

**IBEW Local 347 Electrical Workers
Fringe Benefit Fund**

PO Box 26068
Salt Lake City, UT 84126-0068

CompuSys of Utah, Inc.

Toll Free (844) 347-IBEW (4239)
Fax (801)975-1342

**IMPORTANT NOTICE REGARDING YOUR
HEALTH REIMBURSEMENT ACCOUNT**

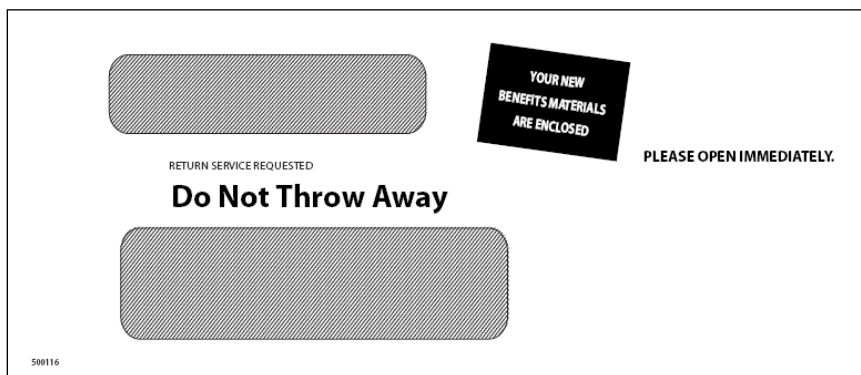
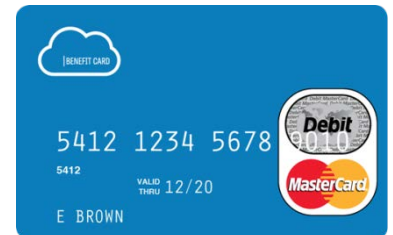
The IBEW Local 347 Electrical Workers Fringe Benefit Fund is pleased to notify you that you now have a Health Reimbursement Account (HRA) to assist you with your out-of-pocket medical expenses. You have the ability to request a MasterCard WEX Health Payment Card for future medical expenses and to submit manual reimbursement requests for expenses you have incurred within the past 12 months.

What do you need to do?

In order to receive your WEX Health Payment Card, you will be required to complete and return the attached HRA Debit Card Election Form. Once the form has been completed and returned to the Administrative Office, your Debit Card will be processed and mailed to you within 10-14 business days. The form can be emailed to HRADEPT@compusysut.com, faxed to 801-975-1342, or taken to the IBEW Local Union 347 office. We recommend using one of these options to ensure prompt delivery to the administrative office.

What do I need to watch for?

You will receive a set of two (2) cards in the name of the Participant. These can be used by you, your spouse and legal dependents as long as they are enrolled in the Health & Welfare Plan. The cards will come to you in an envelope as shown below. You must call the number on the sticker attached to the card in order to activate it for your first use. Replacement cards or lost cards can be reissued for a \$10 fee that will be deducted from your HRA balance.



What can I use the WEX Health Payment Card to pay for?

After your medical, dental or vision provider has submitted a medical claim on your behalf to the IBEW 347 Health & Welfare Plan, Delta Dental or VSP and you receive your Explanation of Benefits or detailed statement showing that insurance has paid, you can pay the provider directly

by swiping your card for the remaining out of pocket portion. You can also fill in your card number on bills you receive from providers to pay the amount you owe after insurance has paid. The amount will be deducted from your HRA balance. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online or with a quick phone call. It's that easy!

The card can be used for eligible medical expenses such as:

- Deductibles and co-pays from the regular benefit plan, including pharmacy.
- Chiropractic and acupuncture expenses not covered by the regular benefit plan.
- Medical, dental, orthodontic or vision expenses not covered by or in excess of the regular benefit plan as long as they are not considered cosmetic expenses.

If your medical provider does not accept credit card payment, you still have the option of requesting a manual reimbursement as you have previously been able to do. This reimbursement will be paid to you in the form of a check.

Important Information!

The IRS requires the Card only be used for eligible expenses, so the Card will not work at gas stations or restaurants – only at health care related providers. Most of the time, we can verify the eligibility of the expense automatically. However, you may sometimes receive a letter/notification asking you to furnish an itemized statement to verify the expense. When you receive such a request, make sure you submit the requested documentation as soon as possible to avoid having your card suspended until receipts have been submitted and approved.

Common Misconceptions about Receipt Requirements

1. If the WEX Health Payment Card is used for an eligible service, no further receipts or documentation are needed to support the expense.
2. Any claim at a doctor, dentist or vision provider will not require receipts.

These misconceptions are NOT TRUE! Since not all services from a medical, dental, vision or a non IIAS pharmacy provider are eligible expenses, itemized receipts are required to verify eligibility. For example, a dentist may perform teeth whitening, which is not eligible for reimbursement.

Logging in to your account

For internet access, visit your Plan's website and click on the "Health Reimbursement Account" link on the left side of the menu. You can also go directly to the CompuSys Consumer Portal located at <https://comphra.lh1ondemand.com>. For first time users, your username is the first letter of your first name, your last name, and the last four digits of your Social Security Number. For example: Jon Smith 123-45-6789 = jsmith6789. The initial password is Compusys which you will be prompted to change.

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**HEALTH REIMBURSEMENT ACCOUNT (HRA)
DEBIT CARD ELECTION FORM**

This form must be completed and returned in order for a card to be produced and sent to you.

Please print neatly or type:

Name of Participant: _____

Last 4 of Social: xxx-xx- _____

The cards will be mailed to the address you provide below

Complete Mailing Address (including city, state and zipcode:

Your telephone number: _____

Email address: _____

You must make an election below.

- I elect to have my HRA balance loaded to a MasterCard Debit Card and mailed to me at the address listed above.
- In addition to the 2 cards being issued to me, I request an additional set of 2 cards for a fee of \$10.00 (to be deducted from my HRA balance) – additional cards can only be ordered once the initial set has been generated and mailed out to you.