect for the next Plan Year cycle, as long as you remain eligible.

## **Maximum Reimbursement Amount for Active Employees**

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

### **MAIL TO:**

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PO Box 99416  
Troy, MI 48099

### **EMAIL OR FAX TO:**

**Email:** [flexclaims@benesys.com](mailto:flexclaims@benesys.com) **Fax:** (626) 262-4722