

St. Louis Graphic Arts Joint Health and Welfare Fund
 1053 Cave Springs Rd. Suite 201
 St. Peters, MO 63376
Active HRA Claim Form

Participant Information			
Name:	Date of Birth:	SSN:	
Address:			
City:	State:	Zip Code:	Phone:

For each reimbursement you must submit:

- (1) A copy of your Explanation of Benefits (EOB) showing the amount of patient responsibility. For claims where there isn't an EOB (for example pharmacy claims or eyeglasses not covered by a vision plan) you may provide a printout from the provider showing the amount of patient responsibility; and
- (2) Proof of payment to the provider in an amount not in excess of the amount of patient responsibility.

Expenses are not eligible for reimbursement until ALL necessary documentation is received by the Fund Office. Reimbursement is available up to the amount allocated by the Trustees for the Benefit Year.

Qualified HealthCare Expenses Submitted for Reimbursement					
	Patient Name	Date of service	Provider name	Description*	Amount
1					
2					
3					
Subtotal sought on claim form					

* eg Deductible, Co-pay, co-insurance, prescription, dental exam, vision exam

In submitting this form, I certify that

- I have read the attached eligibility rules and, to the best of my understanding, all expenses for which I seek reimbursement are for eligible medical expenses for myself, my spouse, or eligible dependent;
- Any dependents for whom I am submitting claims are eligible dependents according the Section 152(a) of the IRS Code and as described in IRS Publication 502;
- none of the expenses for which I seek reimbursement have been or will be reimbursed under any other Health Savings Account, insurance plan or claimed as a deduction on a tax return or tax-deductible plan;
- I understand that a false statement or the withholding of pertinent information may disqualify me from benefits; and
- I understand that IRS regulations require the Fund Office to keep records of all claims and correspondence for three (3) years.

Signature:	Date:
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Type of Expenses Eligible for Reimbursement from HRA (see attached detailed list)

- ✓ expenses incurred in connection with medical, prescription drug, dental and vision benefits,
- ✓ 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 health and welfare plan are not eligible for reimbursement),
- ✓ Submitted within the time frame below.

Valid Forms of Documentation of Expenses

Documentation Must Include All of the Following:

- ✓ Name of Provider
- ✓ Date(s) of Service
- ✓ Type of Expense (eg office visit)
- ✓ Amount of patient responsibility
- ✓ Patient Name and Address

Examples

- EOB from TeamCare or other plan provided through the Participant's employment under a CBA with Local 6-505,
- Prescription print out from Pharmacy or Mail Order Pharmacy,
- EOB from Dental Plan provided through the Participant's employment under a CBA with Local 6-505,
- Itemized statement from Vision Plan for glasses/contacts purchased through vision plan provided through the Participant's employment under a CBA with Local 6-505.

Valid Forms of Documentation that Expense Has Been Paid

- ✓ Receipt from Provider showing payment
- ✓ Credit Card receipt showing amount and entity paid (must match amount due on invoice or pharmacy statement)
- ✓ Cancelled check showing amount and entity paid (must match amount due on invoice or pharmacy statement)

When to Submit an Application for Reimbursement

- ✓ Claims must be paid before seeking reimbursement - reimbursement cannot be made if the amount is still due to the provider, if it is covered by another insurance plan, or if it was paid by a third-party (such as co-pay assist),
- ✓ Once you have all the documentation and have paid the provider you can submit your application.
- ✓ Reimbursement requests must be received by the end of February following the end of the calendar year in which the expense was incurred (for example, if you went to the hospital in 2020 the claim must be received by February 28, 2021).

When to Expect Payment on Claim for Reimbursement

- ✓ Applications for reimbursement will be processed upon receipt and you will be notified if additional information is needed.
- ✓ Payments will be processed no less frequently than quarterly (on or after April 1, July 1 and October 1) for claims submitted in the first 9 months of the year.
- ✓ Claims for the year submitted after September 30 and up to the end of February of the next year will be processed beginning no later than March 1.
- ✓ NOTE: any part of an allocation for which reimbursement is not sought by the end of February of the following year, shall be returned to the general assets of the plan and not available for future reimbursements.

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

- 1) Amounts applied to your medical, prescription drug, dental or vision Deductible.
- 2) Amounts paid as co-insurance and co-payments.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) 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.
- 8) 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.
- 9) 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.
- 10) 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.
- 11) **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.**
- 12) 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.
- 13) 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.