

St. Louis Graphic Arts Joint Health & Welfare Fund

January 2024

Re: **January 1, 2024 HRA (Health Reimbursement Account) Allocation**

Dear Participant:

HRA allocation for claims incurred during calendar year 2024.

- Active Employee/Retiree with Single Coverage \$1,750
- Active Employee/Retiree with Dependent Coverage \$2,500

(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 2024 claims for reimbursement is March 31, 2025.

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 your insurance company 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 (Humana, 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. 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