

HRA

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL UNIONS 181, 320 & TVA HEALTH AND WELFARE TRUST FUND
HRA ACCOUNT
700 N. Elm Street, P. O. Box 1179
Henderson, Kentucky 42419-1179**

(270) 826-6750 or Toll Free (800) 626-7024 (Outside of KY), or (800) 242-7076 (Inside of KY)

Instructions: To receive reimbursement from the Health Reimbursement Account (HRA), you must complete **ONE FORM** per patient, along with the following information:

Reimbursement for:

Medical Co-payments

Dental Co-payments

Vision Reimbursements

Prescription Co-payment

Self Payment Reimbursement

Information Required:

Copy of your Anthem Blue Cross Explanation of Benefits Form (EOB).

Balance due statements are not acceptable.

Copy of Itemized bill.

Orthodontic services will be paid for after services are rendered.

Copy of the Itemized bill.

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

Cash register receipts are not acceptable.

Submit **signed** stub from monthly status slip.

PLEASE NOTE: You MUST allow up to 30 business days for reimbursement. All reimbursements for claims will be made payable to the member.

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

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

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

By signing this form, I understand that benefits shall 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: _____

HEALTH REIMBURSEMENT ACCOUNT

What is a H.R.A.?

A Health Reimbursement Account is an individual account for each eligible participant. The purpose of the H.R.A. is to help defray some of your out of pocket health care cost.

How will my H.R.A. be funded?

Each participant will have an account based on credited work hours under the Collective Bargaining Agreement multiplied by an amount determined by the Board of Trustees.

How will I be informed of my H.R.A. balance?

H.R.A. information appears on your monthly status report. The monthly status report shows your current balance, any new work hour contributions to the H.R.A. and any reimbursement requests that have been processed.

What can I use the H.R.A. account for?

- ◆ To pay bills for medical, dental, vision or prescription expenses which would otherwise not be payable under the International Union of Operating Engineers Local Unions 181, 320 & TVA Health and Welfare Trust Fund including all or part of co-payments required in excess of usual, customary and reasonable limits, on covered Medical and Dental services;
- ◆ Denied Medical, Dental, and Vision services (Provided they are IRS approved medical expenses)
- ◆ Prescription drug program co-payment
- ◆ To pay any Self Payment amount which may be due;
- ◆ Other IRS approved medical expenses

What expenses are not allowed?

Benefits payable under the H.R.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 H.R.A. they include but are not limited to:

- ◆ Expenses already covered under the International Union of Operating Engineers.
- ◆ Vitamins/ Supplements (whether prescribed by a doctor or not);
- ◆ Over the counter drugs or supplies;
- ◆ Reduced calorie or diet-related food;
- ◆ Premiums paid for other health insurances.

What happens to my H.R.A. after I retire?

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

Eligibility Requirements

You must be an eligible participant in the I.U.O.E. Local 181, 320 & TVA Health and Welfare Trust Fund.

Self Payments

If you are required to make a self-payment to maintain your coverage, you may use your H.R.A. account to make the payment. Just sign your self pay stub and mail to the Fund Office with a note to use the HRA account.

Maximum Benefit

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

**MAIL TO:
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HRA PLAN
700 ELM ST., P.O. BOX 1179
HENDERSON, KENTUCKY 42419-1179**