

HEALTH REIMBURSEMENT ARRANGEMENT

The Personal Account Plan Benefits are designed to help you pay for certain medical costs not covered by this or any other health care or insurance plan. The following Benefit may be reimbursed from your Personal Account (HRA):

Health Expense Benefit

If you incur health care expenses while you are a Participant in the Plan, for yourself, your spouse, or your dependent child, and these expenses are not covered under the Medical Benefit of the Insurance Benefit or any other insurance program, you may apply for a distribution of a portion of your account to pay for the uncovered bills.

These expenses may include, but are not limited to the following:

- a. dental expenses,
- b. eye care expenses,
- c. hearing aids,
- d. physical exams,
- e. Insurance Benefit deductibles, co-insurance and co-payments, and
- f. Prescription Drug deductibles, co-insurance and co-payments.

Claims under this Benefit may be submitted only if they total at least \$200. You may add several bills together in order to reach the \$200. In any event, regardless of the amount of your covered bills, in the months of March and November you may submit such bills to the Plan. Such submissions are not permitted in any other month.

Finally, claims for reimbursement under this Benefit must be made within twelve (12) months from the date the expense was paid.

Acceptable Forms of Verification

Please note that that we will not accept claims by e-mail or facsimile. The Plan Requires that you submit **original** itemized statements and receipts for your healthcare reimbursements. Photocopies of prescription vouchers, carbon copies from checkbooks, photocopies of checks and register receipts are **not** acceptable. You may submit photocopies of cancelled/cashed checks, photocopies of credit card statements reflecting payments made, and photocopies of paystubs for the health care premium reimbursements, and pharmacy accountings. While we realize that this may be an inconvenience, it is necessary in order for us to protect the integrity of the Fund and your benefits.

BENEFIT LIMITATIONS

Under no circumstances may any money be drawn from your account once the level of your account has reached zero.

Total reimbursements for the Health Expense Benefit may not exceed \$15,000 in any one Plan Year.