

**HEALTHY FOUNDATIONS ACCOUNT (HFA)
FREQUENTLY ASKED QUESTIONS**

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ABOUT THE HEALTHY FOUNDATIONS ACCOUNT

What is the HFA?

The Healthy Foundations Account is a Health Reimbursement Arrangement or HRA. The HFA is an account set up by the Iron Workers Tri-State Welfare Fund that reimburses a portion of your and your family's out-of-pocket healthcare expenses. Out-of-pocket healthcare expenses can include deductibles, coinsurance and pharmacy expenses.

You may hear people refer to the HFA program as an HRA. The Healthy Foundations Account is simply the name given to our Health Reimbursement Account program.

How does the HFA work?

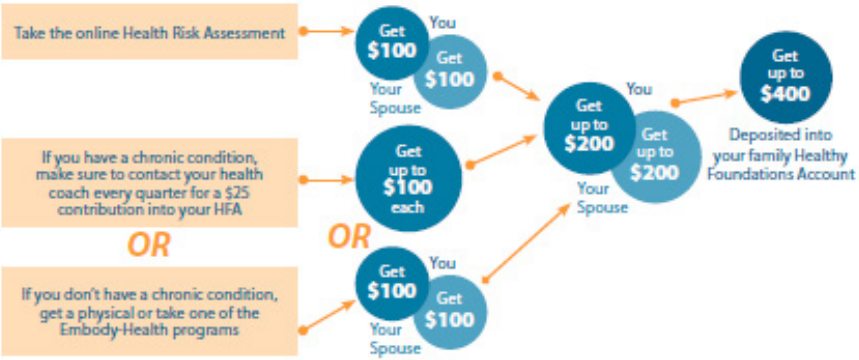
Once you are eligible for the Welfare Fund, you will receive contributions into your HFA. Once your HFA has a positive balance, you will receive your debit card, called the Benny Card. You can use the balance in your HFA to pay for eligible expenses either using your Benny Card or by completing and submitting the HFA Reimbursement Form. You can get the form online at www.tristatewelfarefund.com or call the Fund Office for one.

How is my HFA funded?

Your HFA is funded in one of three ways through the Welfare Fund, with some Locals adding contributions. You cannot contribute to your HFA, but you can increase the contributions you receive by completing certain wellness activities.

1. For every hour you work (or have worked) after June 1, 2014, \$0.35 contributions are made into an account on your behalf. There is no limit to how much money you can have in your account.
2. Some Locals have contributed additional money into the program above the \$0.35/hour the Fund is currently contributing.
3. In addition, you and your spouse can complete certain wellness activities and can get up to \$200 each put into your HFA per year.

DON'T FORGET: YOU & YOUR SPOUSE CAN GET UP TO \$400 A YEAR



If you need more information, be sure to review the newsletter you received in February or go to www.tristatewelfarefund.com and click on Healthy Foundations.

Don't let these tax free dollars slip through your fingers. Start now.

If you want to...	Do this...
Complete a Health Risk Assessment	Go to www.mcmhealthsolutions.com , sign in, and click on <i>I'm ready to take the Health Assessment now</i> . If you haven't registered, you can do that at any time by clicking the <i>Register Now</i> button.
Contact your health coach	Call (800) 367-9938.
Get a physical	Call and make an appointment with your doctor. Remember to ask whether you need to fast (and for how long) for any tests.
Take an Embody-Health online program	Go to www.mcmhealthsolutions.com , sign in, and click on one of the programs listed under <i>Taking Action</i> under <i>My Tools</i> in the bar on the right side.
Submit an HFA claim	Go to www.tristatewelfarefund.com , click on the <i>Healthy Foundations</i> box, click on the <i>HFA Reimbursement Form</i> on the left column, and print the form. Once you complete the form, mail it to the address provided on the form.
See more details about the Healthy Foundations Program	Go to www.tristatewelfarefund.com and click on the <i>Healthy Foundations</i> box.

What are eligible healthcare expenses under the HFA?

The IRS has very specific rules governing Health Reimbursement Accounts like the HFA.

Generally, expenses covered under the Fund's health plans are considered eligible expenses. These include co-payments for trips to the doctor, surgeries, ER visits, and more. You can also use the HFA to pay for prescription drug and dental expenses.

[Click here](#) to see examples of eligible expenses. For a list of what kinds of expenses are considered eligible, refer to [IRS Publication 502](#) or contact the Fund Office.

How can I check my HFA balance?

The Fund Office sends out quarterly letters to you showing your account balance.

You may also go to the Fund website at any time by going to www.tristatewelfarefund.com and clicking on the HFA benefit link on the Contact Us page. There, you can login and check your balance at any time.

Does the money in my HFA ever expire or can it be lost?

As long as you are an eligible member of the Welfare Fund, there is no expiration date for the money in your HFA. That is, you don't have to use up your account by the end of each year.

Some options for using your HFA include:

- Building up a nest egg of contributions to use to pay for retiree healthcare coverage.
- Maintaining eligibility in the Welfare Fund when work is slow.
- Paying expenses such as the annual deductible or extensive dental work that goes over the yearly maximum.

Do I have to use the HFA?

No. You have the right to opt out of the HFA benefit permanently, at any time, including upon termination of Covered Employment. If you opt out, you waive any right to future reimbursement and you may not re-enroll at a later date.

What happens if I change or lose my job?

Your HFA belongs to you as long as you are an eligible member of the Welfare Fund.

If you no longer become eligible for participation in the Welfare Fund, for example by finding work in another industry or for not meeting the initial eligibility requirements, you forfeit your HFA and all its funds.

You cannot take the HFA with you if you leave for another job, unless your new employer contributes to the Welfare Fund.

Can I “cash out” my HFA?

No. The funds in your HFA are for eligible healthcare expenses only. Similarly, you cannot take the funds if you are no longer employed by a contributing Employer.

ABOUT THE HFA BENNY PREPAID BENEFITS CARD

What is the Benny Prepaid Benefits Card?

The Benny Prepaid Benefits Card looks and acts like a debit card you can use with your HFA. The card, either a MasterCard® or Visa® card, gives you an easy, automatic way to pay for qualified healthcare expenses.

You will receive two cards. If you also cover an eligible dependent, they can use the card to pay for their eligible expenses. Remember that both cards are linked to the same HFA, so any funds deducted by one card affect the amount of funds available to the other card.

Although Evolution1 supplies the cards, you should call the Fund Office if you have questions.

How does the Prepaid Benefits Card work?

When you receive your cards, you must activate them before you can use them. To activate the cards, call the toll-free number on the activation sticker on the front of your card or visit the website on the back of your card.

You can use both Cards once the first Card is activated; you do not need to activate both. However, you must wait one business day after activation to be able to use your cards. Each card user should sign the card with his or her own name.

The Benny Card works like any other MasterCard or Visa debit card, with the value of your account's contribution stored on it.

- When you have eligible expenses at a business that accepts MasterCard or Visa, simply use your HFA's Benny Prepaid Benefits Card.
- The amount of your eligible purchases will be deducted automatically from your account and used to pay for the eligible expense.

The Card is actually a prepaid Card. When you use the Card, select "Credit." You do not need a PIN and you cannot get cash with the Prepaid Benefits Card. You will be asked for the CVV (Card Verification Value), which is a 3-digit number that can be found on the back of the card to the right of the signature panel.

When you use your card, funds are deducted from your account immediately. You cannot use your card like a credit card. In order to use your card, you must have the appropriate amount of funds in your HFA to cover the expense at the time of purchase.

Where can I use my Prepaid Benefits Card?

You can use your Benny Prepaid Benefits Cards at healthcare providers' offices. You can also use the Card anywhere else you can purchase eligible healthcare products or services, as determined by the IRS.

Examples include participating:

- Retail pharmacies,
- Mail-order pharmacies,
- Discount stores,
- Department stores, and
- Supermarkets.

In order to use your Card, the healthcare provider or the participating retailer must accept MasterCard or Visa.

What is considered an eligible pharmacy?

Pharmacies are considered eligible if they have certified that 90% of their merchandise is eligible according to IRS rules. This includes most pharmacies in the country.

However, using your Card at one of these pharmacies may require further substantiation or paper follow-up to approve the claim, so you should keep your receipt.

How will I know if my transaction goes through and my Card is accepted?

In most cases, the Benny Card uses auto-substantiation technology to verify automatically and immediately if your transaction is eligible according to IRS rules.

Typically, no paper follow-up is needed.

What happens if my transaction doesn't go through and my Card is not accepted?

If the transaction cannot be auto-substantiated, the transaction will not go through and you will need to use another form of payment (like your personal credit card or cash).

When should I use the card to make a payment at a Medical/Dental/Vision Office?

As it is with normal claims payment, you should only make a payment to a provider when you are certain that you have a balance due. This is typically after the Fund has completed the claim for the specific provider. After the claim is completed, you will know exactly what you owe.

What does "substantiation" or "paper follow-up" mean?

When you incur an expense with the Card, the Fund Office will also be able to view the expense. If the Fund Office cannot determine the expense that you charged, substantiation (a receipt) may be needed.

You will receive a letter any time substantiation of an expense is needed.

Are there places the Prepaid Benny Card won't be accepted?

Yes. Your card will not be accepted at locations that do not offer the eligible goods and services, such as hardware stores, restaurants, bookstores, gas stations and home improvement stores. Cards will not be accepted at pharmacies, mail-order pharmacies, discount stores, department stores, and supermarkets that cannot identify HRA eligible items at checkout.

Why do I need to save all of my itemized receipts?

You should always save itemized receipts for purchases made with the Prepaid Benny Card. You may be asked to submit receipts to verify that your expenses comply with IRS guidelines. Each receipt must show:

- The merchant or provider name,
- The service received or the item purchased,
- The date of the transaction, and
- The amount of the purchase.

How long do I need to save my itemized receipts?

You should save itemized receipts for three years to comply with IRS document retention rules.

What if I lose my receipts or I accidentally swipe the Card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt.

In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, you can send a check or money order to the Fund Office for the amount so it can be credited back to your benefit account. If you have this situation, call the Fund Office for detailed instructions.

What if I have an expense that is more than what's in my account?

You may be able to split the cost at the register and use another form of payment to pay the balance of the expense. Check with the merchant.

For example, you may tell the clerk you wish to use the Card for the exact amount left in your account, and then pay the remaining balance separately. Or, you may pay the entire expense another way (like with a separate credit card) and later submit a claim form with the appropriate documentation to your Plan Administrator.

What are some reasons my Prepaid Benny Card might not work at point of service?

The most common reasons why your Card may be declined at the point of service are:

- Your Card has not been activated;
- You used your Card before the one business day grace period after activation;
- You have insufficient funds in your HFA to cover the expense;

- You've included ineligible expenses at the point of service;
- The merchant or provider is encountering problems (e.g. coding or swipe box issues); or,
- The merchant cannot identify HFA-eligible items at checkout, according to IRS rules.

What if my Prepaid Benny Card is lost or stolen?

Call the Fund Office to report your card lost or stolen as soon as you realize it is missing. The Fund Office can then turn off your current card(s) and issue replacement card(s). A small replacement card fee may apply.

Am I responsible for charges on lost or stolen Prepaid Benefit Cards?

If your card is lost or stolen and you notify the Fund Office within two business days, you will not be responsible for any charges. If the notification is after two days, you may be responsible for the first \$50 or more of any charges. A small replacement card fee may apply.

If I have questions about my Prepaid Benny Card, who should I call?

Call the Fund Office at the phone number shown on the back of your card.

How will I know to submit receipts to verify a charge?

You will receive a letter or notification from the Plan Administrator if there is a need to submit a receipt. All receipts should be saved as required under IRS regulations.

What if I fail to submit receipts to verify a charge?

If you do not submit the necessary receipts, then your Card may be suspended until receipts are received. You may be required to repay the amount charged.

The Fund Office will advise you that the Card has been suspended if a receipt is not received. Submitting a receipt or repaying the amount in question will allow the Card to be reactivated.

Does the Fund Office accept my personal debit or credit card so I can pay for my coverage self-payment or COBRA?

No, the Fund does not accept outside debit or credit cards as payment for your coverage. You can only use the funds in your HFA to make payments to continue your coverage under either the active or retiree program.

To use your HFA to continue your coverage under the Plan, you will be required to file a claim form.

HRA EXPENSE ELIGIBILITY

IRS Publication 502 also provides a [list of eligible and ineligible medical expenses](#). See the table below for a summary of eligible expenses.

Abortion	Hearing-impaired telephone
Acupuncture	Inpatient hospital services
Ambulance	Laboratory fees
Annual physical exam	Long-term care
Artificial limb	Medications (prescribed only)
Bandages	Operations (medically necessary)
Body scan (for diagnostic testing)	Optometrist
Breast pumps and supplies	Osteopath
Breast reconstruction (postmastectomy)	Oxygen
Chiropractor	Pregnancy test kits
Christian Science practitioner	Psychiatric care
Contact lenses (and solution)	Psychoanalysis
Crutches	Psychologist
Dental treatment (not teeth whitening)	Smoking cessation programs
Diagnostic devices (such as diabetes test kits)	Sterilization
Eye exam	Substance abuse treatment
Eyeglasses	Therapy
Eye surgery (vision correction)	Transplants
Hearing aids	Vasectomy
	Wheelchair
	X-rays