

# FREQUENTLY ASKED QUESTIONS FOR HRA CLAIMS

## What is the HRA account?

- The Health Reimbursement Account (HRA) is an account available for you to help cover eligible out of pocket medical expenses, such as:
  - deductibles and participant's balances from medical claims processed by the Fund
  - both active and retiree self-payments to continue eligibility in the Fund
  - other eligible medical expenses under IRS Publication 502
- For each hour contributed to the Fund by your employer, \$1.00 is allocated to the HRA.

## When am I eligible to use the money from the HRA?

- As long as you are eligible in the Fund, you are eligible to use your HRA.
- Once your eligibility in the Fund ends, so too does your eligibility to use the HRA.

## How long is the HRA money available for?

- If money remains in your HRA at the end of the year, it just rolls over into the next year, allowing you to save for future eligible expenses.
- If you lose eligibility in the Fund, any balances will be forfeited when you have not been eligible in the Fund for 36 months.

## How do I know what my balance is?

- Your HRA balance can be found:
  - Quarterly Status Report
  - Self-payment notice
  - Under the member log-in portion of the Fund's website ([www.iuoe139healthfund.org](http://www.iuoe139healthfund.org))

## How do I submit a claim?

- You must submit a claim for reimbursement of any eligible expense within 24 months of the date the expense is incurred.
- You must submit an HRA reimbursement form to the Fund Office.
  - This form can be found on the home page of the Fund's website ([www.iuoe139healthfund.org](http://www.iuoe139healthfund.org))
- The Fund requires that any requests for reimbursement be for a minimum of \$250.
- The form must be completely filled out and signed by the participant or it will be returned.
  - Along with the form, you must provide any of the following, as applicable
    - An EOB from claims processed under the benefits of the Fund.
    - For services not covered under the benefits of the Fund (such as, massage therapy and LASIK), an itemized bill from the service provider including patient name, date of service, description of services, and amount of charge.
    - Any additional documentation requested by the Fund Office

This document is to be used as reference and is not to be signified as a guaranty of eligibility or benefits. In the event of any conflict, the Summary Plan Description and it's amendments supersede this document. Final determination of benefits will be made based on the submitted claim and/or supporting documentation.

- The form and supporting documents can be submitted three ways:
  - Mailed to: Operating Engineers Local 139 Health Benefit Fund  
PO BOX 160, Pewaukee WI 53072
  - Faxed to: 262-549-3549
  - Emailed to: [HRA@iuoe139.org](mailto:HRA@iuoe139.org)

#### How long does it take to get money from the HRA?

- Within 30 days of the date you submitted your claim to the Fund Office, you will either be reimbursed by check or provided with a notification that all or a part of your claim has been denied.
- HRA payments are processed on Thursdays and placed in the mail the same day.

#### Why is my HRA check for a lower amount than requested?

- Some items may not be reimbursable as they are not eligible medical expenses under IRS Publication 502.
- When processing HRA claims, the Fund ensures what can be paid under your available benefits under the Fund is used first before the HRA.
  - Example: you went for an eye exam (\$50) and got glasses (\$400). You paid for the services out of pocket (total \$450) and submitted the receipt to be reimbursed from the HRA. The Fund reviews the services and notices that the full vision benefit is available to apply for this. In this example, the Fund will send you two checks, one for processing the claim under the vision benefit available and one for the HRA reimbursement for any amount not covered by the vision benefit.

**If you have any questions regarding HRA balances or claims,  
please contact the Fund Office at 262-549-9190, option 3.**