



Eighth District Electrical Benefit Fund

Personal Care Account (PCA)

Reimbursement Form

Return completed documents to:
 Eighth District Electrical Benefit Fund
 P.O. BOX 99416
 Troy, MI 48099

Trust Fund Phone #: (314) 656-1085
 Toll Free #: (844) 989-2321
 Fax #: (248) 556-2597
 Email: flexclaims@benesys.com

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

Reimbursement for:

Medical Expenses

Dental Expenses

Vision Expenses

Prescription Expenses

Information Required:

Copy of your Explanation of Benefits Form (EOB).

Balance due statements are not acceptable.

Copy of your Explanation of Benefits Form (EOB).

Copy of Itemized Bill.

Orthodontic services will be paid for after services are rendered.

Copy of your Explanation of Benefits Form (EOB).

Copy of Itemized Bill.

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

Cash register receipts are not acceptable.

PLEASE NOTE: The minimum amount that can be reimbursed must total **\$25.00 per submission**. You **MUST** allow up to **30 business days** for reimbursement. All reimbursements for claims will be made payable to the member. Claims must be filed by **July 1st** of the year following the year in which the claims were incurred.

Member's Name: _____ Member's SS#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

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

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

Member's Signature: _____ Date: _____



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What can I use my PCA account for?

You can use your PCA account to reimburse you for amounts you pay for qualified medical, dental, vision or prescription drug expenses which are not covered by the Fund, due to co-payments, maximum benefit allowed, or services that are not payable under the Plan, and to pay a self-payment amount which may be due to continue your coverage.

The MRA may be used for all "qualified medical expenses" Unfortunately, we cannot provide an exhaustive list of all possible "qualified medical expenses". A partial list is provided in IRS Pub 502 (available at www.irs.gov). A determination of whether an expense is for "medical care" is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness. The determination often hangs on the word "primarily."

As an example, the following is a partial list:

- All or part of any co-payments required, or amounts in excess of usual, customary and reasonable limits, on covered medical services;
- Other medical expenses, provided they are qualified medical expenses as defined by the IRS;
- Unreimbursed Dental or vision claims
- Prescription drug co-payments;
- Diabetic education, providing you submit a prescription from your physician and obtain the education from a licensed dietitian

What expenses are not allowed?

- Health insurance premiums for any other plan (including a plan sponsored by a Contributing Employer), (Not withstanding the foregoing, the MRA account may reimburse COBRA premiums that a Participant pays on an after-tax basis under any other group health plan sponsored by the Employer.)
- Long-term care services.
- Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease. "Cosmetic surgery" means any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease.
- Cosmetic dental services.
- The salary expense of a nurse to care for a healthy newborn at home.
- Funeral and burial expenses.
- Household and domestic help (even though recommended by a qualified physician due to an Employee's or Dependent's inability to perform physical housework).
- Massage therapy
- Home or automobile improvements.
- Custodial care
- Costs for sending a child to a special school for benefits that the child may receive from the course of study and disciplinary methods.
- Health club or fitness program dues, even if the program is necessary to alleviate a specific medical condition such as obesity.
- Social activities, such as dance lessons (even though recommended by a physician for general health improvement).
- Bottled water
- Diaper service or diapers.
- Cosmetics, toiletries, toothpaste, etc.
- Vitamins and food supplements, even if prescribed by a physician.
- Uniforms or special clothing, such as maternity clothing.
- Automobile insurance premiums
- Marijuana and other controlled substances that are in violation of federal laws, even if prescribed by a physician.
- Any item that does not constitute "medical care" as defined under Code 213.

Is there a time limit to file for PCA Benefits?

Yes, claims must be filed by July 1st of the year following the year in which the claims were incurred.

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