

HRA

SHEET METAL WORKERS LOCAL 104 HRA ACCOUNT

P. O. Box 1917
San Ramon, CA 94583
(800) 548-1771

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

Reimbursement for:

Medical Co-payments

Dental Co-payments

Vision Co-payment

Prescription Co-payment

Information Required:

Copy of your Explanation of Benefits Form (EOB).

Balance due statements are not acceptable.

Copy of your Explanation of Benefits Form (EOB).

Orthodontic services will be paid for after services are rendered.

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.

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#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service <small>(Medical, Dental, Vision or Prescription)</small>	Providers Name	Date of Service	Amount of Claim
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

By signing this form, I understand that benefits shall be paid in accordance with the Healthcare 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: _____

HEALTHCARE REIMBURSEMENT ACCOUNT

What is a H.R.A.?

A Medical Reimbursement Account is an individual account for each Active Member. 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 member received an equal allocation effective 4/1/2009 of \$303.19, which was 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 covered medical, dental, vision or prescription expenses which would otherwise not be payable under the your healthcare plan.
- ◆ To pay any Self Payment amount which may be due.

In other words, The H.R.A. may be used for one or more of the following expenses incurred:

- ◆ All or part of any co-payments required or amounts in excess of usual, customary and reasonable limits, on covered Medical, Dental or Vision services.
- ◆ Denied Medical, Dental, and Vision services (Provided they are IRS approved medical expenses)
- ◆ Prescription drug program co-payment
- ◆ Self Payments

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 Plan.
- ◆ Vitamins/ Supplements (whether prescribed by a doctor or not)
- ◆ Over the counter drugs or supplies
- ◆ Life Insurance premiums, premiums for other insurance, etc.

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.

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 Healthcare Reimbursement Account.

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