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HOW TO RECEIVE REIMBURSEMENT FOR OUT-OF-POCKET MEDICAL EXPENSES

Joint Welfare Fund of Local 164, IBEW Health Reimbursement Account

Effective January 1, 2015, individual Health Reimbursement Accounts (HRA) were set up for 164 active members. Two percent of the monthly welfare contribution made for each member is put into an individual Health Reimbursement Account to help cover qualified medical expenses not covered by the Welfare Fund for the member and their eligible dependents that were incurred on or after January 1, 2015. Any remaining contributions at the end of the year will roll over into the next year.

The minimum reimbursement is \$100 which can be divided among different family members. **A separate HRA claim reimbursement form must be submitted for each individual family member.** HRA claim reimbursement forms are available online at www.ibew164.org. There is a timely filing limitation of 18 months from the date of service. Please do not submit any claims older than 18 months. Claims can be mailed to the address on claim form, emailed to hraclaims@fabianbyrn.com or faxed to (973) 228-4295.

Reimbursement can be easily obtained by accessing your Explanations of Benefits (EOBs) through www.ibew164.org. Members can view and print EOBs by clicking on the e-benefit (check your claims) box. Information regarding access to the website can be obtained by calling Fabian & Byrn, LLC, the third-party administrator for Joint Welfare Fund, Local Union # 164, IBEW at (877) 228-4202.

Most EOBs that show a member balance can be submitted for reimbursement through the HRA account. Certain EOBs do not require any additional documentation other than the HRA reimbursement claim form. To receive reimbursement for \$25 office visit co-pays, all that is needed is the EOBs indicating a \$25 member balance, which can be printed from the website.

To receive reimbursement for prescription co-pays all that is required is the customer copy of the Rx stub including the prescription number, date and member balance. Also acceptable is a print-out from the pharmacy. A cash register receipt is not acceptable.

All other medical or vision EOBs with member balances need to be submitted with additional supporting documentation. The Plan requires a paid receipt specific to the date of service for which you are requesting reimbursement. The receipt must indicate the name of the provider, the date of service and the amount paid for the service in addition to the EOB obtained through the website. The Fund does not reimburse for partial payments.

The paid receipt must indicate that the services are paid in full. Reimbursement from the HRA account will not be made to the member until the service is paid in full. Statements with multiple dates of service are not acceptable and will result in the denial of your reimbursement request.

Dental expenses not covered under your dental plan may also be submitted for reimbursement consideration under the Health Reimbursement Account. An explanation of benefits from the dental insurance company, indicating the member balance must be submitted with the HRA reimbursement claim form in addition to a paid receipt from the dentist, indicating date of service, amount paid and that the service is paid in full. The paid receipt must be specific to the date of service for which you are requesting reimbursement. Statements with multiple dates of service are not acceptable and will result in denial of your reimbursement request. Reimbursement from the HRA account will not be made to the member until the service is paid in full.

Reimbursement Requests

The maximum reimbursement amount that you can receive is equal to your account balance at the time your reimbursement request is processed. Any portion of a reimbursement request that exceeds your account balance will be pended until your account balance can cover the expense.

Example: Your HRA plan year begins in January, and your employer contributes \$100 each month. In February, you have \$200 in your account, but you incur an expense of \$300. If you submit a reimbursement request that same month, you will be reimbursed for \$200 of the expense, and you will receive an additional \$100 when your employer puts the \$100 March contribution into your account.

Expenses that are not covered under the Health Reimbursement Account

- Commercial driver's license (CDL) medical examinations
- Department of Transportation (DOT) medical examinations
- Cosmetic surgery
- Personal grooming products
- Vitamins, supplements and herbs used for general well-being
- Over-the counter (OTC) medicines and drugs unless prescribed by a doctor (or another individual who can legally issue a prescription) in the state in which you purchase the OTC medicines