



UA Local 190 Fringe Benefit Funds
IHRA, Miscellaneous and Prescription Medicine Benefit
Claim Reimbursement Form

MB00

Return completed documents to:

UA Local 190 Fringe Benefit
Funds P.O. Box 110
St. Clair Shores, MI 48080

Phone: (888) 390-7473
Fax: (734) 424-0974
Email: asolanskey@ua190.org

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

Please select the Plan:

IHRA

MISC

PRESCRIPTION

Reimbursement for:

Medical Expenses

Information Required:

A paid itemized bill from your provider or a copy of your BCBSM Explanation of Benefits (EOB), especially if your insurer paid a portion of the expense.

Balance due statements are not acceptable.

Dental Expenses

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

Copy of Paid Itemized Bill.

Orthodontic services will be paid for after services are rendered.

Vision Expenses

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

Copy of Paid Itemized Bill.

Prescription Expenses

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

Cash register receipts are not acceptable.

Insurance Premiums

A copy of a paid monthly premium invoice or payment history from your insurance provider.

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) _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, Vision or Prescriptioncription)	Providers Name	Date of Service	Amount of Claim
		/ / / / / /	
		/ / / / / /	
		/ / / / / /	
		/ / / / / /	

By signing this form, I understand that benefits shall be paid in accordance with the IHRA Plan eligibility requirements and limitations established by the Board of Trustees

Member's Signature: _____ Date: _____



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What is the Individual Health Reimbursement Account?

Each month in which you are eligible for Basic Benefits, an Employer contribution for each hour you work will be credited to an Individual Health Reimbursement Account under the separate Individual HRA Plan and Trust for your benefit. You can use this to:

- Pay your self-pay contributions to maintain coverage under this Plan if your hours are reduced below the 100-hour monthly minimum for any reason (layoff, unemployment, reduced hours, disability, or retirement); or
- Pay for other medical coverage for you, your Spouse or Children after retirement (for example, Medicare premiums); or
- Pay expenses otherwise eligible under Miscellaneous Benefits for you, your Spouse or Children once your Miscellaneous Benefits for the year have been used up.

This Account is intended primarily to help pay for part of your medical expenses in retirement. If possible, you should use it before retirement only as a last resort.

What expenses are not allowed?

- Expenses that are not for "medical care" as that term is defined by IRS Publication 502; Controlled substances that are in violation of federal law, even if a state allows its use with a physician's prescription (for example, marijuana prescribed to treat a specific medical condition).
- Cosmetic Surgery.
- If the expense is for vitamins, medicine or supplies other than insulin, it is covered only if prescribed by a physician for a specific disease or condition

Is there a time limit to file for IHRA Benefits?

To be eligible for payment for services obtained from service providers that do not accept VISA, claims for reimbursement under Miscellaneous Benefits, Prescription Medicine Benefits and the Individual HRA must be submitted to the Fund Office by the later of the following dates: 1) February 15 of the year after the calendar year in which the expense was incurred (i.e., when the services were rendered or items were purchased), or 2) 60 days after the Explanation of Benefits or other notification to the Member of the Member's share of the medical expense is issued.

Miscellaneous Benefit

What do I do if I need a service not covered by the Blue Cross Blue Shield Basic Benefits or need additional prescriptions after using up the Prescription Benefit?

The Fund provides a separate **Miscellaneous Benefit** amount for each Participant. The maximum reimbursement for a year is \$1,000 per family (Participant, Spouse and Children combined). Unused amounts for one year do not carry forward to any later year.

Prescription Medicine Benefit

What do I do if I need a prescription filled?

The Fund provides a Prescription Medicine Benefit separate from Blue Cross Blue Shield Basic Benefits. The maximum reimbursement for a year is \$2,000 per family (Participant, Spouse and Children combined). Unused amounts for one year do not carry forward to any later year.

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