

HPAE Retiree Medical Trust



HPAE has established a medical expense reimbursement plan to help retirees pay for their medical costs. While you are an active employee, money is contributed on a pre-tax basis to the **HPAE Retiree Medical Trust**, a non profit benefit fund. When you retire or leave a participating healthcare institution and have reached the eligibility age, you will be able to submit bills for various medical expenses and receive tax-free reimbursements, up to the amount of your accrued benefit level.

What kind of medical costs will be reimbursed? **The program will reimburse you for health and long-term care insurance premiums, out-of-pocket costs, deductibles, co-pays, etc.** Medical expenses are broadly defined: they include hospital and medical provider expenses, dental and vision care, and hearing aid and prescription drug costs. Any expenses considered by the IRS (Publication #502) as a tax-deductible medical expense can be submitted for reimbursement.

Your union contract specifies who is eligible for the program in your facility and how much money is contributed to the program. In some health care institutions, employees contribute to the program through a pre-tax, payroll deduction. In others, the employer makes the contributions, It's also possible to have both employer and employee contributions.

All contributions are tax-advantaged. Money contributed to the fund is not taxed; interest earned by the fund is not taxed; and reimbursement money is not taxable income.

Currently, over 5500 HPAE members in 14 locals participate in the HPAE Retiree Medical Trust. The benefit fund is solidly financed and is providing an important benefit for HPAE members.

Zenith-American is the Third Party Administrator (TPA) of the Retiree Medical Trust. Please visit hpaе.zenith-american.com for additional information, including:

How to Submit a Claim for Reimbursement
 Summary Plan Description
 Contribution History
 Participant Information Card

PBS Benecard Application
 Medical Expense Reimbursement Form
 Summary Annual Report

For additional information on the HPAE Retiree Medical Trust, please visit www.hpaе.org/resource/rmt



What is the HPAE Retiree Medical Trust?

The HPAE Retiree Medical Trust is a fund established by HPAE and participating employers to help pay for your medical costs after retirement. This medical reimbursement plan, provides reimbursements for costs incurred after retirement. Eligible employees fall under two categories, Regular Beneficiaries and Limited Beneficiaries. Regular Beneficiaries qualify for Monthly Benefits, and Limited Beneficiaries qualify for Employee Account Benefits.

Beneficiaries and Benefits

The Plan provides for two categories of Beneficiaries: "Regular Beneficiaries" and "Limited Beneficiaries." It is possible to belong in one or both of these categories.

A "Regular Beneficiary" is entitled to monthly benefit payments for life at a certain set amount, in reimbursement for Covered Expenses as defined in the Plan, up to a certain level, because he/she met the eligibility requirements listed below:

- He/she earns five (5) years of Active Service in the Trust;
- Contributions are made to the Trust on his/her behalf;
- He/she attains age 55; and
- He/she ceases all employment (including per diem employment) with a participating employer in the Trust.

A "Limited Beneficiary" is entitled to benefit payments in miscellaneous amounts for reimbursement of Covered Expenses from his/her individual Employee Account as needed, up to the balance in the Employee Account. These reimbursements may not last for life if the Employee Account is exhausted. An Employee will have an Employee Account if one of the circumstances listed below applies:

- The Employee has less than five years of Active Service credits and is no longer working in a participating hospital or institution; or
- The Employee has an accrued leave transfer to the Trust, pursuant to a collective bargaining agreement; or
- The Employee has five or more years of Active Service but less than \$5000 of contributions were made to the Trust on his/her behalf, and the Employee is no longer working for a participating hospital or institution.

What Medical Expenses will be reimbursed by the Plan?

The following medical expenses are considered Covered Expenses, under the Plan, when they are incurred for a Beneficiary (retiree, spouse, child as defined under the Plan):

- Premium or contribution payments for coverage under health, dental, or vision insurance plans.
- Medical expenses excludable from gross income under Internal Revenue Code Section 213(d), in other words, costs for diagnosis, cure, mitigation, treatment, or prevention of disease or injury, including insulin, but not including other non-prescribed drugs. For a complete list, see IRS Publication 502, which can be found at www.irs.gov/pub/irs-pdf/p502.pdf.
- Premium payment for qualified long-term care (LTC) insurance.

How to Receive Benefits

Eligible members may receive benefits in two ways, by using the Pre-paid Benefit Debit Card, or by submitting a claim for reimbursement.

1. Pre-Paid Benefit Debit Card

The Pre-paid Benefit Debit Card is the recommended way to receive benefits. Members may use the debit card to pay for covered expenses at the point of service, without paying cash upfront. Members can also view claims, account balances, and other information on the [Pre-Paid Benefit Debit Card website](#). To elect the Pre-Paid Debit card, please fill out the Debit Card Election Form and send it to our office.

2. Claim Submission for Reimbursement

Members may submit the Medical Expense/Premium Reimbursement Claim Form to receive reimbursements in the form of a check. Claim Forms and Supporting Documents may be uploaded on the "Documents Upload" tab, emailed to HPAERMTCclaims@zenith-american.com, or mailed to the address below