



IBEW LOCAL 234 HEALTH AND WELFARE PLAN



Health Reimbursement Account Claim form

Instructions: To receive benefits from the Health Reimbursement Account (HRA), you must complete **one form** per patient and submit along with the following information:

Reimbursement for:

Information Required:

Medical Services

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

Dental Services

Copy of Explanation of Benefits (EOB). **Orthodontic services will be paid after services are rendered.**

Vision Services

Copy of your itemized bill and paid receipt.

Prescription Co-payments

Copy of the drug label stub or pharmacy printout. **Cash register receipts are not acceptable.**

Please Note: Your reimbursement request must total \$20.00 per submission, unless you are requesting benefits for a self payment. **Please allow up to 30 business days for reimbursement.** All reimbursements will be made payable to the member.

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

Address: _____ Phone Number: _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, Vision, Rx)	Provider's Name	Date of Service	Amount of Claim

By signing this form, I understand that benefits will be paid in accordance with the Health Reimbursement 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: _____

You can submit this form and supporting documentation by mail, fax, or email using the contact information listed below.

Health Reimbursement Account FAQ's

What is a Health Reimbursement Account (HRA)?

A Health Reimbursement Account (HRA) is an individual account for each active member. 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 hours worked under the Collective Bargaining Agreement, multiplied by an amount determined by the Board of Trustees of IBEW Local 234.

How will I be informed of my HRA balance?

You can view your balance online at <https://my.wexhealthcard.com/>.

What can I use the HRA for?

You can use your HRA to pay bills for covered medical, dental, vision or prescription expenses which would otherwise not be payable under the IBEW Local 234 Health and Welfare Plan (due to co-payments, maximum benefit allowed, or services that are not payable under the Plan), or to pay a self-payment. In other words, the HRA may be used for the following expenses:

- 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 co-payments
- Self-Payments

What expenses are not allowed?

Benefits payable under the HRA 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 HRA:

- Expenses already covered under the IBEW Local 234 Health and Welfare Plan
- Vitamins/Supplements (whether prescribed by a doctor or not)
- Over the counter drugs or supplies
- Life insurance premiums, premiums for other insurance, etc.

What happens to my HRA when I retire?

You will still be able to use your HRA as before, including to make retiree self-payments. Should you die, your HRA will be transferred to your surviving spouse.

Eligibility Requirements

You must be an eligible participant in the IBEW Local 234 Health and Welfare Plan.

Self-Payments

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

Maximum Benefit

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