

**HRA**  
**SHEET METAL WORKERS LOCAL 292**  
**HRA ACCOUNT**  
**P.O. Box 189**  
**Troy, MI 48099-0189**  
**(248) 641-4992 (888) 646-6565**

**Instructions:** To receive benefits from your HRA account, you must complete **ONE FORM** per patient, along with the following information:

**Reimbursement for:**

Medical Co-payments  
 Dental  
 Vision Services  
 Prescription Co-payment

**Information Required:**

Copy of your Blue Cross Explanation of Benefits Form (EOB).  
**Balance due statements are not acceptable.**  
 Copy of a detailed invoice listing the services rendered and the charge for each.  
**Orthodontic services will be paid for after services are rendered.**  
 Copy of a detailed invoice listing the services rendered and the charge for each.  
 Copy of the drug label stub or a printout from your pharmacy.  
**Cash register receipts are not acceptable.**

**PLEASE NOTE:** The minimum amount that can be reimbursed must total \$20.00 per submission, unless you are requesting benefits for a self payment. **You MUST allow up to 30 business days for reimbursement.** All reimbursements for claims will be made payable to the member.

Member's Name: \_\_\_\_\_ Member's SS# \_\_\_\_\_  
 or alternate ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>Type of Service</b> <small>(Medical, Dental, Vision, Prescription)</small>	<b>Providers Name</b>	<b>Date of Service</b>	<b>Amount of Claim</b> <small>(Claims must total at least \$20.00)</small>
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

By signing this form, I understand that benefits shall be paid in accordance with the Sheet Metal Local 292 HRA Account requirements and limitations established by the Board of Trustees. (See the reverse side of this form for a brief description of covered benefits).

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER**

# HRA ACCOUNT

## What is the HRA Account?

The HRA Account is an individual account, established for eligible participants, with benefit amount based on the amount contributed on the employees behalf.

## How will my (HRA) be Funded?

Each participant will have an account based on hours worked under the Collective Bargaining Agreement multiplied by an amount determined in the Bargaining Agreement. Retirees may also have an account, based on the amount contributed prior to retirement.

## How will I be informed of my HRA balance?

HRA information appears on your monthly status report. The monthly status report currently reflects your beginning balance, any new work hour contributions to the HRA and any reimbursement requests that have been processed. Claims paid from the HRA will reduce your account balance.

## What can I use the HRA account for?

To pay bills for covered medical, dental, vision or prescription expenses which would otherwise not be payable under the Sheet Metal Local 292 Health Care Plan, (due to co-payments, maximum benefit allowed, or services that are not payable under the Plan), to pay a Self Payment amount which may be due.

In other words, the HRA may be used for one or more of the following expenses incurred:

- All or part of any co-payments required, or amounts in excess of usual, customary and reasonable limits, on covered Medical services
- Other medical expenses, provided they are qualified medical expenses as defined by the IRS
- Dental or Vision claims
- Prescription drug program co-payments
- Self Payments
- Diabetic Education will be allowed providing you submit a prescription from your physician and obtain the education from a licensed dietitian.

## What expenses are not allowed?

Benefits payable under the HRA are subject to IRS rules and regulations regarding the IRS definition of medical expenses which may be included in medical expense deductions. The following is a partial list of expenses not payable under the HRA. They include but are not limited to:

- Expenses already processed and the amount paid by Blue Cross.
- Vitamins/Supplements (whether prescribed by a doctor or not), and over the counter drugs and supplies
- Life Insurance Premiums and premiums for other insurance
- Claims prior to 11/1/09.

## What do I have to do to request reimbursement from my HRA?

You must send a completed HRA Claim Form along with the following information: (NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE).

### Reimbursement for:

Medical Co-payments

Dental and Vision Claims

Prescription Co-payments

Self Payments

### Information Required

Copy of your Blue Cross Explanation of Benefits Form. (EOB).

Complete itemized bill including date of service and explanation of service.

Copy of drug label receipts showing co-payment. DO NOT SEND cash register receipts.

Send in your Self Payment Stub.

## Where do I send my HRA reimbursement requests?

Send these requests to:  
Sheet Metal Local 292  
HRA Account  
P.O. Box 189  
Troy, MI 48099-0189

## Is there a time limit to file for HRA Benefits?

Yes, HRA Claims must be filed within 12 months of the date of service.

## What happens to my HRA after I retire?

You will still be able to use your HRA as before. Should you die, your HRA will be transferred to your surviving spouse.

## Self Payments

If you are required to make a self-payment to maintain your coverage, you may use your HRA account to make the payment.

## Maximum Benefit

Your maximum benefit equals the current balance in your HRA account.