



# IBEW Local No. 236

## Health and Benefit Fund, Annuity Fund, and Pension Fund

August 1, 2003

William J. McDaniel, C.P.A.  
Funds Administrator

Dear Member:

As stated in the IBEW Local 236 Health and Benefit Fund Summary Plan Description (SPD), a qualifying reimbursement is described as follows:

*If you incur health expenses for yourself, your lawful spouse, or dependent children, and these expenses are not covered under 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. Health care expenses reimbursable by the Fund are those determined to be deductible by the Internal Revenue Service (IRS).*

Attached are the *two-part* guidelines of the requirements necessary to submit a qualifying reimbursement. You **must** complete Part I before you can submit your Health and Benefit application for reimbursement. If you **do not** complete the steps required in Part I, you **will not** be eligible to apply for Part II. Once you have completed the requirements in Part I, you may submit a claim form and all relevant documentation to the Fund Office. Generally, if the insurance company determines that a portion of the expense is covered under your policy, the Funds will reimburse on the uncovered portion, so long as it clearly qualifies under the guidelines specified in Part II. In the case of a claim denied by the insurance carrier, the claim submitted to IBEW Local No. 236 Health and Benefit Fund will then be presented to the Board of Trustees at their quarterly meeting. You will then be notified by mail of their decision of approval or denial for your claim. For your protection, on all large ticket items, pre-approval of allowability for reimbursement is advised before making your purchase.

We have instituted this process for the following reasons:

1. So that all medical services and appliances that are eligible for insurance coverage are paid by your carrier. This serves to reduce your out of pocket expense.
2. As the cost and types of medical solutions suggested by the medical profession continue to increase, it has become necessary to enlist the opinion of professionals in the allowability and propriety of certain equipment and procedures. The insurance carrier is one such professional readily at our disposal.
3. To ensure that we have performed our due-diligence with regards to the Fund and participants. As reimbursements from Taft-Hartley Health Plans have come under increased scrutiny by the IRS and ERISA, it is essential that reasonable and acceptable procedures are in place and observed.

Respectfully yours,

William J. Mc Daniel  
Funds Administrator

cc: Trustees

Enclosure

submission GUIDELINES general.doc

## **GUIDELINES – PART II**

Your submission for a Health and Benefit Reimbursement must include the following:

### **A. Medical Requirements:**

- Original prescription from your *Medical Doctor* stating medical need for this item/service is for long term treatment of disease or illness and that acceptable alternatives do not exist

### **B. IRS Requirements:**

- Primary purpose is for medical care for the benefit of member or dependent for whom prescription is written
- Item/Service is not for convenience only
- Item/Service is not a permanent fixture or capital improvement
- Item/Service is not readily available during non-working hours at an acceptable public facility, health club, or spa

### **C. Item Descriptions:**

- Specifications from manufacturer (i.e. hot tub, air conditioner, etc)
- Capacity/Size of item should be limited to that which is sufficient to accommodate member or dependent for whom prescription is written
- Invoice stating item type, model, size and price from purchaser
- Price of item does not include plumbing, electrical or landscaping costs
- Item must have capability of year-round use for its primary medical care purpose

### **D. Additional documentation:**

- Signed statement from Part I of these guidelines
- All pertinent copies from your insurance provider (e.g. - your submission, appeal, denial(s), and EOB).

**GUIDELINES – PART I**

Before submitting your reimbursement to the Fund (e.g. large ticket items), the following must be completed:

**A. Health Insurance Carrier:**

- Benefit claim for the item/service must be submitted to your Health Insurance carrier before submitting for Health and Benefit reimbursement
- Explanation of benefits (EOB) from the carrier.

Where applicable:

- A denial letter from insurance carrier stating item is not allowed and reason(s) denied
- Properly documented appeal request of the denial submitted to insurance carrier
- Denial of appeal from insurance carrier stating reason (s) for denial

**B. Signed Statement:**

- I certify that I have submitted all the required documents necessary to submit a claim to my Health Insurance and I have no other carrier (s). Attached are all pertinent copies from my insurance provider (e.g. - my submission, appeal, denial(s), and EOB).

Name: (person who submitted claim – print clearly): \_\_\_\_\_

Date: \_\_\_\_\_

SS#: \_\_\_\_\_

Member Signature: \_\_\_\_\_