

# PLUMBERS LOCAL 98 INSURANCE FUND FLEXIBLE SPENDING ACCOUNT

P. O. Box 159  
Troy, MI 48099-0159  
(248) 641-4988 (866) 646-8919

**Instructions:** To receive benefits from your Flexible Spending Account (FSA), you must complete **ONE FORM** per patient, along with the following information:

**Reimbursement for:**

**Information Required:**

Medical Co-payments

Copy of your Plumbers Local 98 Explanation of Benefits form (EOB)  
**Balance due statements are not acceptable.**

Dental Co-payments

Copy of your Golden Dental or Plumbers Local 98 Explanation of Benefits Form (EOB)  
**Orthodontic services will be paid for after services are rendered.**

Vision Co-payments

Copy of your Plumbers Local 98 Explanation of Benefits form (EOB).  
**All vision services MUST be submitted through your Plumbers Local 98 vision benefit plan, prior to submitting through your FSA account.**

Prescription Co-payments

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. All claims must be submitted within 3 months following the close of the Benefit Year in which the covered expenses were incurred.**

Member's Name: \_\_\_\_\_ Member's SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

By signing this form, I understand that benefits shall be paid in accordance with the Flexible Spending 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: \_\_\_\_\_

# **FLEXIBLE SPENDING ACCOUNT (F.S.A.)**

## **What is a F.S.A.?**

A Flexible Spending Account is an individual account for each eligible Participant of the Plumbers Local 98 Insurance Fund. The purpose of the F.S.A. is to help defray some of your out of pocket health care costs.

## **How will my F.S.A. be funded?**

Your F.S.A. will be funded on an annual basis by the Plumbers Local 98 Insurance Fund.

## **How will I be informed of my F.S.A. balance?**

F.S.A. balance information appears on your monthly status report. The monthly status report shows your current balance and any reimbursement requests that have been processed.

## **What can I use the F.S.A. account for?**

- ◆ To pay bills for covered medical, dental, vision or prescription expenses which would otherwise not be payable under the Plumbers Local 98 Insurance Fund
- ◆ To pay any Self Payment amount which may be due

In other words, the F.S.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 F.S.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 F.S.A. They include but are not limited to:

- ◆ Expenses already covered under the Plumbers Local 98 Insurance Fund
- ◆ Vitamins/ Supplements (whether prescribed by a doctor or over the counter)
- ◆ Over the counter drugs or supplies
- ◆ Life Insurance premiums

## **What happens to my F.S.A. after I retire?**

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

## **Eligibility Requirements**

To become initially eligible for F.S.A. benefits, you must be a Journeyman, Light Rate Journeyman, or Metal Trades Plumber. You will be eligible for F.S.A. benefits on the first of the month after 1,500 hours in employer contributions have been received on your behalf. Option I participants who have been terminated may submit claims for medical expenses incurred while he/she was eligible for coverage. Option II and Option III participants may submit claims for medical expenses incurred in the Calendar Year in which such eligibility terminated.

## **Self Payments**

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

## **Maximum Benefit**

Your maximum annual benefit is determined by your current working status in the Fund and the healthcare plan option you have chosen for the current year.

**MAIL TO:  
PLUMBERS LOCAL 98 INSURANCE FUND  
FSA REIMBURSEMENT  
P.O. BOX 159  
TROY, MICHIGAN 48099-0159**