



**Please note the following instructions for filing an HRA claim:**

In order for PIBF to complete processing on an HRA claim, the expense being requested **MUST** have been processed through the PIBF Health & Welfare Plan or Pharmacy Plan first. If you or a family member are eligible for secondary insurance coverage through any other source, you must provide a copy of the final payors explanation of benefits for the charge to be reimbursed under the HRA plan.

When filling out the HRA claim form, in the space for **I.D. #**, please use the PIBF ID number (indicated on your insurance identification card) or the member's social security number. Please do not use your Local 798 Book Number.

**PHARMACY EXPENSE:** You must send an itemized pharmacy statement or pharmacy receipt reflecting the patient name, RX number, date purchased and the amount you paid (your co-pay) after using the PharmaCare/Caremark drug card. Reimbursement cannot be processed from a cash register receipt, unless it includes ALL of the above.

**MEDICAL, DENTAL OR VISION EXPENSE:** You do not need to send a statement from the doctor's office, hospital or any other medical provider's office. **You do** need to attach a copy of the PIBF explanation of benefits (EOB) which indicates the "Members Balance" after processing through the PIBF Health & Welfare Plan.

\*\*\*The only exception to the above is if your eligibility for health insurance with PIBF is through **retirement**. If you are a **retired** participant, you do not qualify for the benefits provided under the PIBF Vision or Dental plan, therefore, a **retiree** would not have a PIBF EOB and would need to send an itemized statement from the vision care provider or dental provider which includes dates of service, patient name, description of services rendered and amount charged for each. The statement must also include the complete name and address of the vision or dental provider's office.

If you do not have access to a copy machine, you can fill out the HRA claim form and in the column labeled **Expense Description** write in the PIBF claim number which can be found on the PIBF EOB on the upper right hand side.

According to IRS guidelines, you cannot receive reimbursement under a Health Reimbursement Arrangement for any services (including prescriptions) considered cosmetic. This includes services related to weight loss, teeth whitening or bleaching, or any other services for cosmetic purposes. Receipts, statements, EOB's or any other documentation you send with your HRA claim form will not be returned. Therefore, you may want to keep a copy so that you will have it for your records. According to the IRS, medical expense reimbursed through a Health Reimbursement Arrangement cannot be claimed as a medical expense deduction on your taxes.

**You have until March 31 of the following year to file for HRA reimbursement on out of pocket expense for the prior year.**