



Emeriti Reimbursement Benefit

Frequently Asked Questions

Use the available assets from your Emeriti Health Account - tax free - to pay for qualified medical expenses not covered by Medicare or other health insurance.

The accompanying Claim Form is used to submit claims for the reimbursement of Qualified Medical Expenses (“QMEs”), otherwise known as the Emeriti Reimbursement Benefit, under your former employer’s Emeriti Retirement Health Plan (“Plan”). Before you complete and submit the Claim Form, please read these Frequently Asked Questions.

Who is eligible for the Emeriti Reimbursement Benefit?

As a Participant in your (former) employer’s Plan, generally, you are eligible for the reimbursement of QMEs incurred by you or your eligible Plan Dependents when you leave employment with a vested Emeriti Health Account balance.

Who qualifies as an eligible Plan Dependent?

Reimbursement is available for QMEs incurred by you and certain eligible individuals. Depending upon the terms of your Plan, you may be eligible to receive reimbursement of QMEs incurred by your spouse, dependent (or non-dependent) domestic partner, dependent children and/or certain other dependent relatives. (If the eligible Plan Dependent is not considered a “dependent” under the Federal tax code, reimbursements of his or her medical expenses may be taxable distributions from the Plan.) Please review your Summary Plan Description (“SPD”).

What expenses are reimbursable?

Eligible medical expenses are defined under Internal Revenue Code Section 213(d), and may include, but are not limited to the following:

1. Health insurance and long-term care insurance premiums
3. Medicare premiums, deductibles, and coinsurance
4. Medical equipment, vision, dental and hearing care
5. Hospital and surgical expenses
6. Medical expenses associated with nursing or in-home healthcare services

You may prepay insurance premiums up to 12 months in advance. You will need to submit an insurance statement that specifies your contracted premium amount for the year or for the defined coverage period for which you are requesting reimbursement.

Health insurance includes COBRA continuation coverage, but excludes coverage for any individual as an active employee (or as a spouse, domestic partner or dependent of an active employee) under an employer-sponsored group health plan.

Expenses must be submitted for reimbursement within 12 months following the end of the calendar year in which the expense was incurred.

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What is considered adequate proof of payment and substantiation of my claim(s)?

An Explanation of Benefits (EOB) from your insurer, or a receipt of payment for the medical expense (or insurance premium) will substantiate your claim. The EOB or receipt must show the Date of Service, the Patient's Name, the Service Provider's Name, a description of the Qualified Medical Expense and the amount requested for reimbursement. For prescribed, over-the-counter medicines and drugs, you also must include a copy of the doctor's prescription or a printed Rx number on the health expense receipt in order to comply with Section 9003 of the Affordable Care Act. Canceled checks or credit card statements are not acceptable proofs of payment.

Is there a limit to the amounts for which I can be reimbursed?

Reimbursements are paid only from the available balance in your TIAA-CREF Money Market fund. Therefore your money market balance must be sufficient to cover the reimbursement of the QME claim(s) you are submitting. You may transfer funds online at tiaa.org or call the Emeriti Service Center at 1-866-EMERITI (1-866-363-7484) and press option #3.

Are reimbursements tax-free?

Generally, reimbursements of QMEs are paid from your Emeriti Health Account to you on a tax-free basis. If your Plan permits the reimbursement of QMEs incurred by a non-dependent domestic partner, the reimbursement may be treated as a taxable distribution and deemed income to you under current federal and state income tax rules. You should consult with your own tax advisor for information on the tax effects of reimbursements for QMEs incurred by your Plan Dependents.

How are reimbursement payments made?

Reimbursement claims are paid only from assets in your Emeriti Health Account that are invested in the TIAA-CREF Money Market Fund. You may make fund transfers among investment options at any time in amounts of \$1,000 or more or the full value of your account (if less than \$1,000). You may also set-up monthly systematic transfers in amounts of \$100 or more.

To check your account balance, transfer money into the Money Market Fund or set-up monthly transfers, please contact a TIAA representative at 1-866-EMERITI (1-866-363-7484) and press "3" for assistance. You may also log in to your TIAA account at tiaa.org and follow the instructions.

Once your Claim Form is processed and claims are approved, you will receive your reimbursement by mailed check or direct deposit. Checks are mailed to the Participant (Account Holder) at the address on record. Alternatively, reimbursement payments may be deposited directly into your bank account if you have authorized CBIZ Savitz to do so. Please complete the appropriate section of the Claim Form to designate direct deposit of reimbursement claim payments.

How do I submit claims?

You can submit reimbursement claims via mail, fax and online at MyEmeritiBenefits.org. You will be able to view all of your reimbursement claim transactions at MyEmeritiBenefits.org. It's easy to register with your email address and a password.

How do I check my claims status?

If your claim is denied, you will be informed by mail. You will be provided the reason for a denial and an opportunity to appeal or resubmit your claim. If you have any questions about your reimbursement claim, call 1-866-EMERITI (1-866-363-7484) and press option #2, Monday through Friday, 9:00AM to 5:30PM Eastern Time. You may also visit our benefits website 24/7 at MyEmeritiBenefits.org.

How do I update my contact information?

It's very important that you keep Emeriti informed, should you change your permanent residence. Please call 1-866-EMERITI (1-866-363-7484) and press option #3, Monday through Friday, 9:00 a.m. to 5:30 p.m. Eastern Time, to update your information.