

PLUMBERS & STEAMFITTERS LOCAL 21 BENEFIT FUNDS

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SUMMARY OF MATERIAL MODIFICATION TO THE PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

September 2025

To: Active and Retired Participants and COBRA Beneficiaries

From: The Board of Trustees

Re: Important Changes to Your Health Reimbursement Arrangement Plan

This Summary of Material Modification ("SMM") describes changes to the Health Reimbursement Arrangement ("HRA") of the Plumbers and Steamfitters Local 21 Welfare Fund ("Plan") effective October 1, 2025. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

Replacement of Benefit Resource "BRI"

Effective October 1, 2025, the Trustees retained Progressive Benefit Solutions ("PBS") to administer the Welfare Fund's HRA Accounts. PBS will be replacing BRI, the current administrator of the HRA. **Effective October 1, 2025, neither the Fund Office nor BRI will be able to assist you with anything related to your HRA transactions. PBS will be your sole point of contact for HRA, except that the the Fund Office will continue to assist in processing retiree and COBRA premium payments directly from HRA Accounts.**

Below is a brief summary of the transition and rules concerning HRA Accounts moving from BRI to PBS.

HRA Account Debit Cards

- Participants with eligible HRA Account balances are generally eligible active participants and eligible retired participants, including those who have opted out. These participants will receive two (2) HRA debit cards from PBS. These cards replace the HRA debit cards issued by BRI. If you do not receive your cards in the mail, please contact the Fund Office.
- Due to the transition, the new HRA debit card may not be fully activated until October 1, 2025. Your debit card with BRI will terminate September 15, 2025 to allow for finalization of your account balances during the transition period. If you incur any expenses between September 15, 2025 and October 1, 2025, you may submit a manual claim through the PBS website, app, or by mailing a claim form, but not until October 1, 2025. See below for more information.
- Former participants with HRA balances that are not currently eligible for reimbursement from the HRA Account will NOT receive an HRA Account debit card until they again become eligible for the HRA

Account. If a new or former participant becomes eligible in the future, they will automatically receive a welcome letter and HRA Account debit card from PBS in the mail.

- Non-Local 21 members (“Travelers”) will not receive an HRA Account debit card due to the HRA Account Plan rule to verify eligibility and enrollment in his/her home local health and welfare plan. Travelers with an HRA Account will be eligible to submit manual claims along with proper verification of coverage to PBS. Sample claim forms are enclosed.

Substantiation Not Required

- PBS will not necessarily require the submission of receipts for any transaction that has successfully been processed with the HRA Account debit card. Typically, receipts will only need to be submitted for manual claims. Should a debit card transaction be declined and a participant believes it is HRA eligible, a manual claim can be submitted.

How To Get Started

- Participants with eligible HRA Account balances will receive a letter from PBS along with your HRA Account debit card which will need to be activated to begin using.
- Log-in to the PBS website: Simply go to www.pbscard.com and register your account. You can also download the PBS mobile app from the App Store or Google Play (called *PBS Benny*).

To register your HRA Account with PBS, you will need the following information:

Username: Your Full Social Security Number

Password: Last Four Digits of your SSN

No dashes or spaces for either

If you would like your spouse to be able to access your account when calling in, they must be able to recite the last four digits of your SSN for phone assistance. They can login to your account with the same credentials and sign the back of the second PBS card you receive.

Once your account is established and your HRA Account debit card activated, you may proceed to use the HRA Account for any Eligible Medical Expenses.

Submitting Manual Claims

When you are not able to utilize your HRA Account debit card, you can submit claims manually through the PBS website, PBS mobile app (PBS Benny) or by mail. To submit a claim by mail, you must submit a complete claim form to PBS which includes appropriate substantiation (i.e. explanation of benefits and/or itemized receipt). The claim form can be downloaded from the PBS website or mobile app.

Any HRA Account claim received by the Fund Office will be returned to you and you must submit the claim manually using the PBS website, mobile app or by mail. **The Fund Office will no longer be able to assist you with anything related to your HRA transactions with the exception of assistance in processing retiree and COBRA premium payments directly from HRA Accounts. In all other cases, PBS will be your sole point of contact for HRA.**

Enclosed please find sample claim forms with instructions on how to submit the form, as well as information on how to submit claims through the PBS Consumer Portal (<https://pbs.lh1ondemand.com>) or Mobile App (PBS Benny).

Note that you are able to enroll in direct deposit through the PBS website or mobile app to receive your manual claims reimbursement even faster.

HRA Account Fees

There will be no change to the current administrative fee of \$4.15 per account per month. All HRA Accounts with positive balances, whether the member is eligible for the HRA Account or not, will be charged a \$4.15 per account per month administrative fee. Retirees eligible for Retiree Health Benefits through the Fund are excepted from the fee. This fee will be automatically deducted from HRA Accounts quarterly.

If you have any questions about your HRA Account including claims submission and payment, account balance or log-in issues, please reach out to PBS directly at:

- Toll free at (888) 333-3901 (Monday through Friday, 8:30 am to 4:30 pm EST)
- IVR phone system available 24/7 if members would like to check their balance, recent transactions, and request a new set of Benny cards (if needed)
- claims.support@pbscard.com

Please note the appeal rules remain the same. If you have any questions, please contact the Fund Office at 914-737-7220,

Sincerely,

Board of Trustees
Plumbers and Steamfitters Local 21 Welfare Fund



Know Your Health Care HRA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account | Effective January 1st, 2021

Your HRA dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Masks
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

Eligible Over-the-Counter Medicines and Drugs

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated nasal sprays, drops & inhalers
- Unmedicated vapor products
- Menstrual Products

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- **Baby Electrolytes and Dehydration**
- Pedialyte, Enfalyte
- **Contraceptives**
- Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
- PoliGrip, Benzodent, Plate Weld, Efferdent
- **Diabetes Testing and Aids**
- Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- **Diagnostic Products**
- Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
- Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
- ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**
- Contact lens care
- **Family Planning**
- Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
- Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
- Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin**
- Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
- Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
- Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Prenatal Vitamins**
- Stuart Prenatal, Nature's Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**
- **Hand Sanitizer & Hand Wipes**

OTC items that are not medicines or drugs remain eligible for purchase with HRAs. You can use your benefits card for these items.

Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Insurance Premiums and Interest (FSA Ineligible Only)
- Long Term Care Premiums (FSA Ineligible Only)
- Marriage or Career Counseling
- Personal Trainers
- Sunscreen (spf less than 15)
- Swimming Lessons

Note: This list is not meant to be all-inclusive. Please visit www.pbscard.com/fsa and use HRA drop down for more details.

For additional information, please contact:

Progressive Benefit Solutions, LLC

Claims.Support@pbscard.com

1-888-333-3901

14 Business Park Dr #8 / Branford, CT 06405

**Mail to: Progressive Benefit Solutions, LLC
14 Business Park Drive #8, Branford, CT 06405**



Request for Reimbursement

HRA CLAIM FORM

HRA Account Rules and Claim Filing Instructions

1. Obtain a receipt from your provider and/or insurance carrier to receive reimbursement.
2. Complete the first page of this form in its entirety, the above Request for Reimbursement – HRA Manual Claim Form.
3. Attach your receipt(s) to this form.
4. Submit the claim with attached receipts to Progressive Benefit Solutions, LLC by **mail**, **fax** or **on-line** through PBS On-Line by following the below steps. Additional Claim Forms are available on the PBS website www.pbscard.com under *Form Downloads*.

Instructions for adding Direct Deposit through your PBS Consumer Portal or Mobile App (PBS Benny):

- 1.) Go to the **"Accounts"** tab
- 2.) Go to **"Banking/Cards"** under the profile column
- 3.) Click on **"Add Bank Account"**
 - a. Add necessary information
- 4.) Press submit

**Note adding your direct deposit information through your portal or mobile app will allow for immediate verification and use of your bank account. If the real-time verification fails, a message will display for you regarding your bank account verification failure or micro-deposit process. If real-time bank verification fails three times within the same calendar day, the Portal or Mobile App redirects to an error message, and the ability to add or update your bank account is blocked for 24 hours. Please contact PBS at claims.support@pbscard.com or call us at 888-333-3901 if this occurs.*

How To File A Claim On Your Portal (Does NOT Require Completed HRA Claim Form)

- 1.) Login to your PBS portal <https://pbs.lh1ondemand.com> with your username and password.
- 2.) Once you are logged in, you will be navigated to the Home tab. Under the "I want to..." category, click on the **[Reimburse Myself]** button, you will be navigated to the **"Accounts/Reimburse Myself"** page.
- 3.) Under the **"Create Reimbursement"** section, select the account you are looking to be reimbursed from (HRA) in the list **"Pay From"**.
- 4.) In the **"Pay To"** area choose **"Me"**.
- 5.) Click the **[Next]** button to start the claim filing process.
- 6.) Under **"Receipt/Documentation"** upload the necessary documentation for the claim you are submitting (provider bill, Explanation of Benefits, etc.).
- 7.) Click the **[Next]** button.
- 8.) The next screen will show claim details.
- 9.) Input the start and end date of service for (when you went for the medical visit, purchased your prescription, etc.).
- 10.) Enter the provider's name (the doctor or practice you went to for the visit, the pharmacy where you picked up your RX, etc.).
- 11.) Please enter the category and type of expense you are submitting for.
- 12.) If notes need to be entered to provide further explanation on the claim, input those into the description.
- 13.) Check off the recipient the claim is for. If the recipient does not appear and they are covered under the account, add your spouse/child under the accounts→ dependents→ add dependent.
 - a. If the dependent does not appear as a recipient once they are added into your portal, please check off the account holder as the recipient on the claim and enter additional information into the description.
- 14.) Click the **[Next]** button.
- 15.) Press the submit.



Employer Name: _____

☐ Please check if this is a new address

HRA CLAIMS						
<i>For Direct Deposit see attached instructions</i>						
Date of Service MM/DD/YY	Patient Name	Patient's SS#	Relationship	Name of Provider	Description of Service	Claim Amount
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
Total:						\$

I certify that the expenses for reimbursement requested from my account were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Employee Signature: _____ Date: ____/____/____ Email: _____

**Mail to: Progressive Benefit Solutions, LLC
14 Business Park Drive #8, Branford, CT 06405**



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3. Attach your receipt(s) to this form. **Must include Certificate of Coverage.**
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