

**U. A. LOCAL 393 HEALTH AND WELFARE PLAN
EXTENDED RESERVE ACCOUNT (ERA) CLAIM FORM**
Mailing Address: P.O. BOX 90640, SAN JOSE, CA 95109-3640
Phone: (408) 588-3751 • Fax: (408) 436-8210 • Email: staff@ualocal393benefits.org

Instructions: Complete one form per patient and submit along with the required documentation. Claims must total \$20.00 per submission, unless you are requesting reimbursement for a self-payment. Allow up to 30 business days for reimbursement. All reimbursements for claims will be made payable to the member.

<u>Reimbursement for:</u>	<u>Example of Documentation Required:</u>
Medical Expenses	Copy of your Kaiser or U.A. Local 393 Health and Welfare Plan Explanation of Benefits (EOB). Balance due statements are not acceptable.
Dental Expenses	Copy of Delta Dental benefits statement. Orthodontic services will be paid for after services are rendered.
Vision Expenses	Copy of itemized bill and paid receipt.
Prescription Expenses	Copy of the drug label stub or a printout from your pharmacy. Cash register receipts are not acceptable.
Insurance Premiums	Copy of insurance premium bill and proof of payment. Only contributions received on or before 12/31/2013 may be used for this purpose.
Over the Counter Medications / Drugs	Copy of the cash register receipt
Menstrual Care Products	Copy of the cash register receipt

Member's Name: _____ Member's SSN: _____

Address: _____

Phone Number: _____ Email: _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, etc.)	Provider's Name	Date of Service	Amount of Claim (Claims must total at least \$20.00)
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

By signing this form, I understand that benefits will be paid in accordance with the Extended Reserve Account Plan eligibility requirements and limitations established by the Board of Trustees. (See enclosed *Extended Reserve Account (ERA) Frequently Asked Questions* for a brief description of covered benefits).

Member's Signature: _____ Date: _____

U.A. LOCAL NO. 393 HEALTH AND WELFARE PLAN EXTENDED RESERVE ACCOUNT (ERA) FREQUENTLY ASKED QUESTIONS

What is an ERA?

An Extended Reserve Account (ERA) is an individual account for each Active Participant. The purpose of the ERA is to help defray some of your out of pocket health care costs.

How will my ERA 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 ERA balance?

ERA information will appear on your Monthly Status Report. The Monthly Status Report will show your beginning balance, any new work hour contributions to the ERA and any reimbursement requests that have been processed. You may also view your balance online at <https://my.wexhealthcard.com>.

Eligibility Requirements?

You must be an eligible participant in this Plan or have a balance in your ERA at the time you are no longer eligible to participate.

What can I use the ERA for?

You may use the ERA to pay bills for covered medical, dental, vision or prescription expenses which would otherwise not be payable under this Plan, (due to co-payments, maximum benefit allowed, or services that are not payable under this Plan), or to pay a self-payment amount. **(Services must be IRS approved expenses).** The ERA may be used for one or more of the following expenses:

- Co-payments on covered Medical, Prescription, Dental or Vision services
- Other or denied Medical, Dental, and Vision services
- Effective 1/1/2020, all medications and drugs, including over the counter medications or drugs.
- Menstrual care products
- Self-Payments
- Personal Protective Equipment (PPE) including face masks, hand sanitizer, and sanitizing wipes.

What expenses are not allowed?

Benefits payable under the ERA 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 ERA. They include but are not limited to:

- Expenses prior to January 1, 2006
- Expenses already covered under the U.A. Local No. 393 Health and Welfare Plan
- Elective cosmetic procedures that do not prevent or treat illness or disease (such as face lifts, hair transplants, teeth whitening, liposuction, etc.)
- Vitamins/Supplements (unless prescribed by a doctor)
- Medical marijuana
- Life Insurance Premiums
- Premiums for other insurance, for contributions made on or after 1/1/2014
- Any claims submitted over one year from the date of service
- Expenses for an individual other than the member or eligible dependents

What is the maximum benefit?

Your maximum benefit equals the current balance in your Extended Reserve Account.

Who will receive the reimbursement from my ERA?

For **Medical, Dental, Prescription and Vision** claims, the payment will go directly to you, the participant. **Self-Payments** will be sent directly to the U.A. Local No. 393 Health and Welfare Plan.

What do I have to do to request reimbursement from my ERA?

You must submit one completed ERA claim form per patient, along with the required information.

NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE.

<u>Reimbursement For</u>	<u>Example of Documentation Required</u>
Medical Expenses	Copy of your Kaiser or U.A. Local No. 393 Health and Welfare Plan Explanation of Benefits Form (EOB). <u>Balance due statements are not acceptable.</u>
Dental Expenses	Copy of your Delta Dental benefits statement. <u>Orthodontic services will be paid for after services are rendered.</u>
Vision Expenses	Copy of your itemized vision claim.
Prescription Expenses	Copy of the drug label stub or a printout from your pharmacy. <u>Cash register receipts are not acceptable.</u>
Local 393 Self Payments	Send in your Self-Payment bill.
Insurance Premiums for Other Coverage	Copy of insurance premium bill and proof of payment. <u>Only contributions received on or before 12/31/2013 may be used for this purpose.</u>
Over the Counter Medications/ Drugs	Copy of the cash register receipt
Menstrual Care Products	Copy of the cash register receipt

What is the minimum amount I can request as reimbursement?

Reimbursement requests must be for more than \$20 per family (except for Self-Payments). If your reimbursement request is less than \$20, simply wait until you have accumulated claims totaling at least \$20 and send them in at that time.

Where do I send my ERA reimbursement requests?

Send requests to: U.A. Local No. 393 Health and Welfare Plan, P.O. Box 90640, San Jose, CA 95109-3640. You may also email your claim form and documents to staff@ualocal393benefits.org.

What happens to my ERA after I retire?

You may use your ERA for Retiree Self-Payments and qualified medical expenses. Should you die with a balance in your ERA, your account will be transferred to your surviving spouse.

What happens to my ERA if I work in the plumbing and pipefitting industry for a non-union employer?

Even when you are no longer eligible for coverage under this Plan, you may still use your ERA to pay for eligible medical expenses. However, you will permanently forfeit your ERA if you become employed in the plumbing and pipefitting industry for an employer that does not contribute to a health and welfare plan benefiting workers in the pipe trades industry under the terms of a collective bargaining agreement.

PLEASE BE ADVISED:

Your benefits under the U.A. Local 393 Health and Welfare Plan are subject to audit, not only by the Fund Auditor, but also by the Department of Labor and the Internal Revenue Service. To remain in compliance with the federal regulations, it is necessary that the above procedures be followed when filing for ERA benefits.

If you should have any questions or need an ERA claim form, please contact the Fund Office at (408) 588-3751 or visit www.ualocal393benefits.org.