

## Quick Facts

- Your existing Plan, where you pay 20% of charges and the Plan pays 80%, is going away March 1.
- Instead, your available balance from your original \$30,000 is being loaded onto a **VISA® pre-paid benefits card** issued in your name (“**The Card**”). The new plan type is called a “Health Reimbursement Arrangement” (HRA).
- **The Card will be sent to you in a separate mailing by the bank** that is issuing the card. It will include instructions on how to activate it.
- Starting March 1, your plan covers more types of benefits than it used to.
  - Use **The Card** to pay the dentist, eye doctor, pharmacist, physician (any co-pays, deductibles, etc, that you may have), or any other health services provider that accepts a VISA pre-paid benefits card.
  - You can even use your new plan to get reimbursed for health plan premium payments!
- When you pay for services with **The Card**, you must submit the itemized receipts to the Fund via U.S. Mail with a claim **Receipts Submittal** form, or you can upload them using the online Participant Portal. (Exception to submitting receipts: You do not have to submit receipts for prescription medications.)
- If you pay out-of-pocket for claims some other way (not using **The Card**), you can submit claims using the **Reimbursement Request**, or you can enter them using the online Participant Portal.