

# SMART LOCAL 36 HEALTH REIMBURSEMENT ACCOUNT

EFFECTIVE 06/01/2016



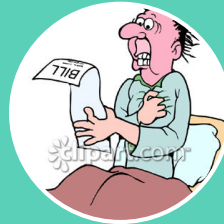
# THE FUTURE OF SMART LOCAL 36 WELFARE FUND

TRANSITION FROM AN HOURS BANK TO A DOLLAR BANK



## Bucket 1- Eligibility

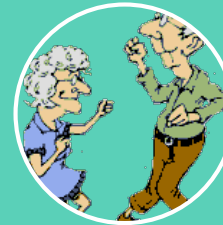
Dollars to pay for current coverage



## Bucket 2- (HRA)

### HEALTH REIMBURSEMENT ACCOUNT

Dollars to pay your health related  
Out of Pocket expenses



## Bucket 3- (HCRA)

### HEALTH CARE RETIREE'S ACCOUNT

Dollars for Retiree's Insurance and Out  
of Pocket Medical Expenses at  
retirement.





# STEP 1



BUCKET 2- (HRA)

HEALTH REIMBURSEMENT ACCOUNT

MONEY TO PAY YOUR HEALTH RELATED OUT OF POCKET EXPENSES



# WHAT IS A HEALTH REIMBURSEMENT ACCOUNT ? (HRA)

- A HEALTH REIMBURSEMENT ACCOUNT (HRA) IS AN IRS APPROVED PROGRAM IN WHICH EMPLOYERS (TRUSTEES) ARE ALLOWED TO SET UP AN ACCOUNT TO REIMBURSE EMPLOYEES (MEMBERS) FOR OUT OF POCKET MEDICAL EXPENSES AND RETIREE PREMIUMS.
- THE CONTRIBUTIONS INTO AN HRA MUST BE 100% EMPLOYER FUNDED.  
(CONTRIBUTIONS PAID INTO THE WELFARE FUND)
- THE HRA MUST BE INTEGRATED WITH A QUALIFIED EMPLOYER SPONSORED GROUP HEALTH INSURANCE PLAN. (WELFARE FUND)
- THE TRUSTEES SET THE PARAMETERS FOR THE HRA AND UNUSED DOLLARS REMAIN WITH THE FUND- THEY DO NOT FOLLOW MEMBER IF THEY LEAVE EMPLOYMENT.
- THE IRS HAS A LIST OF QUALIFIED MEDICAL EXPENSES THAT CAN BE REIMBURSED THROUGH THE HRA.
- THERE IS NO MINIMUM OR MAXIMUM DOLLAR AMOUNT REQUIRED TO ESTABLISH THE HRA.



# WHY WOULD AN HRA BE GOOD FOR LOCAL 36 MEMBERS AND THEIR FAMILIES?

- AN HRA WOULD ALLOW THE TRUSTEES TO MAKE BENEFIT ENHANCEMENTS WITHOUT CHANGING THE OVERALL PLAN.
- AN HRA COULD RELIEVE STRESS FOR MANY FAMILIES THAT INCUR UNEXPECTED EXPENSES. EMERGENCY ROOM CHARGES OR CRITICAL ILLNESS ARE A GREAT EXAMPLE. THIS CAN BE A BIG OUT OF POCKET EXPENSE FOR MEMBERS AND THEIR FAMILY- BUT UNAVOIDABLE FOR SOME.
- AN HRA WILL ALLOW A MEMBER TO CONTROL THEIR ACCOUNT AND DETERMINE IF THEY WANT TO USE THE MONEY AVAILABLE NOW OR FOR THE FUTURE AT RETIREMENT.
- THIS IS LOCAL 36'S FIRST MOVE TOWARDS A TRANSITION FROM AN HOURS BANK TO A DOLLAR BANK AND A REDUCTION OF SUBSIDIES.



# HOW DO THE TRUSTEES FUND THE HRA?

THE TRUSTEES REVIEW THE YEAR END FINANCIALS AND ECONOMIC RESERVES WITH OUR CONSULTANT. IF THE CLAIMS EXPERIENCE FOR THE PAST YEAR HAS BEEN LOWER AND THE ECONOMIC RESERVES REMAIN STEADY OR INCREASES THEY CAN MAKE A DECISION TO ALLOCATE A PORTION OF EXCESS CONTRIBUTIONS TO THE HRA. (IN LIEU OF AN INCREASE OR DECREASE IN BENEFITS)

- IT CAN BE ALLOCATED IN A LUMP SUM- THIS YEAR EVERYONE WHO MEETS ELIGIBILITY REQUIREMENTS IS BEING FUNDED \$1000.00
- IT CAN BE ALLOCATED AT A CENTS PER HOUR. ( A PORTION OF THE CURRENT WELFARE FRINGE RATE WOULD BE ALLOCATED TO THE HRA)



# WHO IS ELIGIBLE FOR THE HRA?

PARTICIPANTS WHO MEET THE FOLLOWING CRITERIA WILL BE ELIGIBLE THIS YEAR:

- ELIGIBLE FOR ACTIVE OR RETIREE COVERAGE (NOT COBRA) AS OF 06/01/2016.

AND

- HAD WORKED AND HAD CONTRIBUTIONS PAID INTO THE PLAN OF AT LEAST 600 HOURS OR MORE IN 2015.

OR

- RECEIVED CREDIT FOR DISABILITY OR EQUALITY PAYMENTS OF 600 HOURS(4 MONTHS OF DISABILITY OR EQUALITY PAYMENTS) AND AT LEAST 100 HOURS CONTRIBUTED FROM ACTIVE WORK.
- OWNER MEMBERS WHO MEET HOURS AND ELIGIBILITY REQUIREMENTS.(ONLY ELIGIBLE IF THEIR BUSINESS IS INCORPORATED)
- SURVIVING SPOUSES AND DEPENDENTS OF MEMBERS WHO MET REQUIREMENTS ABOVE AND REMAINED COVERED UNDER THE WELFARE PLAN.
- RETIREES WHO MET WORK REQUIREMENTS DURING 2015 AND REMAINED ENROLLED IN THE WELFARE FUND AND CONTINUE TO BE COVERED AS OF 06/01/2016.
- IF YOU MET THE REQUIREMENTS YOU WILL GET A LETTER FROM THE BENEFITS OFFICE WITH YOUR AVAILABLE BALANCE SHORTLY AFTER THE FIRST OF JUNE.



# WHAT CAN I USE MY HRA FOR?

EACH MEMBER WILL HAVE TWO CHOICES:

- YOU CAN USE YOUR HRA TO PAY ELIGIBLE OUT OF POCKET EXPENSES FOR YOU OR YOUR ELIGIBLE DEPENDENTS.

OR

- YOU CAN SAVE YOUR HRA TO HELP PAY FOR ACTIVE SELF PAY EXPENSES, RETIREE'S PREMIUM PAYMENTS (IN OUR WELFARE PLAN) OR RETIREE'S COVERAGE OUT OF POCKET EXPENSES.

YOU DON'T HAVE TO DECIDE NOW. YOUR ACCOUNT WILL BE FUNDED AND YOUR BALANCE WILL ROLL OVER EACH YEAR.



# WHEN CAN I START USING MY HRA?

- YOU CAN SUBMIT A CLAIM FOR REIMBURSEMENT ON OR AFTER JULY 1, 2016 BY FILLING OUT AN HRA CLAIM FORM AND SUBMITTING A COPY OF THE BILL OR EXPLANATION OF BENEFITS AND THE ORIGINAL PAID RECEIPT.
- CLAIMS CAN BE SUBMITTED FOR EXPENSES INCURRED ON OR AFTER JUNE 1, 2016
- HRA CLAIM FORM WILL BE AVAILABLE BY CALLING THE BENEFIT FUND OFFICE OR ON THE BENEFIT FUND WEBSITE AT [WWW.SMW36BENEFITS.ORG](http://WWW.SMW36BENEFITS.ORG)

- CLAIMS SUBMITTED TO:

SMART LOCAL 36 HRA FUND  
2319 CHOUTEAU AVE.  
SUITE 300  
ST. LOUIS, MO 63103



# WHAT ARE ELIGIBLE OUT OF POCKET EXPENSES

- IN NETWORK COPAYS, DEDUCTIBLES AND CO-INSURANCE.
- IVF RELATED CHARGES.
- PREMIUMS FOR ACTIVE SELF PAY AND RETIREES COVERAGE.(CANNOT BE USED FOR COBRA)
- DENTAL/VISION EXPENSES FOR EXAMS AND DEVICES INCLUDING SAFETY GLASSES



## OVER THE COUNTER MEDICATIONS (WITH PRESCRIPTION)

1. DRUGS OR DIETARY SUPPLEMENTS FOR SPECIFIC MEDICAL CONDITION
2. ALLERGY/COLD/SINUS MEDICATIONS INCLUDING ANTIHISTAMINES AND NASAL SPRAYS
3. PAIN RELIEVERS/ANALGESICS/ASPIRIN FOR PAIN
4. ANTACIDS
5. DIGESTIVE RELATED MEDICATION (ANTI- DIARRHEA, LAXATIVES)
6. FIRST AID CREAMS
7. OTHER WOUND CARE PRODUCTS OR APPLIANCES (ACE WRAPS AND BRACES- NOT BANDAIDS)
8. HEMORRHOID MEDICATION
9. MOTION SICKNESS PILLS
10. MUSCLE/JOINT PAIN RELIEF
11. PEDIALYTE OR DIETARY SUPPLEMENT
12. PILLS RELATED TO LACTOSE INTOLERANCE
13. SLEEPING AID MEDICATION
14. EYE DROPS FOR DRY ITCHY EYES OR DUE TO MEDICAL CONDITIONS
15. HEARING AID BATTERIES



# EXAMPLES OF INELIGIBLE EXPENSES

THIS IS NOT A COMPLETE LIST OF INELIGIBLE EXPENSES- CALL THE BENEFIT OFFICE IF YOU'RE NOT SURE.

- BABYSITTING AND CHILD CARE
- CANCELLED APPT. FEES
- COSMETIC SURGERY/PROCEDURES
- DANCING/EXERCISE PROGRAMS
- DISCOUNTS/WRITE OFF'S
- ELECTROLYSIS
- FITNESS PROGRAMS
- HAIR LOSS MEDICATION
- MASSAGE THERAPY
- MATERNITY CLOTHES
- PERSONAL TRAINER
- SWIMMING LESSONS
- TEETH WHITENING/BLEACHING
- VITAMINS FOR GENERAL HEALTH
- COSMETICS
- FACE CREAM
- MEDICATED SHAMPOOS/SOAPS
- MOISTURIZERS
- ONE A DAY VITAMINS
- SUNSCREEN
- TOILETRIES
- TOOTHBRUSH/TOOTHPASTE
- TOPICAL CREAMS



# HOW WILL I BE REIMBURSED?

- ONCE YOU SUBMIT YOUR CLAIM YOU WILL RECEIVE AN **HRA** EXPLANATION OF BENEFITS FORM FROM THE BENEFITS OFFICE WHICH WILL SHOW WHAT EXPENSES WERE PAID OR DENIED AND THE BALANCE OF YOUR ACCOUNT.
- OUR PLAN IS TO HAVE A **SMART BENEFIT CARD (VISA DEBIT CARD)** ISSUED BY THE FIRST OF JULY. ALL REIMBURSEMENTS WOULD BE APPLIED TO THIS CARD AND YOU CAN USE THE CARD JUST LIKE ANY OTHER **VISA DEBIT CARD**.
- IF WE ARE UNABLE TO GET CARDS ISSUED RIGHT AWAY THEN REIMBURSEMENTS WILL BE DONE BY CHECK.



QUESTIONS???

