HRA

PIPEFITTERS LOCAL 636 INSURANCE FUND PLAN
HRA ACCOUNT
P. O. Box 278
Troy, MI 48099-0278
(248) 641-4936

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

Reimbursement for:	**Information Required:**
Medical Co-payments	Copy of your Blue Cross Blue Shield Explanation of Benefits Form (EOB). **Balance due statements are not acceptable.**
Dental Co-payments	Copy of your Dental Explanation of Benefits (EOB). **Orthodontic services will be paid for after services are rendered.**
Vision Reimbursements	Copy of the Itemized bill
Prescription Co-payment	Copy of the drug label stub or a printout from your pharmacy. **Cash register receipts are not acceptable.**
Self Payment Reimbursement	Submit signed stub from monthly status slip

PLEASE NOTE: You MUST allow up to 30 business days for reimbursement. All reimbursements for claims will be made payable to the member. All claims must be submitted by June 30th of the following Calendar Year in which the covered expenses were incurred.

Member's Name: _____ Member's SS#: _____

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 Account Plan 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: _____

Revised 05/08

HEALTH REIMBURSEMENT ACCOUNT

What is a H.R.A?

A Health Reimbursement Account is an individual account for each eligible participant. The purpose of the H.R.A. is to help defray some of your out of pocket health care cost.

How will my H.R.A. be funded?

Each participant will have an account based on hours worked under the Collective Bargaining Agreement multiplied by an amount determined by the Board of Trustees.

How will I be informed of my H.R.A. balance?

H.R.A. information appears on your monthly status report. The monthly status report shows your current balance, any new work hour contributions to the H.R.A. and any reimbursement requests that have been processed.

What can I use the H.R.A. account for?

- To pay bills for medical, dental, vision or prescription expenses which would otherwise not be payable under the Pipefitters Local 636 Insurance Fund Plan including all or part of co-payments required in excess of usual, customary and reasonable limits, on covered Medical and Dental services;
- Denied Medical, Dental, and Vision services (Provided they are IRS approved medical expenses)
- Prescription drug program co-payment
- To pay any Self Payment amount which may be due;
- Premiums paid for other health insurances;
- Other IRS approved medical expenses

What expenses are not allowed?

Benefits payable under the H.R.A. 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 H.R.A. they include but are not limited to:

- Expenses already covered under the Pipefitters Local 636 Insurance Fund Plan;
- Vitamins/ Supplements (whether prescribed by a doctor or not);
- Over the counter drugs or supplies;
- Reduced calorie or diet-related food.

What happens to my H.R.A. after I retire?

You will still be able to use your H.R.A. as before including Retiree Self payments. Should you die, your H.R.A. will be transferred to your surviving spouse.

Eligibility Requirements

You must be an eligible participant in the Pipefitters Local 636 Insurance Fund Plan.

Self Payments

If you are required to make a self-payment to maintain your coverage, you may use your H.R.A. account to make the payment.

Maximum Benefit

Your maximum benefit equals the current balance in your Health Reimbursement Account.

MAIL TO:
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HRA PLAN
P.O. BOX 278
TROY, MICHIGAN 48099-0278