



NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

BENEFIT INSIGHT



Phone: (925) 356-8921

Fax: (925) 356-8938

Email: tfo@ncpttf.com

Website: www.ncpttf.com

Next Upcoming Educational Workshops

Supplemental 401(k) Retirement Workshop

Wednesday, May 8th, 5pm
Tuesday, September 10th, 5pm
Wednesday, November 13th, 5pm



Pension Pre-Retirement Workshop

Wednesday, March 13th, 5pm
Tuesday, May 21st, 5pm
Tuesday, August 13th, 5pm
Wednesday, October 16th, 5pm

Workshops are currently scheduled via ZOOM webinar and registration is required. Check our website (www.ncpttf.com) for updated information on upcoming workshops.

Health Reimbursement Account (HRA) Benny Card

NWPS distributes Prepaid Visa Cards ("Benny Cards") to eligible Active and Retired Participants with HRA balances. The Benny Card is intended for use as payment on qualified Health Care Expenses incurred by eligible Participants and/or eligible enrolled Dependents (if applicable) at the point of service. For newly eligible Participants, Benny Cards will be issued after two months of continuous Health and Welfare eligibility is reported on his/her behalf. You can view your HRA account balance, transaction activity, and print activity statements online by registering on My Wex Health Card at my.wexhealthcard.com.

***** All claims require substantiation ***** NWPS has set up file exchanges between the benefit carriers and the debit card vendor to auto adjudicate as many claims as possible. NWPS must request substantiation for any claim that cannot be auto adjudicated. **You should keep itemized statements and/or the Explanation of Benefits ("EOB") for all expenses paid with the Benny Card.** You may be required to submit copies of the statements as the IRS has rules regarding the substantiation of HRA incurred claims subject to certain exceptions. You will receive a letter requesting additional information by mail if you are required to submit proof or substantiation for a charge. Failure to timely respond may require the Plan to temporarily suspend access to your Benny Card. As such, it is important that you timely provide any documentation necessary to prove your HRA claim is a qualified medical or healthcare expense.

Please contact NWPS directly at (855) 512-1170 with questions or concerns.



*** AVAILABLE NOW ***

Online Credit Card Payment Option

for Healthcare Self-Payments and Domestic Partner Tax Payments

Online Credit Card Payments for Active Subsidized Self-Payments, COBRA, Domestic Partner Tax Payments, Retiree Self Payments, and Surviving Dependent Self-Payments are available on our website (www.ncpttf.com) through the Health and Welfare section, HW-Online Payments. Please contact our office at (925) 356-8921 extension 710 if you have any questions.



FAQ

How do I change my address on file with the Trust Fund Office?

In order to change your address, you will need to fill out a new Enrollment/Change Form (unless you are not enrolled in a health plan, then you will need to fill out a Change Request Form). These forms can be found on our website (www.ncpttf.com). The Enrollment/Change Form will need to be completed in it's entirety; including listing all dependents, the new address, signed, and dated. We cannot take address changes over the phone due to the risk of fraud. Please note that in order to change your address with Local 342, you need to contact the Local 342 Business Office separately. They can be reached at (925)686-5880.

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S | N | O | I | S | N | E | P | A | A | R | H | G | N |
| N | R | E | T | I | R | E | M | E | N | T | S | E | V |
| W | E | R | A | C | H | T | L | A | E | H | Y | I | E |
| E | L | L | V | I | A | N | T | P | H | T | S | D | A |
| L | I | R | B | N | R | I | R | F | I | I | S | E | N |
| L | P | L | I | M | D | A | N | L | O | I | T | N | A |
| N | R | I | D | I | R | E | I | N | F | O | A | T | I |
| E | F | E | R | A | R | B | R | H | T | A | P | A | L |
| S | I | R | E | S | I | A | K | T | A | C | T | L | S |
| S | I | L | I | G | R | H | L | O | S | R | A | S | N |
| I | N | O | I | T | P | I | R | C | S | E | R | P | I |
| B | N | L | R | P | L | S | T | I | F | E | N | E | B |
| U | E | I | E | K | L | E | A | I | R | G | O | I | L |
| B | L | U | E | S | H | I | E | L | D | R | L | I | R |

BENEFITS WORD SEARCH

- PENSION
- VISION
- HEALTH CARE
- WELLNESS
- BLUE SHIELD
- ELIGIBILITY
- RETIREMENT
- PRESCRIPTION
- BENEFITS
- KAISER
- HRA
- DENTAL

