

**Summary of
MEDICAL REIMBURSEMENT PLAN**

In order to minimize the effects of the decreased benefits and increased costs that may affect our members, we are adding a medical expense reimbursement provision to the Health and Welfare Fund. This new provision will be effective as of January 1, 2002. Below is a brief explanation of the new medical expense reimbursement provision.

Members whose individual account balance is more than \$3,000 will be able to submit claims for reimbursement for many types of medical-related expenses. These include the following expenses incurred by you and your eligible dependants:

1. Deductibles and co-pays
2. Physician fees
3. Vision-related expenses (eyeglasses, optometrist fees, etc.)
4. Dental expenses
5. Chiropractic fees and expenses
6. Long-term care service fees, and
7. Mental health care fees

Reimbursable expenses do not include insurance premiums of any kind or expenses incurred for cosmetic purposes, unless they are also covered under the Fund's insurance contract.

The maximum amount of claims that may be submitted for reimbursement is \$8,000 per year.

A more detailed explanation of the medical expense reimbursement provision will be contained in the Summary Plan Description.

QUALIFYING MEDICAL CARE EXPENSES

Under the uninsured medical expense reimbursement plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return (without regard to the 7.5% of adjusted gross income limitation). They include, for example, expenses you have incurred for:

1. Medicine, drugs, birth control pills, vaccines and vitamins that your doctor prescribed.
2. Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, acupuncturists and psychoanalysts (medical care only).
3. Medical examination, X-ray and laboratory service, insulin treatment and whirlpool baths the doctor prescribed.
4. Nursing help. If you pay someone to do both nursing and housework, you can be reimbursed only for the cost of the nursing help.
5. Hospital care (including meals and lodging), clinic costs and lab fees.
6. Medical treatment at a center for substance abuse.
7. Medical aids such as hearing aids (and batteries), false teeth, eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them.
8. Ambulance service and other travel costs to get medical care. If you used your own car, you can claim what you spent for gas and oil to go to and from the place you received the care; or you can claim 9 cents a mile. Add parking and tolls to the amount you claim under either method.

You cannot obtain reimbursement for:

1. The basic cost of Medicare insurance (Medicare A).
2. Life insurance or income protection policies.
3. Accident or health insurance for you or members of your family.
4. The hospital insurance benefits tax withheld from your pay as part of the Social Security tax or paid as part of Social Security self-employment tax.
5. Nursing care for a healthy baby.
6. Illegal operations or drugs.
7. Travel your doctor told you to take for rest or change.
8. Cosmetic Surgery.

Qualifying medical expenses include only those expenses incurred for:

1. Yourself.
2. Your spouse.
3. Your eligible dependents.

IRS Publication 502, Medical and Dental Expenses, has a checklist of medical expenses that can be deducted and therefore reimbursed under this plan, and those that cannot.

**BRICKLAYERS AND MASONS LOCAL NO.6
HEALTH AND WELFARE FUND
UNINSURED MEDICAL EXPENSE CLAIM FORM**

Participant's Name: _____

Address: _____

City, State & Zip Code: _____

Social Security No.: _____ Telephone No.: _____

The undersigned participant in the insurance program requests reimbursement in the amounts shown on the enclosed invoice, receipt, or explanation of benefits from the current provider or other insurance company. This claim form must be attached and signed each time bills are submitted for reimbursement.

NOTE: Federal law requires that you submit, written statement (such as an itemized bill from the benefit provider) as well as proof that the claim is not being reimbursed by an insurance company. Also, you will not be entitled to claim this expense as a tax deduction.

MEDICAL CARE EXPENSE

<u>Date Incurred</u>	<u>Describe Expense</u>	<u>Person for Whom Expense Incurred</u>	<u>Relationship</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

MEDICAL RECORDS RELEASE

The undersigned, being the individual, or the parent or legal guardian of the individual, for whom the above medical care expenses were provided, in consideration for the processing of the within Uninsured Medical Claims Form, hereby authorizes a release from confidentiality of all medical records necessary to process such Claim Form, such release extending to the Plan Administrator, the Plan Trustees and all staff required to review such medical care records in order to process the within Claim Form.

All individuals or parent or legal guardian of individuals receiving benefits for which claims are made above must sign his or her name here on a signature line below and print his or her name under such signature.

Signature _____

Signature _____

Print Name _____

Print Name _____

READ CAREFULLY

The undersigned participant in the Bricklayers and Masons Local No. 6 Health and Welfare Fund Insurance Program certifies that all expenses for which reimbursement or payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under the insurance program and that such expenses have not been reimbursed, or are not reimbursable, under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that if an expense for which payment or reimbursement is claimed is not a proper expense under the uninsured medical expense reimbursement plan, the undersigned may be liable for the payment of all related income taxes on such amount paid from the Fund. The undersigned further understands that no medical expense tax deduction or credit is permitted for amounts for which reimbursement is made.

Participant's signature _____ Date _____

PLEASE RETURN TO:
Bricklayers Local No. 6
c/o Swallen Lawhun Co.
1201 - 30th Street N.W.
Canton, Ohio 44709

For Plan Administrator use only
Payment Authorized _____
Amount \$ _____