



**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO**  
**RETIREE MEDICAL TRUST**  
2 Gateway Center  
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Pittsburgh, PA 15222-1534 Tel:201-947-8000

## **How to Submit a Claim to the HPAE Retiree Medical Trust for Reimbursement**

To be eligible for benefits under the HPAE Retiree Medical Trust Medical Expense Reimbursement Program (the "Program") you must meet the eligibility requirements, Part 2 of the Summary Plan Description located on the website. When the requirements are met you will be eligible to receive reimbursement for *Covered Expenses* you incur up to the amount in your Employee Account (if you have less than 5 years of Active Service) or in an amount determined by the Program Trustees (if you have 5 or more years of Active Service).

*Covered Expenses* include the following expenses you incur while you are eligible under the Program, provided you are not reimbursed for the expenses from any other source and you do not claim the expenses as a deduction on your personal tax return: premiums paid for a health, dental, or vision insurance plans or long-term care insurance, charges for the diagnosis, cure, treatment or prevention of disease or injury, and prescription drugs that are not paid by any insurance plan. In addition, the costs of medical equipment, supplies, and diagnostic devices needed for these purposes. Over-the-counter medications are not Covered Expenses and therefore not reimbursable under the Program (except for reimbursement by Section 2 below).

### **Methods to Submit a Claim**

1. Claim Submission and Reimbursement by Check
  - a. Fill out the provided Claim Form which can be obtained from the website, <https://hpae.zenith-american.com> or from the Trust Office.
  - b. Include supporting documentation such as EOBs or receipts for co-pays and bills. If you are submitting multiple expenses, itemize all expenses and include documentation for all expenses.
  - c. Email the claim to [HpaermtClaims@zenith-american.com](mailto:HpaermtClaims@zenith-american.com) or mail them to the trust office at the address above.
2. Pre-Paid Debit Card (recommended)
  - a. Complete the Pre-Paid Debit Card Election Form from the Trust Office
  - b. Two Debit cards will be mailed to you along with instructions to activate your debit card.
  - c. Once activated, you may use your pre-paid Debit Card for prescriptions and over-the-counter (OTC) Covered Expenses, as well as medical, dental and vision expenses. For questions on eligible merchants and covered expenses, please visit [www.PBS.com](http://www.PBS.com) or call PBS (888) 333-3901.

### **Recurring Monthly Premium Reimbursements for Insurance Premiums**

1. You may submit the Claim Form once per year with documentation to receive a recurring monthly reimbursement.
2. Recurring payments will terminate for the current year on December 31<sup>st</sup>.
3. To continue this recurring payment with no lapse for the following year, please follow step one and submit the claim before January 31<sup>st</sup> of the following year.