Re: **January 1, 2026 HRA (Health Reimbursement Account) Allocation and**

NEW ONE-TIME $5,000 SUPPLEMENTAL HRA BENEFIT

Dear Participant:

For expenses incurred in 2026 the HRA amounts will remain at $2,000 for an individual and $3,000 for a family.

- Active Employee/Retiree with Single Coverage $2,000
- Active Employee/Retiree with Dependent Coverage $3,000

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

New One-Time $5,000 Supplemental HRA Benefit – Effective January 1, 2026

The Trustees recognize that there can be unusual out-of-pocket medical expenses such as expenses associated with a serious medical condition, hearing aids, or dental work that exceed the Annual HRA allocation. For this reason, they have **added a one-time $5,000 HRA Benefit**. If your claims exceed the annual $2,000 ($3,000 for a family) allocation then additional claims will be paid out of the one-time $5,000 Supplemental Benefit allocated to you.

Unlike the Annual HRA allocation, unused amounts in your one-time $5,000 Supplemental Benefit will roll over and be available in future years until used. The eligibility rules for using the one-time $5,000 Supplemental Benefit and the expenses that can be reimbursed are the same as for the Annual HRA allocation.

As with the Annual HRA allocation, the one-time $5,000 Supplemental HRA Benefit is not vested, and, while the Trustees do not have any current intention to eliminate or reduce the benefit, the Trustees retain the authority to change the eligibility rules and to change, reduce, or eliminate benefits at any time.

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

Remember, the deadline for submitting 2025 claims for reimbursement is March 31, 2026.

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

Pharmacy (Rx) reimbursement - The Fund encourages you to submit pharmacy printouts which show how much you paid out of pocket for prescription drugs. You may submit these 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 ~~must include~~ 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 ~~must include~~ 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.

Are You Considering Retirement

If you are already 65 you may be eligible to enroll in one of the Medicare Plans affiliated with the St. Louis Graphic Arts Plan. If you enroll in one of these plans you will continue to receive the HRA Benefit. If you retire before age 65, St. Louis Graphic Arts does not have a pre-Medicare option, however, when you turn 65 you may still be eligible to enroll in one of the affiliated Medicare Plans. Mark your calendar to call Tammy 6 months before your 65th birthday.

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