

The St. Paul Electrical Workers Health Plan Supplemental Unemployment Benefit Program (SUB)

Funding: Funding for your SUB account comes from employer contributions that would otherwise have gone to the Supplemental Pension. Funding the SUB account started with April 2006 worked hours received in May 2006. In order for your Supplemental Pension contributions to be diverted to the SUB account, you must have a minimum Supplemental Pension account value of \$1,200.00. This diversion of contributions from your Supplemental Pension to the SUB account will continue until the maximum SUB account value of \$6,000.00 worth of contributions has been met. If your SUB account is utilized for benefit claims (as noted below) such that the value of your SUB account falls below the \$6,000.00 maximum, Supplemental Pension contributions will be diverted again into your SUB account until maximum SUB account value (\$6,000.00) is met.

Eligibility: You become eligible to apply for benefits from your SUB account once \$1,200.00 worth of contributions has been made into your SUB account.

Benefits: The Trustees have established the following benefits you may receive from your SUB account:

Supplemental Unemployment Benefits: \$250.00 per week (subject to income tax withholding) after your third week of receiving Minnesota Unemployment Compensation, or, while you are receiving short term disability from the Health Plan. This is a voluntary benefit and requires you to file a claim to receive the benefit.

Supplemental Short Term Disability Benefit: Provided Participant has at least \$1,200.00 in Participant's SUB/ME account, \$250.00 per week (subject to applicable tax withholdings) after a Participant's third week of receiving either Workers Compensation or benefits under Section 6.2 of this Plan.

Medical Premium Payment for Active Participants: You may use your SUB account to pay for continued medical coverage if you have not worked sufficient hours and have received a bill from the Health Plan (no taxation on this benefit).

Medical Premium Payment for Retired Participants: You may use your SUB account to pay for continued medical coverage as a retiree in conjunction with the Retirement Medical Funding Plan (no taxation on this benefit).

Medical Premium Payment for Surviving Spouses and/or Dependents: If you die and have not used all of your SUB account for the benefits noted above, and have an eligible spouse or dependent, the SUB account balance may be used to pay for continued medical coverage for the surviving spouse or dependent (no taxation on this benefit).

The contributions made on your behalf into the SUB account do not vest and may be forfeited to the Trust in certain circumstances.

SUB Fund Medical Expense Reimbursement

Effective immediately when a participant has established eligibility in the SUB Fund and his/her SUB account value is greater than zero, the Trustees will reimburse out-of-pocket medical expenses incurred (as defined in the Internal Revenue Code (IRC) Section 213(d)) from his/her SUB Fund account.

Eligible expenses for reimbursement are:

- 1) Annual deductible expenses for a covered participant or dependent, up to the contract benefit limitations for individual and family maximum deductible amounts.
- 2) Co-insurance expenses for a covered participant or dependent, up to the contract benefit limitations for individual and family maximum out-of-pocket amounts, including expenses for hospitalization, surgery, physician services and prescription drugs and other services that may be covered under the contract subject to IRC 213(d).
- 3) Insurance premium expenses for a covered participant or dependent (i.e. spousal insurance co-pay, or participant's required payment to maintain coverage).

Filing a claim for reimbursement from the SUB for the above noted expenses must be done on a form approved by the Trustees (available at the Plan office) and includes documentation that substantiates the expense actually incurred and its specific nature.

All claims for medical expense reimbursement must be submitted within twelve months of the date the expense was incurred. The amount reimbursed from a participants SUB account shall not exceed the balance of the account on the date the claim for reimbursement was filed.

To request forms for Supplemental Unemployment Benefit or Sub Fund Medical Expense Reimbursement go to the Benefits web site at <http://www.ibew110.org/ASC/sub/forms.htm> or contact the Benefits Office at (651)776-4239 ext. 750 .

Medical Reimbursement Claim Form

(SUB Account)

St Paul Electrical Workers Health Plan

1330 Conway St * Suite 130 * St Paul, MN 55106

Phone: (952)851-5949 Email: spewbenefits@wilson-mcshane.com Fax: 651-776-9973

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- 1) Annual deductible expenses for a covered participant or dependent, up to the contract benefit limitations for individual and family maximum deductible amounts.
- 2) Co-insurance expenses for a covered participant or dependent, up to the contract benefit limitations for individual and family maximum out-of-pocket amounts, including expenses for hospitalization, surgery, physician services and prescription drugs and other services that may be covered under the contract subject to IRC 213(d).
- 3) Insurance premium expenses for a covered participant or dependent (i.e. spousal insurance co-pay, or participant's required payment to maintain coverage).

Member's Name: _____ Patient's Name _____

Member's SSN #: XXX-XX- _____ Calendar Year _____

Date of Service	Provider's Name or Claim Number	Total Amount You owe

Total Out-of-Pocket Expense requested \$ _____

Out-of-pocket expenses claimed above must include documentation that substantiates the expense actually incurred and its specific nature. **You must attach the Explanation of Benefits (EOB) you received from BLUE CROSS BLUE SHEILD, PLEASE DO NOT SEND BILL.**

- **All pages from BLUE CROSS BLUE SHIELD, NOT JUST THE COVER PAGE must be submitted**
- **Orthodontic reimbursements must have a copy of the contract submitted & receipt of what was paid out of pocket**
- **Pharmacy reimbursements must have patients name, date & out of pocket amount**

You need to file a separate claim form for each person and for each calendar year.

All out-of-pocket expense reimbursement claims must be submitted within **12 months** from the date of service. The amount reimbursed from a participants SUB account shall not exceed the balance of the account on the date the claim for reimbursement was filed. An Administrative processing fee of \$7.00 will be deducted from your SUB account.

Member's Signature _____ Date _____

Send check to: _____ Home or _____ Credit Union

Grand Total