

November 3, 2020

Re: **January 1, 2021 HRA (Health Reimbursement Account) Benefit Increase**

Dear Participant:

Effective January 1, 2021, the Trustees are pleased to announce an increase in the HRA allocation for claims incurred during calendar year 2021.

Eligible participants who have coverage in TeamCare, United HealthCare Medicare Advantage PPO, TeamStar/United American or the Anthem Medicare plan will have the following HRA Allocation Increase:

- Active Employee/Retiree with Single Coverage \$1,750
- Active Employee/Retiree with Dependent Coverage \$2,250

(Dependent coverage consists of an individual plus spouse, individual plus child(ren) or family coverage)

You are encouraged to submit claims for reimbursement throughout the year. You may submit these expenses monthly, quarterly, or semi-annually.

The deadline for submitting 2021 claims for reimbursement is February 28, 2022.

You can be reimbursed for co-pays, deductibles, and coinsurance by providing the documentation set out below:

**Pharmacy (Rx) reimbursement** - The Fund will accept pharmacy printouts showing how much you paid out of pocket for prescription drugs on a monthly, quarterly, semi-annual or annual basis. Individual prescriptions submitted must include all prescription information from the pharmacy along with a valid pharmacy receipt.

**Medical and Dental reimbursement** –

**Actives:** The Fund will reimburse your medical and dental expenses with a copy of your EOB (explanation of benefits) from TeamCare along with a valid receipt from the doctor, dentist, hospital or lab showing that you actually paid the provider the amount you are seeking in reimbursement.

**Retirees:** The Fund will reimburse your medical expenses with a copy of your EOB (explanation of benefits) from your Insurance Plan (TeamStar, United HealthCare or Anthem). Dental expenses will be reimbursed with an itemized statement from the provider showing all services provided along with a valid receipt showing that you actually paid the provider the amount you are seeking in reimbursement.

**Vision reimbursement** – The Fund will reimburse your vision related expenses with an itemized statement from the provider showing all services provided along with a valid receipt showing that you actually paid the provider the amount you are seeking in reimbursement. Vision expenses need to be medically necessary. For example, an eye exam required by your employer or to get a driver’s license is not covered nor are non-prescription glasses.

**If you do not seek reimbursement during the claim period, any unused portion of your allocation will be returned to the general assets of the plan.**

If you would like additional information regarding your HRA benefit, you may obtain it from the Fund's website at [www.slgahw.org](http://www.slgahw.org). We have enclosed a claim form for your convenience.

If you have any questions, please contact Tammy Westhues in the Fund Office at (314) 878-1579.

Thank you

Trustees of the St. Louis Graphic  
Arts Joint Health & Welfare Fund

To be reimbursable an expense must be

- a) incurred in connection with medical, prescription drug, dental and vision benefits,
- b) by the Participant or a family member covered through a plan provided through the Participant's employment under a Collective Bargaining Agreement with Local 6-505 (claims incurred by a person covered only by a non-related individual or group health plan are not eligible for reimbursement).

Effective for claims incurred from September 1, 2018, the following types of expenses are reimbursable:

- 1) Deductible, co-insurance and co-payments expenses (reimbursable even if incurred prior to July 1, 2019)

Effective for claims incurred from July 1, 2019, the following additional types of expenses are reimbursable:

- 1) Prescription drugs other than Over the Counter (OTC) Drugs and Diabetic monitors, test strips and supplies not covered by your prescription drug plan, for example a non-preferred medication or non-preferred monitor.
  - Amounts reimbursed by third parties, for example through copay assist or a coupon from the pharmaceutical manufacturer, cannot also be reimbursed from the HRA.
  - For prescription drugs you will need to submit a copy of your prescription with your proof of payment.
- 2) Charges for Chiropractic visits which were denied because you exhausted the maximum benefit allowed by your medical plan.
  - Chiropractic visits still need to be medically necessary.
- 3) Removal of mole, cyst or tumor, varicose vein removal surgery, and reconstructive surgery following accident, medical procedure or illness not covered by your medical plan.
  - Procedures deemed to be cosmetic are not eligible for reimbursement. You will need to submit documentation as to why the claim was denied by your medical plan and that the procedure was not cosmetic in nature.
- 4) Hearing aids and batteries for hearing aids.
  - Hearing aids need to be prescribed by a physician, generally an ENT.
  - For batteries you may be required to provide documentation that the hearing aids for which you have purchased batteries was prescribed for you by a physician.
- 5) C-pap machine and supplies for sleep apnea and similar devices.
  - Requires prescription for initial c-pap machine; and
  - For supplies you may be required to provide documentation that the c-pap machine for which you have purchased supplies was prescribed for you by a physician.

- 6) Orthotics, canes, walkers, crutches and similar Durable Medical Equipment not covered by your medical plan.
  - Orthotics must be medically necessary as shown by a prescription or letter from the physician directing the use of the orthotic. There is no limit on the number or frequency of orthotics purchased.
  - Canes, walkers and crutches must be medically necessary as shown by a prescription or letter from the physician directing the use of the device for stability.
- 7) Acupuncture not covered by your medical plan.
  - Acupuncturists need to be licensed to perform services by the state in which the services are being provided.
- 8) Alcohol and drug dependency treatment not covered by your medical plan.
  - You will need to submit proof that the facility or provider is a licensed or certified medical facility/provider and that you are receiving treatment under the direction or supervision of a licensed medical professional.
- 9) Smoking cessation programs, counseling, and prescription medications not covered by your medical plan (for example if your plan covers 2 sessions in a period of time and you need to attend a third session).
  - Programs must be licensed or certified or run by a medical professional and medications must be prescription.
  - Items such as nicotine gum and patches obtained without a prescription are not covered.
- 10) Reimbursable Vision Benefits include:
  - Lasik, vision correction, and other eye surgery not covered by your Medical Plan;
  - Prescription eyeglasses including prescription sunglasses without limitation on the frequency of new glasses; and
  - prescription contact lenses without limitation on the frequency of new lenses.
- 11) Reimbursable Dental Benefits include:
  - Cleanings and preventive services without limitation on the number per year or the time between visits;
  - Orthodontic treatment and braces; and
  - Mouth guards recommended and provided by a dentist or oral surgeon.
  - Does not include teeth whitening.

Effective for claims incurred from May 1, 2020 an individual may seek reimbursement of COBRA premiums.

## Discrimination is Against the Law

The St. Louis Graphic Arts Joint Health and Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The St. Louis Graphic Arts Joint Health and Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The St. Louis Graphic Arts Joint Health and Welfare Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tammy Westhues.

If you believe that the St. Louis Graphic Arts Joint Health and Welfare Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Tammy Westhues, Civil Rights Coordinator, 1053 Cave Springs Rd. Suite 201, St. Peters, MO, 1-314-878-1579, [twesthues@slgahw.org](mailto:twesthues@slgahw.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tammy Westhues, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-314-878-1579.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-314-878-1579。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-314-878-1579.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-314-878-1579.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-314-878-1579.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-314-878-1579

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-314-878-1579 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-314-878-1579.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-314-878-1579.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-314-878-1579.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-314-878-1579.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-314-878-1579

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-314-878-1579.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-314-878-1579.

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