

HRA

**PLUMBERS AND STEAMFITTERS LOCAL 166
HEALTH AND WELFARE FUND
P.O. Box 99485
Troy, Michigan 48099-9485
(248) 641-4966 or Toll Free (855) 641-4966**

Instructions: To receive benefits from your Health Reimbursement Account (HRA), please complete this form SEPARATELY for EACH COVERED PERSON for whom you are requesting reimbursement and submit the completed form, along with required documentation, to the Fund Office at the above address.

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

For each claim listed above, you must attach the following required documentation:

| <u>Reimbursement for:</u> | <u>Required Documentation:</u> |
|----------------------------|--|
| Medical Expenses | Explanation of Benefits Form (EOB) or Copy of Itemized bill. Balance due statements are not acceptable. |
| Dental Expenses | Copy of Itemized bill. Orthodontic services will be paid for after services are rendered. |
| Vision Expenses | Copy of the Itemized bill. |
| Prescription Expenses | 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 self-payment notice. |

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

Participant's Name: _____ Participant's Last 4 Digits of SS#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

By signing this form, I understand that benefits shall be paid in accordance with the Health Reimbursement Account Plan eligibility requirements and limitations as set forth in the Plumbers and Steamfitters Local 166 Health and Welfare Fund plan document. (See reverse side of this form for a brief description of covered benefits).

Participant's Signature: _____ Date: _____

HEALTH REIMBURSEMENT ACCOUNT

What is an HRA?

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

How will my HRA be funded?

Each participant will have an account based on contributions received, as required under the Collective Bargaining Agreement.

How will I be informed of my HRA balance?

HRA information appears on your monthly status report. The monthly status report shows your current balance and reimbursement requests that have been processed.

What can I use the HRA account for?

The following claims are eligible for reimbursement if they were incurred on or after the date you became eligible for benefits under the Plumbers and Steamfitters Local 166 Health and Welfare Fund:

- ◆ Medical, dental, vision, or prescription drug expenses which are not otherwise payable by the Plumbers and Steamfitters Local 166 Health and Welfare Fund or other insurance, i.e. out of pocket expenses such as co-insurance and co-payments;
- ◆ Any Self Payment amount which may be due;
- ◆ Premiums paid for other health insurance coverage; and
- ◆ Other IRS approved medical expenses.

What expenses are not allowed?

The following is a brief non-exhaustive list of expenses not payable under the HRA:

- ◆ Expenses covered under the Plumbers and Steamfitters Local 166 Health and Welfare Fund or other insurance.
- ◆ Vitamins/Supplements (whether prescribed by a doctor or not).
- ◆ Over-the-counter drugs or supplies purchased without a valid prescription, unless the drug is insulin.
- ◆ Reduced calorie or diet-related food.

What happens to my HRA after I retire?

Retirees who maintain eligibility in the Fund, or who are receiving a monthly pension benefit from the Plumbers and Steamfitters Local 166 Pension Fund, will be able to continue using the balance in their HRAs.

What happens to my HRA if I die?

Should you die, your HRA will be transferred to your covered Surviving Spouse.

Eligibility Requirements

You must be an eligible Participant in the Plumbers and Steamfitters Local 166 Health and Welfare Fund or a retiree receiving a monthly pension benefit from the Plumbers and Steamfitters Local 166 Pension Fund. Like all benefits in the Plumbers and Steamfitters Local 166 Health and Welfare Fund, the HRA is not a vested benefit.

Self Payments

If you are required to make a self-payment to maintain your coverage, you may use your HRA to make the payment.

Maximum Benefit

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

How long do I have to submit my claims?

Claims for reimbursement must be filed with the Fund Office within 12 months of the date incurred.

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