OHIO BRICKLAYERS HEALTH and WELFARE FUND
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TROY, MICHIGAN 48099
(248) 641-4921 or Toll Free (833) 289-4921
Fax (248) 556-2597 Email: flexclaims@benesys.com

Medical Reimbursement (MRA) Claim Form

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

Reimbursement for:	**Information Required:**
Medical Co-payments	Copy of your Explanation of Benefits Form (EOB). **Balance due statements are not acceptable.**
Dental	Copy of a detailed invoice listing the services rendered and the charge for each. **Orthodontic services will be paid for after services are rendered.**
Vision Services	Copy of a detailed invoice listing the services rendered and the charge for each.
Prescription Co-payment	Copy of the drug label stub or a printout from your pharmacy. **Cash register receipts are not acceptable.**

PLEASE NOTE: You MUST allow up to 30 business days for reimbursement. All reimbursements for claims will be made payable to the member.

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

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, Vision, Prescription)	**Providers Name**	**Date of Service**	**Amount of Claim**
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

By signing this form, I understand that benefits shall be paid in accordance with the Ohio Bricklayers Health Plan MRA 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

MRA ACCOUNT

What is the MRA Account?
The ***M****edical* ***R****eimbursement* ***A****rrangement* (MRA) 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 (MRA) be Funded?
Each active eligible participant will have an account credited with contributions from the Dollar Bank Credits in excess of two months' eligibility, at a rate determined by the Board of Trustees.

How will I be informed of my MRA balance?
Your MRA balance will be listed on your monthly status report. The monthly status report will reflect your beginning balance, any new work hour credits to the MRA and any reimbursement requests that have been processed. Claims paid from the MRA will reduce your account balance.

What can I use the MRA account for?
You can use your MRA 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 certain services that are not payable under the Plan.

The MRA 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). 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 MRA 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 MRA. They include but are not limited to:

- Expenses already processed and the amount paid by your medical insurance carrier
- Cosmetic Services
- Life Insurance Premiums and premiums for other insurance

What do I have to do to request reimbursement from my MRA?
You must send a completed MRA Claim Form along with the following information: (NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE).

Reimbursement for:	**Information Required**
Medical Co-payments	Copy of your Explanation of Benefits Form. (EOB).
Dental and Vision Claims	Complete itemized bill including date of service and explanation of service.
Prescription Co-payments	Copy of drug label receipts showing co-payment. DO NOT SEND cash register receipts.

Where do I obtain MRA Claim Forms?
You may call the Fund Office to have a Claim Form mailed to you.

Where do I send my MRA reimbursement requests?
Send these requests to:
Ohio Bricklayers Health Plan
MRA Account
P.O. Box 99550
Troy, MI 48099
Fax to: (248) 556- 2597
Email: flexclaims@benesys.com

Is there a time limit to file for MRA Benefits?
Yes, MRA Claims must be filed within 24 months from the date the expense was incurred.

What happens to my MRA after I retire?
You will still be able to use your MRA as before. Should you die, your MRA will be transferred to your surviving spouse or eligible dependents.

What is my maximum MRA benefit?
Your maximum benefit equals the current balance in your MRA account.