

# U.A. Local No. 393 Benefit Funds

## **PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS**

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If you plan to ask for reimbursement from your Extended Reserve Account (ERA), always get and save:

- **A detailed receipt from your pharmacy, doctor or other health care provider, or**
- **An explanation of benefits (EOB) from your health plan**

Why? Because we're required by the Internal Revenue Service (IRS) to make sure that these accounts are used only to pay for eligible health care expenses.

**To make this easier for you, we have set up an email account to receive receipts. Feel free to take a picture of any receipts with your smartphone and email them to:**

**[receipts@ualocal393benefits.org](mailto:receipts@ualocal393benefits.org)**

**(Please don't include sensitive information like a credit card number or social security number in any emailed information)**

We'll ask you to send us copies of receipts or EOBs when:

- **You file a claim for reimbursement – this happens after you spend your own money on an eligible expense and then ask to be reimbursed from your account**

Good receipts – and bad receipts

For us to approve a claim, we must see a receipt or EOB with all of the following information:

- 1. Date of service or purchase**
- 2. Name of provider, such as a doctor's office or pharmacy**
- 3. The service or item purchased**
- 4. Amount you paid or are responsible for paying**

If a receipt doesn't include all the necessary information, we have to deny your claim. We'll notify you by letter and tell you how to resubmit a claim with the proper documentation.

Please also make sure that copies of receipts are clear. If we can't read the information on a receipt, we won't be able to approve your claim.

Please respond to letters requesting information promptly.

The bottom line is this: make sure you get a receipt or other documentation with the necessary information for every purchase with your payment card. Then save those receipts in case we ask for them.

## Eligible Dependents

Claims may only be submitted for yourself or eligible dependents. Eligible dependents are considered to be your spouse, and your child(ren) age 26 or younger. No other persons/relatives are considered to be eligible dependents. If you submit a claim for a person who is not an eligible dependent, there may be negative consequences including but not limited to the issuance of a 1099 (requiring you to pay income tax on the ineligible amounts), the discontinuance of your Benny Card,

Here are examples of a receipt that we can accept and one that is missing key information:

① **Wahl Drug & Co.**  
MINNEAPOLIS, MN 55416  
952.555.5555

CUSTOMER RECEIPT

② 08/18/2012 09:52 AM

MOST ITEMS CAN BE RETURNED WITHIN 90 DAYS, BUT SOME ITEMS HAVE A RETURN POLICY LESS THAN 90 DAYS AS NOTED ON THE RECEIPT. GO TO WAHLDRUG.COM/RETURNS FOR DETAILS.

③

Oxcarbazepine  
RX004723 \$40.00

Total: \$40.00

④

DISCOVER NET  
ACCT#\*\*\*\*\*0066  
Change: \$0.00

### Acceptable Receipt

This receipt has all the information needed for a claim:

- ① Provider (pharmacy) name
- ② Date of purchase
- ③ Item or service
- ④ Amount paid

**Corner Pharmacy**

TUESDAY, 08:52 AM

PLEASE TAKE OUR CUSTOMER SATISFACTION SURVEY ONLINE FOR YOUR CHANCE TO WIN A YEAR WORTH OF YOUR FAVORITE TOOTHPASTE.

SURVEY ID:  
71920570183459572

..... \$30.00

..... \$10.00

**Total: \$40.00**

AMEX  
ACCT#\*\*\*\*\*1234  
Change: \$0.00

FLEXIBLE SPENDING ACCT SUMMARY  
(FSA) RX ELIGIBLE TOTAL \$30.00

### Unacceptable Receipt

This receipt has only the amount paid. It is missing this other key information:

- ① Date of purchase
- ② Item or service

## Eligible Medical Expenses

Because health accounts were created by the tax code, it's the Internal Revenue Service that determines what expenses can be reimbursed and what cannot. Here are some examples of eligible and ineligible medical expenses. You can also review IRS Publication 502 on the IRS Website.

Examples of eligible expenses;

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Alcohol and drug addiction treatment</li><li>• Breast reconstruction surgery</li><li>• Dental treatment</li><li>• Diagnostic tests and devices</li><li>• Doctor's visits</li><li>• Prescriptions</li><li>• Eyeglasses, contact lenses and exams</li></ul> | <ul style="list-style-type: none"><li>• Fertility enhancements</li><li>• Hearing aids and batteries</li><li>• Operations/surgery (non-cosmetic)</li><li>• Nursing services</li><li>• Physical therapy</li><li>• Psychiatric care</li><li>• Smoking cessation</li></ul> |
|---|--|

Examples of ineligible expenses;

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Cosmetic surgery (unless necessary to improve a deformity arising from or directly related to, a congenital abnormality, a personal injury, resulting from an accident, or a disfiguring disease)</li><li>• Diaper service</li><li>• Electrolysis or hair removal</li><li>• Funeral expenses</li><li>• Health club dues</li></ul> | <ul style="list-style-type: none"><li>• Illegal operations and treatments</li><li>• Maternity clothes</li><li>• Nutritional supplements</li><li>• Over-the-counter medicines for which you do not have a doctor's prescription</li><li>• Toiletries (e.g. toothbrush, toothpaste)</li><li>• Teeth whitening</li><li>• Weight loss programs (unless prescribed to treat a specific disease)</li></ul> |
|---|--|