



**IATSE**



**NATIONAL BENEFIT FUNDS**

# **Medical Reimbursement Program (MRP) For Plan C-MRP and Plan R-MRP**

## **GUIDEBOOK**

July 2016

This guidebook has been prepared to help explain how the medical reimbursement Plans (Plan C-MRP and the Retiree-only MRP Plan (Plan R-MRP)) offered by the IATSE National Health & Welfare Fund (the Fund) work, and to outline the various medical expenses you can submit for reimbursement. Although we have done our best to make this guidebook thorough and complete, the summary plan descriptions have the full rules and regulations regarding Plan C-MRP and Plan R-MRP. If there is a conflict between the language in this guidebook and the language in the applicable summary plan description, the language in the summary plan description will govern.

**The Board of Trustees  
June 2016**

## PARTICIPATION IN PLAN C-MRP

You can participate in Plan C-MRP in one of two ways once you become eligible for coverage under Plan C:

1. **As a stand-alone option:** If you certify and provide proof that you have other acceptable employer or union sponsored **group** medical coverage that meets the minimum value standard under the Affordable Care Act (ACA), you can enroll in Plan C-MRP as a **stand-alone** option instead of Plan C-1, C-2, C-3 or C-4. Such certification and proof is required when you initially select the stand-alone Plan C-MRP option and at each annual open enrollment period. Please note that you must have “group” health coverage (coverage through an employer or union) in order to enroll in the stand-alone MRP option. Coverage through an individual health plan or through a government program (Medicare, Medicaid, Tricare, Veterans Administration) is not acceptable other coverage for the stand-alone option.
2. **As a supplement to other coverage from Plan C:** If you enroll in Plan C-1, C-2, C-3 or C-4 and have **excess funds** in your CAPP account, you may participate in Plan C-MRP as a supplement to your other Plan C coverage. “Excess funds” means that the balance in your CAPP account is greater than the cost of the next two quarters of coverage in the Plan C option in which you are enrolled.

Please consult the Plan C summary plan description for additional rules on the stand-alone or excess funds options.

## PARTICIPATION IN PLAN R-MRP

You may participate in Plan R-MRP if you are a retired participant of Plan C and have a balance remaining in your active Plan C CAPP account. Retired means that you are age 65 or older and are enrolled in Medicare, or you have a Social Security Disability Award (and are thereby enrolled in Medicare) and do not meet the definition of “active” as defined by the Fund.

## RULES APPLICABLE TO PLAN C-MRP AND PLAN R-MRP

### Where to get a claim form

Claim forms are available on the Fund’s website, [www.iatsenbf.org](http://www.iatsenbf.org), or can be obtained by requesting one through the Participant Services

Center. You can easily reach the center by e-mail at [psc@iatsenbf.org](mailto:psc@iatsenbf.org) or by calling it Monday through Friday, 8:30 am to 5:00 pm EST, at 1-800-456-FUND (3863) or 212-580-9092 in New York. When submitting a claim, please make sure you complete all information on the form, sign the certification, and attach all required documentation, whether you are uploading it through the website or are mailing it to us, so there is no delay in the processing of your claims.

### **How to submit your claims**

You can submit your claim for reimbursement of qualifying medical expenses by mailing it to the Fund Office at:

IATSE National Health & Welfare Fund  
417 Fifth Avenue, Third Floor  
New York, New York 10016  
Medical Reimbursement Claims

You can also submit your claims using the Fund's website, [www.iatsenbf.org](http://www.iatsenbf.org), by uploading your claim(s) and the appropriate required documentation, such as your other health plan's EOB (explanation of benefits), an itemized bill, proof of post-tax payment for other employer or union sponsored group health coverage, etc. You can also use the website to view the status of your claim and to view the balance of your CAPP/retiree MRP account available for reimbursements.

You must sign and date your claim form, including the certification that the claims meet all guidelines of Plan C-MRP or R-MRP, to receive a reimbursement.

### **Claims filing deadline**

You must file all claims within twelve (12) months from the earliest date of service on the claim.

For example: If you have a doctor's visit on December 15, 2015 and want to submit a claim for reimbursement of a co-payment for that visit, you will have until December 14, 2016 to submit the claim and the appropriate documentation to the Fund Office.

### **Other claims filing rules**

You must be enrolled in the Plan both on the date of the service for which you are seeking reimbursement and at the time you submit a claim to receive reimbursement. Similarly, any spouse or dependent must be enrolled in the Plan both on the date of service and at the time you submit the claim.

If you are enrolled in single coverage under one of the Plan C-options offered by the Fund and have excess funds in your CAPP account, you can submit claims incurred by your spouse and/or dependents to Plan C-MRP. However, as of January 1, 2017, you will only be eligible to receive a reimbursement from Plan C-MRP for your spouse or dependent's claim if at the date of service such individual was covered by an employer or union sponsored **group** medical plan that meets the minimum value standard of the ACA. You will be required to sign a certification of this at the time you submit the claim. (This requirement does not apply to reimbursement of spouse and dependent claims from Plan R-MRP.)

### **Administrative fees**

For both Plan C-MRP and Plan R-MRP claims, there is an administrative claims processing fee subtracted from your reimbursement. The charge is a percentage of the amount of the claim, which varies depending on the dollar amount of the claim and is described in the applicable summary plan description booklet.

There also is a quarterly administrative charge for those enrolled in the *stand-alone* Plan C-MRP option or the R-MRP. This charge is \$50 per quarter for stand-alone Plan C-MRP participants and \$25 per quarter for R-MRP participants, and is deducted from the CAPP account each quarter.

### **Forfeitures** (*Plan C-MRP only*)

Make sure you use your account balance. Plan C has a forfeiture feature, described more fully in the summary plan description, which can cause a loss of your entire account balance. There must be activity in your account over the prior eight coverage quarters. Activity is defined as submission of a claim for reimbursement, enrollment in one of Plan C's active options (C-1, C-2, C-3 or C-4) or the receipt of employer contributions (no minimum). We look back each coverage quarter at the prior eight quarters to see if there was activity at any time during that period. Lack of activity for eight consecutive quarters will result in the forfeiture of your entire Plan C CAPP account balance.

### **Reimbursable Medical Expenses**

In general, you can receive reimbursement for unreimbursed qualifying medical expenses, as well as premiums that you pay on an after-tax basis for other group medical coverage.

Starting on September 1, 2016, for any claims incurred on January 1, 2016 or later, the list of qualifying medical expenses that are eligible for reimbursement by Plan C-MRP and R-MRP has been expanded to

include all of the expenses that meet the definition of a “medical expense” as set forth by the Internal Revenue Service (IRS) in IRS Publication 502 (other than premiums for individual health coverage). To see the full list of such expenses and any applicable limits and/or requirements, please go on the IRS website for Publication 502 at <https://www.irs.gov/uac/about-publication-502>.

**IMPORTANT NOTE:** When you submit a claim for reimbursement to Plan C-MRP or R-MRP, you generally are required to provide the EOB (explanation of benefits) from your other group health plan or a notice of denial from that health plan in order to be reimbursed. Depending on the type of expense, you may also be required to submit a letter from the treating physician to establish the condition(s) necessitating the expense. We encourage you to furnish the Fund Office with all supporting claim documentation you have. If more information is needed, the Fund’s explanation of benefits response will let you know what is required. Also note that when you submit a claim for reimbursement, you will sign a certification stating that the expenses you seek reimbursement for qualify under federal tax guidelines. You will be responsible for any fees, taxes, or penalties associated with any claims reimbursed that do not comply with federal tax guidelines.

In general, the IRS defines medical expenses as the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. In addition, the services must be legal and rendered by a physician, surgeon, dentist or other medical practitioner. Medical care expenses also must be primarily to alleviate or prevent a physical or mental defect or illness; they don’t include expenses that are merely beneficial to general health, such as vitamins or a vacation.

The following is a list of qualifying expenses that are eligible for reimbursement in accordance with the IRS definition (subject to the rules and limitations contained in IRS Publication 502, where applicable). The expenses listed in black type have been reimbursed by the Plan for years. Those expenses listed in blue type are newly eligible for reimbursement if they are incurred on January 1, 2016 or later (and may be submitted to the Fund for reimbursement beginning as of September 1, 2016). The list of expenses is in alphabetical order. Please note that IRS Publication 502 also includes an extensive list of expenses that do not qualify as medical expenses eligible for reimbursement.

- Abortion
- Acupuncture
- Alcoholism treatment
- Ambulance/Ambulette
- Annual Physical Exam
- Artificial Limb
- Artificial Teeth
- **Bandages** – You can include in medical expenses the cost of medical supplies such as bandages.
- Birth Control Pills
- Body Scan
- **Braille Books and Magazines** – If you or your eligible spouse and/or dependent is visually impaired, reimbursable expenses include the additional cost of Braille books and magazines in excess of the cost of regular printed editions.
- **Breast Pumps and Supplies** – Reimbursable expenses include breast pumps and supplies that assist lactation after the birth of a child.
- Breast Reconstruction Surgery, breast prostheses and surgical bras following mastectomy or other medically necessary breast surgery.
- **Capital Expenses** – Reimbursable expenses include special equipment that is installed in your home or any improvements or changes to your house if the main purpose is for medical care for you, your spouse, or your dependent. If the cost of the improvement increases the value of your home, the medical expense will only be the amount in excess of the additional property value. If the value of your property is not increased by the improvement, the entire cost of the special equipment or improvement is a reimbursable medical expense. There are many detailed rules included in IRS Publication 502. You should review those rules carefully and you must complete Worksheet A, the Capital Expense Worksheet, and include it with your claim form for Capital Expenses.
- **Car (for persons with disabilities)** – Reimbursable expenses include special hand controls and other special equipment installed in a car for the use of a person with a disability. Reimbursable expenses also include the difference in cost between a regular car and a car specifically designed to hold a wheelchair.

- Chiropractor
- Christian Science Practitioner
- Contact lenses
- Crutches
- Dental Treatment
- Diaper Service (must be for a person 3 years of age or older and required to relieve the effects of a particular disease)
- **Diagnostic Devices**
- **Disabled Dependent Care Expenses** – Some disabled dependent care expenses may qualify as reimbursable medical expenses if you are not claiming a credit for dependent care on your taxes.
- **Drug Addiction treatment**
- Drugs – Prescription drugs/medicine only, except for insulin.
- Eye Exam
- Eyeglasses
- Eye Surgery
- Fertility Enhancement
- **Guide Dog or Other Service Animal** – Reimbursable expenses include the cost of buying, training and maintaining a guide dog or other service animal to assist the visually impaired or hearing disabled person, or a person with other physical disabilities.
- **Health Institute** – Reimbursable expenses include medical expense fees you pay for treatment at a health Institute only if the treatment is prescribed by a physician and the physician issues a statement that the treatment is necessary to alleviate a physical or mental defect or illness of the individual receiving the treatment.
- Hearing Aids
- Home Care
- Hospital Services
- Insurance Premiums – As of January 1, 2016, reimbursable expenses only include those premiums paid on a **post-tax** basis. In addition to plans that cover hospital, medical, prescription drugs and dental care, you can also receive reimbursement for premiums for long-term care insurance, Medicare Part B premiums and Medicare Part D premiums.

Premiums for individual health policies, including those purchased on Federal or State Health Care Exchanges, may **not** be reimbursed from Plan C-MRP.

- Laboratory Fees
- Lactation Expenses
- **Lead-Based Paint Removal** – If you have a child who has or had lead poisoning, reimbursable expenses include the cost of removing lead-based paints from surfaces in your home.
- **Legal Fees** – Reimbursable expenses include legal fees you have paid that are necessary to authorize treatment for mental illness or those directly related to medical care.
- **Lifetime Care – Advanced Payments** – Reimbursable expenses include a lump sum fee you pay to a retirement home or institution for future medical care.
- **Lodging** – Reimbursable expenses include the cost of meals and lodging at a hospital or similar institution if the reason for being there is for medical care. For specific rules and limits on this, please see IRS Publication 502.
- Long Term Care – Reimbursable expenses include amounts paid for qualified long-term care services and premiums paid for qualified long-term care insurance contracts. Reimbursement for premiums are limited based on your age, please see Publication 502 for those limits.
- **Medical Conferences** – Reimbursable expenses include amounts paid for admission and transportation to a medical conference if the medical conference concerns the chronic illness of yourself, your spouse or your dependent.
- Medicines
- Nursing Home
- Nursing Services
- Operations
- Optometrist
- Organ Donors
- Osteopath
- Oxygen – oxygen and oxygen equipment to relieve breathing problems caused by a medical condition.
- Physical Examination
- **Pregnancy Test Kit** – Reimbursable expenses include the

amount you paid to purchase a pregnancy test kit to determine if you are pregnant.

- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- **Special Education** – Reimbursable expenses include fees you pay on a doctor’s recommendation for a child’s tutoring by a teacher who is specially trained and qualified to work with children who have learning disabilities caused by mental or physical impairments. For more information, please see IRS Publication 502.
- **Special Home Costs for intellectually and Developmentally Disabled** – reimbursable expenses include the cost of keeping a person who is intellectually and developmentally disabled in a special home on the recommendation of a psychiatrist to help the person adjust from life in a mental hospital to community living, as long as this is not the home of a relative.
- Sterilization
- Stop Smoking Programs
- Surgery
- **Telephone** – Reimbursable expenses include special telephone equipment that lets a person who is deaf, hard of hearing, or has a speech disability communicate over a regular telephone.
- Therapy
- Transplants
- **Transportation** – Reimbursable expenses include amounts you pay for transportation primarily for, and essential to, medical care, subject to the limitations described in IRS Publication 502. You will need to provide proof of medical care obtained on the day for which you sought transportation. Receipts or proof of mileage for mileage reimbursement must be included.
- **Trips** – Reimbursable expenses include amounts you pay for transportation to another city if the trip is primarily for, and essential to, receiving medical services. For additional rules and limits, see Publication 502.
- Vasectomy

- Vision Correction Surgery
- **Weight-Loss Program** – Reimbursable expenses include amounts you pay to lose weight if it is a treatment for a specific disease diagnosed by a physician. For additional rules and limits, see Publication 502.
- Wheelchair
- **Wig** – Reimbursable expenses include the cost of a wig purchased upon the advice of a physician for the mental health of a patient who has lost all of his or her hair from a disease.
- X-ray

For a full description of the Plan C-MRP rules, please review the Health Plan C summary plan description (SPD) booklet. Similarly, for more information on the Retiree-only Plan R-MRP, please review the separate SPD booklet for that Plan, sent to those Plan R-MRP participants as they enroll. The SPDs can be found on the Fund’s website, [www.iatsenbf.org](http://www.iatsenbf.org).

If you have questions on this or on any aspect of the Plans, please call or e-mail the Participant Services Center, 1-800-456-FUND (3863), e-mail: [psc@iatsenbf.org](mailto:psc@iatsenbf.org) or write to us at: 417 Fifth Avenue, Third Floor, New York, NY 10016.

We recommend that you keep this booklet in a safe place so that you and your family can reference it as needed in the future.

*This Guidebook is intended to provide you with an easy-to-understand description of certain rules of Plan C-MRP and R-MRP. While every effort has been made to make this guidebook as accurate as possible, it does not contain a full restatement of the terms and provisions of the Plans. If any conflict should arise between this Guidebook and the Plans, or if any point is not discussed in this Guidebook or is only partially discussed, the terms of the Plans will govern in all cases.*

*Benefits from the IATSE National Health and Welfare Fund are not vested. The Board of Trustees, or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plans, or any benefits provided under the Plans, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Fund and the Agreement and Declaration of Trust establishing the Fund (the “Trust Agreement”). The Trust Agreement is available at the Fund Office and you may inspect it free of charge during normal business hours.*

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