



# OHIO CARPENTERS' HEALTH FUND

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## 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.**

For actives and early retirees, a copy of your EOB. For Medicare retirees, 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.**

For actives, early retirees and Medicare retirees, a copy of the drug label stub or a printout from your pharmacy.

**Cash register receipts are not acceptable.**

**PLEASE NOTE:** The minimum amount that can be reimbursed must total at least \$20.00 per submission. **You MUST allow up to 30 business days for reimbursement.**

Member's SS#

Member's Name: \_\_\_\_\_

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 \$20.00)

_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____

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

Payable to Provider

Payable to Member

By signing this form, I understand that benefits shall be paid in accordance with the Ohio Carpenters' Health Plan HRA Account requirements and limitations established by the Board of Trustees. (See the reverse side of this form for a brief description of covered benefits).

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(OVER)

### **What is the HRA Account?**

The **Health Reimbursement Arrangement** (HRA) is a bookkeeping account that will be established for each active eligible participant, which the participant may use to pay for deductibles and other eligible medical expenses. It is bookkeeping account only – it cannot be cashed out by participants at any time, and it does not “vest” – the Board may terminate the account at any time.

### **How will my (HRA) be Funded?**

Each active eligible participant will have an account credited with contributions from the Dollar Bank Credits in excess of three months' eligibility, at a rate determined by the Board of Trustees.

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

Your HRA balance will be listed on your Monthly Benefit Statement. The Monthly Benefit Statement will reflect your beginning balance, any new available dollars credited to your HRA and any reimbursement requests that have been processed. Claims paid from the HRA will reduce your account balance.

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

You can use your HRA account to reimburse you for amounts you pay for qualified medical, dental, vision or prescription drug expenses which are not covered by the Fund, due to co-payments, maximum benefit allowed, or services that are not payable under the Plan, and to pay a self-payment amount which may be due to continue your coverage.

The HRA may be used for all “qualified medical expenses.” Unfortunately, we cannot provide an exhaustive list of all possible “qualified medical expenses”. A partial list is provided in IRS Pub 502 (available at [www.irs.gov](http://www.irs.gov)). A determination of whether an expense is for "medical care" is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness. The determination often hangs on the word "primarily."

As an example, the following is a partial list:

- All or part of any co-payments required, or amounts in excess of usual, customary and reasonable limits, on covered medical services;
- Other medical expenses, provided they are qualified medical expenses as defined by the IRS;
- Unreimbursed dental or vision claims;
- Prescription drug co-payments;
- Diabetic education, providing you submit a prescription from your physician and obtain the education from a licensed dietitian

### **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 partial list of expenses not payable under the HRA. They include but are not limited to:

- Expenses already processed and the amount paid by your medical insurance carrier;
- Vitamins/Supplements (whether prescribed by a doctor or not), and over the counter drugs and supplies;
- Life Insurance Premiums and premiums for other insurance

### **What do I have to do to request reimbursement from my HRA?**

You must send a completed HRA Claim Form along with the following information: (NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE).

#### **Reimbursement for:**

Medical Co-payments

#### **Information Required**

Copy of your Explanation of Benefits Form. (EOB).

Dental and Vision Claims

For actives and early retirees, a copy of your EOB. For Medicare retirees, a complete itemized bill including date of service and explanation of service.

**Orthodontic services will be paid for after services are rendered.**

Prescription Payments or Co-payments

For actives and early retirees, a copy of your EOB. For Medicare retirees, a copy of the drug label stub or a printout from your pharmacy.

**Cash register receipts are not acceptable.**

### **Where do I obtain HRA Claim Forms?**

You may call the Fund Office to have a Claim Form mailed to you.

### **Where do I send my HRA reimbursement requests?**

Send these requests to:

Ohio Carpenters' Health Fund  
HRA Account  
P.O. Box 1257  
Troy, MI 48099-1257

Email: [OhioCarpentersHRAclaims@benesys.com](mailto:OhioCarpentersHRAclaims@benesys.com)  
Fax: (248) 721-9866

### **Is there a time limit to file for HRA Benefits?**

Yes, HRA Claims must be filed by March 31<sup>st</sup> of the year following the Plan Year in which the expense was incurred.

### **What happens to my HRA after I retire?**

You will still be able to use your HRA as before. Should you die, your HRA will be transferred to your surviving spouse.

### **What is my maximum HRA benefit?**

Your maximum benefit equals the current balance in your HRA account, in excess of 3 months' eligibility.