

# HEALTH REIMBURSEMENT ACCOUNT (H.R.A.)

**Roofers Local Union No. 70 Insurance Trust Fund**

**P. O. Box 766**

**Howell, MI 48844-0766**

**(517) 548-7941 (800) 821-6103**

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

**Reimbursement for:**

**Information Required:**

Medical Co-payments

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

Dental Co-payments

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

Vision Co-payment

Copy of Explanation of Benefits Form (EOB), "if applicable".  
**All vision services MUST be submitted through your vision benefit plan, prior to submitting through your HRA account.**

Prescription Co-payment

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

Self Payments

Send in your Self Payment Stub.

**PLEASE NOTE:** The minimum amount that can be reimbursed must total \$20.00 per submission, unless you are requesting benefits for a self payment. **You MUST allow up to 30 business days for reimbursement.** All reimbursements for claims will be made payable to the member.

Participant's Name: \_\_\_\_\_ Participant's SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>Type of Service</b> <small>(Medical, Dental, Vision or Prescription)</small>	<b>Providers Name</b>	<b>Date of Service</b>	<b>Amount of Claim</b> <small>Claims must total at least \$20.00</small>
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

By signing this form, I understand that benefits shall be paid in accordance with the Medical 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).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HEALTH REIMBURSEMENT ACCOUNT

## **What is a H.R.A.?**

A Health Reimbursement Account (H.R.A.) is an individual account for each Active Member. 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 hours worked under the Collective Bargaining Agreement multiplied by an amount determined by the Board of Trustees of the Roofers Local Union No. 70 Insurance Trust Fund.

## **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 covered medical, dental, vision or prescription expenses which would otherwise not be payable under the Roofers Local Union No. 70 Insurance Fund.
- ◆ To pay any Self Payment amount which may be due.

In other words, The H.R.A. may be used for one or more of the following expenses incurred:

- ◆ 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 program co-payment
- ◆ Self Payments

## **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 M.R.A. they include but are not limited to:

- ◆ Expenses prior to January 1, 2013
- ◆ Expenses already covered under the Roofers Local Union No. 70 Insurance Fund
- ◆ Vitamins/ Supplements (whether prescribed by a doctor or not)
- ◆ Over the counter drugs or supplies
- ◆ Life Insurance premiums, premiums for other insurance, etc.
- ◆ Effective January 1, 2015 the requests for reimbursement must be submitted no later than two years after the date the services were performed, or the date of the EOB for services rendered.

## **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 Roofers Local Union No. 70 Insurance Fund. The H.R.A. balance will be forfeited to the Fund after twenty-four (24) consecutive months of no eligibility in the Roofers Local Union No. 70 Insurance Fund.

## **Self Payments**

If you don't have an adequate Dollar Bank to make your full monthly self-payment, you may use your H.R.A. account to make the payment.

## **Maximum Benefit**

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

**MAIL TO: ROOFERS LOCAL UNION NO. 70 INSURANCE TRUST FUND  
HRA ACCOUNT  
P.O. BOX 766  
HOWELL, MI 48844-0766**