

Dear Participant:

SASMI is excited to announce that your HRA claims can now be paid via a VISA card. Your card will be arriving in the mail soon and can begin being used once you activate them. **More information is attached to this email. Please download the SASMI HCRA mobile app from the app store onto your phone. To add your Dependents, please complete and return page 3.**

Important Note for Participants in Locals 5, 15, 54, 67, 85, 214, 399, & 435: you will not receive a HRA debit card, but you can still use your HRA funds via uploading reimbursement using your EOB or explanation of benefits from the National Health Fund.

Your account will be active within 24 hours of receiving this email. Members in these health funds will need to download the SASMI HCRA Application (iPhone and Android) and submit copies of their Explanation of Benefits (EOB) which you receive(d) when you receive(d) your reimbursement for Rx paid out of pocket. **Please refer to page 6.**

The Active HRA can only be used with the following:

- Rx Prescription drugs
- First-aid supplies - ask your pharmacist for FSA eligibility
- Aspirin, fever, and pain relievers - ask your pharmacist for FSA eligibility
- Antacids - ask your pharmacist for FSA eligibility
- Allergy and sinus medications and sprays - ask your pharmacist for FSA eligibility
- Smoking cessation products - ask your pharmacist for FSA eligibility
- Cold and cough medicine - ask your pharmacist for FSA eligibility
- Vision exam, prescription eyeglasses, or contact lenses- Warranties and protection plans are not acceptable.
- Hearing Aid, sales, service and supplies. - Warranties and protection plans are not acceptable.
- Non-Cosmetic Dental - Concierge dental plans are not acceptable.

Thank you,

SASMI Trust Fund
(703) 739-7250
hcra@sasmi.org

****If you are receiving cards, cards will be mailed separately from this mailing.**

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3180 FAIRVIEW PARK DRIVE, SUITE 150
FALLS CHURCH, VA 22042

HRA Dependent Information Form

Please complete this form in its entirety.

- Please make sure to complete **all** sections below. Please sign and date the bottom or this form will be returned.
- **Must** include for Spouse and dependents covered under your Local Union Insurance plan, a copy of your Local Union Health Plan card showing the name of each Dependent for whom you are filing a claim is covered as your Dependent in that Plan. (You can also submit your 1095-C tax form as proof of coverage.)
- If you use the HRA funds for an ineligible expense or for a dependent that is not covered by your Health Plan, then the amount spent is due back to the SASMI Fund.

Spouse Name: _____ Social Security No: _____ Date of Birth: _____

Child 1 Name: _____ Social Security No: _____ Date of Birth: _____

Child 2 Name: _____ Social Security No: _____ Date of Birth: _____

Child 3 Name: _____ Social Security No: _____ Date of Birth: _____

Child 4 Name: _____ Social Security No: _____ Date of Birth: _____

Date: _____

Member Printed Name: _____

Member Signature: _____

Member IA or SSN #: _____

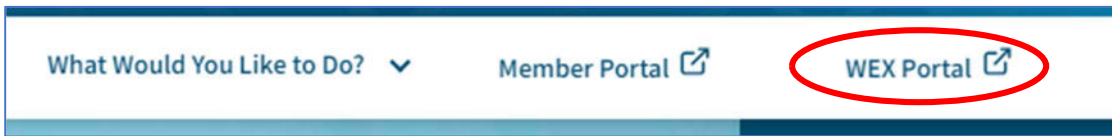
For your convenience, you can email, fax or mail the back-up documentation to SASMI Trust Fund at the address above. Once requested information is received, we will continue to process your application.

SASMI Claims Department
SASMI Trust Fund
Email: hcra@sasmi.org
Fax: 703-549-9613

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SASMI Online Access for HRA (Card)

Please visit www.sasmi.org and Navigate to the “WEX Portal”



Please follow the sign in instructions below. Do not create a new account.

The **Log in** credentials for you HRA will be as follows:

EXAMPLE:

Portal and Mobile App Login

Username will be your First Name Initial, Last Name, and Date of Birth (ddmmyy) - Day Month Year

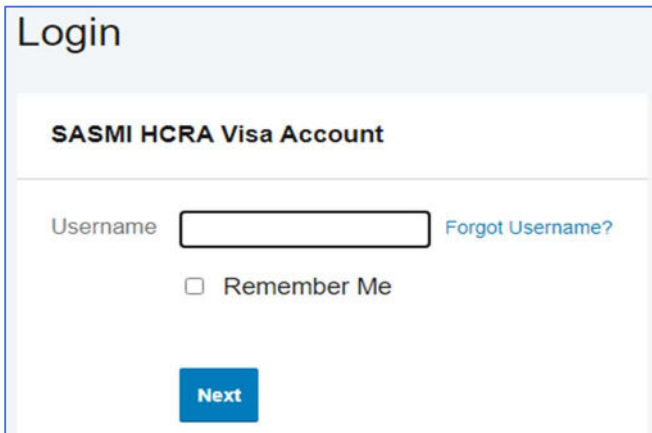
Password will be your First Name Initial, Last name, and last 4 numbers of your social security number

Example

First Name: Joe Last Name: Smith Birthdate: July 4, 1976 SSN: 123-45-6789

Username: jsmith040776

Password: jsmith6789

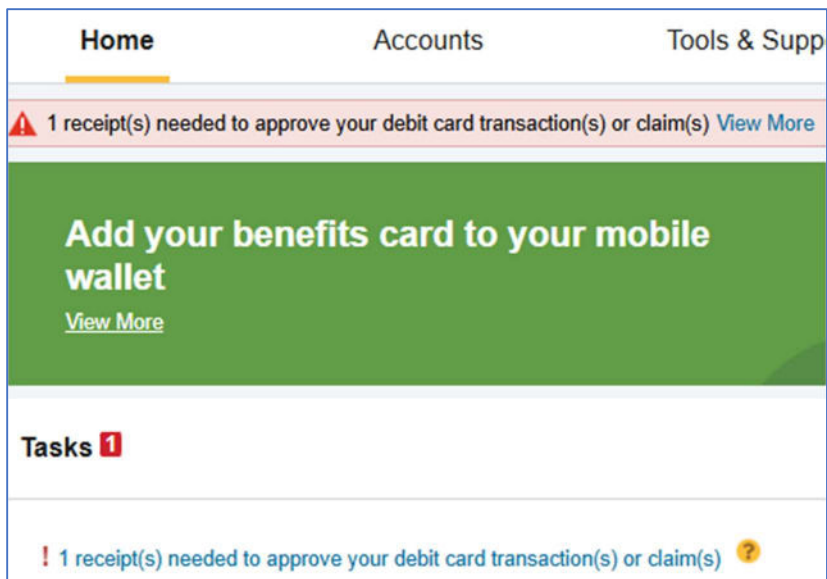


Please note that the username is First Initial, Full Last Name, and Date of Birth in this order **dd/mm/yy**

You will be required to create three security questions and create a new password for security.

Passwords change every 150 days for security. **Charges**

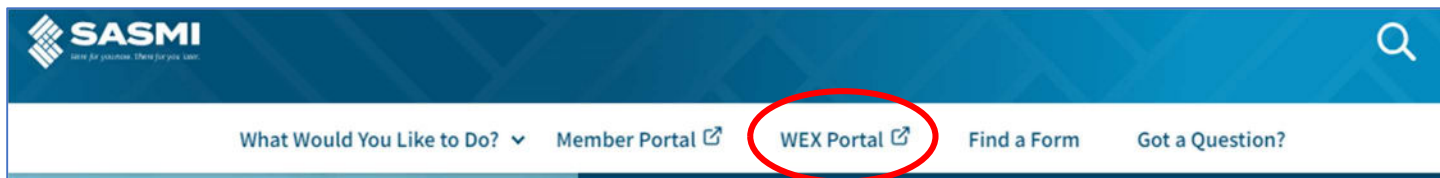
When you use your HRA card, please keep an itemized printout from the Provider. Sometimes, charges outside of the copay range are flagged to verify if it is a covered expense. We will need an itemized copy for a charge that is flagged. The copy must show the original date of service, type of service, payment amount. A copy of your explanation of benefits from insurance would be the perfect copy to send/upload for charges to your HRA card. **Unsubstantiated claims will put your card on hold.** Refer to the “Task” option on your app or online portal’s home screen to see claims that need to be substantiated. You can take a photo of your documentation and upload it from the “Task” menu.



SASMI Online Access for HRA (Non-Card)

Please visit www.sasmi.org

Navigate to the “WEX Portal”



The **Log in** credentials for you HRA will be as follows:

EXAMPLE:

Portal and Mobile App Login
 Username will be your First Name Initial, Last Name, and Date of Birth (ddmmyy) - Day Month Year
 Password will be your First Name Initial, Last name, and last 4 numbers of your social security number

Example
 First Name: Joe Last Name: Smith Birthdate: July 4, 1976 SSN: 123-45-6789

 Username: jsmith040776
 Password: jsmith6789

You will have to create three security questions and create a new password for security.

Passwords change every 150 days for security.

Filing Claims for reimbursement

Please submit your RX purchases to Southern Benefit Administrators first. Once you receive your explanation of benefits or EOB from Southern Benefit Administrators, please follow these steps:


On your Home page, click on “I Want to: Reimburse Myself”:

I Want To:

[Reimburse Myself](#)

Please click next until you reach this page:

Receipt / Documentation

Receipt(s) *  [Upload Valid Documentation](#)

Summary

Pay From

Medical

Pay To

Me

Here you can upload the explanation of benefits or EOB copy (for RX only) OR your receipt for over-the-counter eligible FSA items you would like to reimburse.

After the upload, complete the following steps detailing your claim and submit. Reimbursement may take up to two weeks to complete.

Eligible Items

Your HRA will cover only prescription RX purchases, eligible FSA over the counter items, vision exams, eyeglasses, and contacts. You can use the scanner on the HCRA app to check if an item is eligible. Please make sure you check out at the pharmacy counter only.

Please be aware, the items listed below are NOT eligible under the SASMI HRA plan:

- Protection plans and warranties for vision
- Supplements of any kind
- Vitamins
- Any weight loss or cosmetics
- All Medical
- Dual eligibility items and not eligible

SASMI DEBIT CARD – ACTIVE HRA

Important Note for Participants in Locals 5, 15, 54, 67, 85, 214, 399, & 435: you will not receive a HRA debit card, but you can still use your HRA funds via uploading reimbursement using your EOB or explanation of benefits from the National Health Fund.

Advantages of the debit card:

- Pay directly from your account(s) at the point-of-sale for qualified expenses
- Charges are paid directly to the provider/retailer

Eligible expenses:

The IRS determines what expenses you can pay for. For more information, see IRS Publication 502 at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Using the card:

To activate your debit card, call the activation line at: 866-898-9795 and if you have any issues, you can contact SASMI Consumer Services at 703-739-7250.

Some accounts may not require you to submit documentation for purchases made at retailers that use an inventory information approval system (IIAS). These merchants will approve eligible expenses at the point of purchase. **Any consumers with notional accounts should save their itemized statement or explanation of benefits from insurance (EOB).** For a complete list of IIAS merchants, visit <https://www.sig-is.org/>. When using your card at these merchants, you will swipe your card for the entire purchase amount. Eligible expenses will be charged to your debit card. You'll need to use another form of payment for any ineligible items. **Documentation may be required if eligible items are not verified at the point of sale. You will receive an email or mailed notification if documentation is required.**

The daily transaction limit on your SASMI Debit Card for HSA transactions is **\$9,999.99 per day (24 hour period).**

NON-HSA TRANSACTIONS

DOCUMENTATION REQUIREMENTS


You may be required to submit documentation for a debit card transaction. All claims submitted via paper form or submitted through the Consumer Portal or Mobile App will require documentation.

Your documentation will need to contain the following:

- Original Date(s) of service
- Type(s) of service
- Cost of service(s)
- Merchant name/information
- Patient Name

An Explanation of Benefits (EOB) will contain all of these if you are unable to obtain a receipt with these fields.

An example of incorrect documentation would include a summary receipt that doesn't include all the needed information listed above.



Sample Receipt

ABC Vision
123 Crescent Lane
City, ST 12345

Provider

(701) 555-1234

Dr. Iris

Date: 06/10/2020
Receipt #: 12345

Services:

Type of Service	Amount
Eye Exam	\$135.75
Prescription Lenses	\$81.50
Prescription Contacts (12 Month pack)	\$63.50
Total	\$280.75



Sample Receipt

ABC Vision
123 Crescent Lane
City, ST 12345

(701) 555-1234

Date: 06/10/2020
Receipt #: 12345

Subtotal	\$280.75
Taxes	\$0.00
Total	\$280.75

Thank you for your service.
We value you as a customer.
Refer a friend for \$50 off your next purchase.

Documentation may be needed for debit card transactions due to IRS regulations.

- When you make a purchase that requires you to provide documentation, we will send you automated receipt reminders via mail or email. Once we receive your documentation, you will no longer receive reminders. The Password to your email message will be the last four digits of your SASMI HRA card number.

- If we do not receive and process documentation within **60 days** after your card transaction, your debit card will be inactivated and placed in a temporary hold status. You will be asked to send us appropriate documentation or reimburse your account. Your debit card will be reactivated within one business day of processing your documentation or repayment.
- The claim number must be included if you are mailing in documentation for a debit card transaction.

FILE A CLAIM (For HRAs and/or FSAs)

When filing a claim, you will want to ensure the expense has been paid out of pocket. You can submit the claim either via the online portal, the mobile application, or the Reimbursement Request Form (accessible from your online portal in Tools and Support). Once the claim has been approved, funds will be issued directly to you via direct deposit (depending upon accounts linked). Should your claim be denied, you will receive a communication advising what further information is needed, which can be found under the [Message Center](#) tab.

1. Click on [Accounts](#) from the top navigation and then under **I Want To** select [Reimburse Myself](#) (to reimburse yourself) or [Send Payment](#) (to pay someone else). You will be brought to a new page where you will select an account and a payee.
2. To file a claim and request reimbursement, select the plan you choose to [Pay From](#). [Pay To](#) will autofill based on if you chose to reimburse yourself or send payment to someone else. Click [Next](#).
 - If you've chosen to send payment to someone else via check, you will be asked to enter the [Payee Details](#). Click [Next](#).
3. Then you will have to upload a receipt with the following to validate your claim:
(Note: Receipts must be in a JPG, JPEG, GIF, PNG or PDF and cannot exceed 8MB. There can also only be 4 documents uploaded at one time.)
 - Date(s) of service
 - Types(s) of service
 - Cost of service(s)
 - Merchant name/information
 - Proof of payment cancelled check or payment receipt

Note: If the transaction is a Co-pay, this will need to be noted on the receipt by the provider's office.

4. The next step will be to provide the claim details:

- Start date of the service
 - End date of the service
 - Amount
 - Provider
 - Category
 - Type of service
 - Recipient
5. Review the transaction summary to make sure that all the information was entered correctly. Next, you'll be asked to agree to the Terms and Conditions and hit the submit button.
- **Add Another** allows you to file multiple claims together without having to submit each one individually.
6. Lastly, if you click **Submit** this will indicate Confirmation towards the top and you are given the option to print the page for your records if you would like.



SASMI HRA Covered Expenses

On your mobile app, there is a scanner to help navigate what is covered by the FSA/HRA – simply scan the barcode on a product to see if it is covered under SASMI HRA. Dual-eligible items are not eligible with the SASMI HRA plan.

You may be able to use your HRA card online at <https://fsastore.com/sasmi.html> or Amazon (FSA only). It is preferred to use your card with your local pharmacy. Please be sure to check out through the pharmacy only and not the front of the store.

- Prescription drugs
- First-aid supplies
- Aspirin, fever, and pain relievers
- Antacids
- Allergy and sinus medications and sprays
- Smoking cessation products
- Cold and cough medicine
- Vision exam, prescription eyeglasses, or contact lenses
- Hearing Aid, sales, service and supplies.
- Non-Cosmetic Dental (reimbursement eligible, please upload your claim to your portal or download the claim form from your portal)

Please be aware, the items listed below are NOT eligible under the SASMI HRA plan:

- Protection plans and warranties for vision
- Donations and tips
- Supplements
- Vitamins
- Any weight loss or cosmetics
- Medical
- Dual eligibility items
- Dental expenses not eligible ↴

Cosmetic procedures: Teeth whitening, veneers, and cosmetic orthodontics are not covered

Over-the-counter dental products: Toothpaste, mouthwash, and dental floss are not eligible, unless prescribed by a dentist

General health products: Toothbrushes, toothpastes, and dental floss are not eligible

Treatments that aren't medically necessary: Treatments that don't help diagnose, prevent, or treat a medical condition are not eligible

As a **non-Card HRA member**, please upload your Over-the-Counter purchase receipt for reimbursement. For RX prescription drugs, please submit your RX purchase to Southern Benefit Administrators first, then upload your explanation of benefits (EOB) to the WEX portal for reimbursement.



SASMI HRA Covered Expenses

** Vision / Hearing and Dental

Your SASMI HRA will cover a vision exam, prescription eyeglasses, and contact lenses. Please do not charge warranties, protection plans, tips, or donations to your card as they are not eligible expenses, and you will be required to reimburse your SASMI HRA account.

For all vision or hearing/audiology, you will be required to submit an itemized statement describing the services provided, the person to whom the services were provided, the name of the provider and the date of service or an Explanation of Benefits (EOB).

For all Dental you will be required to submit an itemized statement describing the services provided, the person to whom the services were provided, the name of the provider and the date of service or an Explanation of Benefits (EOB).

For Reimbursement, you must provide an itemized statement with proof of payment cancelled check, Explanation of Benefits (EOB), or receipt. Please upload your claim to your portal, alternatively claim forms are available on your portal or mobile app and should be signed by the Local Union Member.

You must provide banking information with a voided check or bank letter stating the member's name, routing and account number. The account must be in the Local Union Member's name or can be a joint account with the member.

You must verify your dependent information. Dependent forms are available on your HRA online portal or mobile app.

****Reimbursement will be available up to the total available in your HRA account. Reimbursement may take up to three weeks to complete.**

Ozempic, Zepbound, Wegovy, Victoza, Trulicity, Mounjaro, for example – require an RX prescribed by a licensed medical professional and letter of medical necessity. These purchases will be reviewed on a case-to-case basis.