



Tri-County Building Trades Health Fund

3150 US Rt. 60
Ona, WV 25545



REIMBURSEMENT CLAIM FORM (Gym membership, Dental, Vision, Hearing, and QRE)

Instructions: Check off the type of reimbursement you are requesting. Please complete **ONE FORM** per patient, along with the following information:

Reimbursement for:

Gym Memberships

Dental Services

Vision Services

Hearing Services

QRE (Qualified Medical Reimbursement) Medical, Dental, Vision and Prescription reimbursements for IRS allowable services that are either NOT covered under your other benefits OR you wish to have paid out of your QRE. You may also elect to use these funds for your self-payments.

Requirements:

Active Employees only: Copy of your Gym Membership receipt from a recognized gym or fitness facility, maximum reimbursement amount is \$200

Receipt must include the date the membership is for and name of member

A copy of the itemized billing, this billing must include the date of service, procedure code for services performed as well as the patient's name.

Orthodontic services will be paid for after services are rendered.

A copy of the itemized billing, this billing must include the date of service, procedure code for services performed as well as the patient's name.

A copy of the itemized billing, this billing must include the date of service, procedure code for services performed as well as the patient's name.

PLEASE NOTE: Allow up to 30 business days for reimbursement.

Member's Name: _____ Member's SS# _____
or Alternate ID: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service	Provider Name	Date of Service	Amount of Claim
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

By signing this form, I understand that benefits shall be paid in accordance with the Tri-County Building Trades Health Fund Account requirements and limitations established by the Board of Trustees. (See the reverse side of this form for a brief description of covered benefits).

Member's Signature: _____ Date: _____

(OVER)

Reimbursements are available for expenses incurred for Gym Memberships, Dental and Vision expenses as well as qualified medical reimbursements which include self-payments for your health care premium. The reimbursement for the Gym Membership is only available for **active** eligible participants. The Dental and Vision reimbursement is available to both actives and early retirees and only to those that have elected Option 1 or Option 2. If you have not elected Option 1 or Option 2 and have money available in your QRE, you may use it for

What do I have to do to request reimbursement for my Benefit?

You must send a completed Reimbursement Benefit Claim Form along with the following information: (NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE).

Reimbursement for:

Gym Membership

Information Required

Copy of your Gym Membership receipt from a recognized gym or fitness facility, maximum reimbursement amount is \$200

Dental Claims

A copy of the itemized billing, this billing must include the date of service, procedure code for services performed as well as the patient's name.

Orthodontic services will be paid for after services are rendered.

Vision Claims

A copy of the itemized billing, this billing must include the date of service, procedure code for services performed as well as the patient's name.

Hearing Claims

A copy of the itemized billing, this billing must include the date of service, procedure code for services performed as well as the patient's name.

QRE Claims

A copy of the itemized billing, this billing must include the date of service, procedure code for services performed as well as the patient's name. Authorization for self-payments.

Where do I obtain Reimbursement Claim Forms?

You may call the Fund Office to have a Claim Form mailed to you.

Where do I send my Reimbursement claim requests?

Send these requests to: Tri County Building Trades Health Fund
Reimbursement Benefits
3150 US Rt. 60
Ona, WV 25545

Is there a time limit to file for Reimbursement Benefits?

Yes, Reimbursement Benefit claims must be filed within one year of the date of service.

What is my maximum Reimbursement Benefit?

Actives Only

The maximum reimbursement, for active members only, for a qualified gym membership is \$200 per year, per family.

Actives and Early Retirees

As of 1/1/15, the maximum yearly Dental reimbursement, for actives or early retirees that have elected it, for all family members combined are as follows;

Option 1 \$2000

Option 2 \$4000

As of 1/1/15, the maximum yearly Vision reimbursement, for actives or early retirees that have elected it, for all family members combined are as follows;

Option 1 \$600

Option 2 \$1200

The maximum yearly Hearing reimbursement is \$2500 every 3 years, this includes all services, exam, fitting and appliances.

Medicare Eligible Members

The maximum Dental reimbursement for Medicare eligible members is \$125 per year.

The maximum Vision reimbursement is as follows;

Vision Exam – Member is responsible for a \$25 co-pay per year, the fund will pay the balance of the exam.

Glasses and Contacts – The maximum reimbursement for glasses or contacts is \$170 every 2 years.

The maximum Hearing reimbursement is as follows;

Hearing Exam – Member is responsible for a \$25 co-pay per year, the fund will pay the balance of the exam, once every 3 years.

Hearing Aids – The maximum reimbursement for hearing aids is \$1000 every 3 years.