

INFORMATION ABOUT YOUR PREMIUM CREDIT ACCOUNT

February 24, 2025

PREMIUM CREDIT ACCOUNT REIMBURSEMENT PROGRAM

Due to the Plan's Deductible, Coinsurance, and Copayment requirements, you are responsible for paying a portion of many Covered Medical Expenses you and your Dependents incur. Similarly, you may incur dental and vision expenses for you and your Dependents because the Plan does not provide these benefits.

REIMBURSEMENT PROCEDURES

Reimbursement for these types of out-of-pocket expenses may be available under the Premium Credit Account Reimbursement Program. You must submit a claim for reimbursement no later than June 30th of the year following the Calendar Year in which you or your Dependents incur the reimbursable expenses. You may submit claims for reimbursement when it is convenient for you, but the Administrative Manager will process reimbursements once per calendar month. Paperwork needs to be received by the Administrator by the 7th of the month to ensure payment that month. Reimbursement checks are processed on the 11th of every month. There is a processing fee per reimbursement check.

HOW TO FILE A CLAIM

To be reimbursed, you must submit a completed reimbursement claim form along with satisfactory documentation of the expenses. Please Note: You will need to file a separate claim form for each individual. When filing a claim for benefits with the Fund Office, your written claim must provide the following:

- Fully completed Reimbursement Claim Form for each individual, signed and dated by the member. You can find the reimbursement form on the www.ibewlocal343.org website under the Health Care Tab.
- Explanation of Benefit (EOB) statement that shows the patient's name, date(s) of service and the co-pay, coinsurance, or deductibles paid under our Plan or your spouse's employer-sponsored health insurance Plan. When claims are submitted through your health insurance, you will receive an Explanation of Benefit (EOB) in the mail. If you elected the paperless option or do not receive an EOB in the mail, you can create an account at www.umar.com to retrieve your EOBs. Please note that any dependent over the age of 18 will need to set up their own account to view and print their EOBs.
- If you have Vision or Dental insurance, you will need to submit a copy of the Explanation of Benefit (EOB). If you do not have Vision or Dental coverage, you must submit an itemized statement showing procedure codes, who performed the service along with the provider's Federal Tax ID number.
- If the expenses are for Orthodontic or Invisalign services, you must submit the Ortho contract, an Itemized statement showing the placement date and who performed the service along with the provider's Federal Tax ID number. If you have Orthodontic insurance, you will need to submit a copy of the Explanation of Benefit.
- If you have dual coverage, both Explanation of Benefits are required.
- You do NOT have to pay the healthcare provider before you request reimbursement.

What Documentation is Not Accepted?

- Credit Card Receipts are not sufficient and cannot be accepted.
- Provider Statements showing a Balance Due amount, Balance Forward amount, or only showing Payment amount. We need the detail stated above in order to process your request.
- Pre-Estimate Explanation of Benefit from Dental Insurance. Services must be rendered.
- Receipts that do not indicate services are FSA/HSA eligible.

PAYMENT OF CLAIMS

Reimbursement checks are processed on the 11th of every month. There is a processing fee per reimbursement check.

Should you have any questions or concerns about your Premium Credit Account or how to file a claim for reimbursement, please reach out to the Fund office at (952) 854-0795 for more information.