

Emeriti Retirement Healthcare Savings Program (RHSP) Frequently Asked Questions

Who is eligible for the Emeriti Reimbursement Benefit?

A participant who terminates from employment and is vested in their former employer's Emeriti Retirement Healthcare Savings Plan, is eligible for reimbursement of qualified medical expenses (QMEs) incurred after their termination date. Qualified medical expenses incurred by the participant's spouse or other eligible dependent(s) after the participants termination date (or date of death whichever comes first), may also be reimbursable from the Emeriti Health Account.

Who qualifies as an eligible Plan Dependent?

A medical expense incurred by an eligible participant's dependent may be reimbursable under the Emeriti Healthcare Savings Plan. A dependent usually includes a spouse and children under the age of 26. Expenses incurred by other dependents may also be reimbursable according to Internal Revenue Code requirements. See IRS Publication 502 for more detail regarding eligible reimbursable medical expenses and eligible dependents. If your plan permits, eligible medical expenses incurred by a non-dependent Domestic Partner may be reimbursable under the Emeriti Health Plan on a taxable basis.

What expenses are reimbursable?

Eligible medical expenses are defined under Internal Revenue Code Section 213(d). Please refer to IRS Publication 502 to learn more regarding eligible medical expenses. The following is a list of common reimbursable eligible medical expenses:

1. Premiums for health insurance coverage, including COBRA and long term-care but excluding coverage for active employees under an employer sponsored group health plan
2. Medicare premiums, deductibles and coinsurance
3. Out-of-pocket costs related to durable medical equipment, vision, dental and hearing aids
4. Out-of-pocket hospital and surgical expenses
5. Certain out-of-pocket costs associated with nursing or in-home healthcare services

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 must also 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.

Claims documentation must have the following:

- Patient Name
- Date of Service
- Provider Name
- Description of Service
- Amount

Insurance Premium documentation must include:

- Insured's Name
- Insurer's name
- Coverage Period
- Type of Insurance
- Premium Amount

Good examples of claims documentation:

- EOB
- Rx label
- Itemized provider bill
- Medicare Part B/D letter
- Insurance carrier premium bill

Examples of documentation that is not acceptable:

- Credit card receipts
- Canceled checks

How long do I have to submit a claim for reimbursement?

Claims must be submitted for reimbursement within 12 months following the end of the calendar year in which the expense was incurred. For example, an expense incurred on November 1, 2018 must be submitted by December 31, 2019.

How do I submit a reimbursement request for health plan premiums in advance?

You may be reimbursed for prepaying 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. Along with your insurance statement, you must submit proof that you have prepaid premiums to the insurance carrier.

Can I set-up recurring reimbursements?

Yes. You can send a one-time claim submission for your insurance premiums that will be used to reimburse you on a monthly basis. 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. Likewise, for reimbursement of Medicare Part B and/or Part D premiums, you will need to provide a copy of your annual Social Security statement that is mailed to you. You can also download your statement online at medicare.gov.

Recurring payments are released at the beginning of the month for the prior month's coverage period. (e.g. Payment released the first week of December for coverage period November 1st-November 30th).

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

No. A vested and terminated eligible participant may be reimbursed for qualified medical expenses up to the full balance in their Emeriti Health Account. Reimbursements are processed from the available account balance held in the TIAA-CREF Money Market Mutual Fund. If a claim exceeds the dollar amount held in the TIAA-CREF Money Market Mutual Fund you may need to transfer funds from other investments in your account to the TIAA-CREF Money Market Mutual Fund to ensure your reimbursement is processed. You may transfer funds online at tiaa.org or by calling the Emeriti Service Center at 1-866-EMERITI (1-866-363-7484) and selecting option #3.

Are reimbursements tax-free?

Yes. Reimbursements for eligible qualified medical expenses are tax-free.

If your Emeriti Health Plan covers domestic partners, expenses incurred by a non-dependent domestic partner may be reimbursable on an after-tax basis. 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?

CBIZ RPS, the claims administrator for the Emeriti Retirement Healthcare Savings Plan, will process your claim request and send reimbursement to your address on record. You may also request to have reimbursements deposited directly into your checking or savings account by indicating this on the Emeriti Healthcare Savings Plan Claim Form.

Why must I transfer money into the TIAA-CREF Money Market Mutual Fund in order to be reimbursed?

All Emeriti Health Account claim reimbursement requests are processed from the available account balance held in the TIAA-CREF Money Market Mutual Fund. The TIAA-CREF Money Market Mutual Fund provides relative stability in your available account balance to ensure sufficient funds are maintained to process your reimbursement. Other investment products available within your Emeriti Health Account may be subject to significant market fluctuation on a daily basis.

How quickly do the Funds transfer across the available TIAA-CREF Lifecycle and Money Market Funds?

Transfers between the TIAA-CREF Lifecycle Funds and the TIAA-CREF Money Market Mutual Fund are processed as of the close of business on the New York Stock Exchange (usually 4PM ET Monday – Friday). Transfer requests received after the close of business on the New York Stock Exchange are processed as of the close on the next business day. You may transfer funds online at tiaa.org or by contacting a TIAA representative at 1-866-EMERITI (1-866-363-7484) and pressing option “3” for assistance Monday through Friday, 9:00AM to 5:30PM Eastern Time.

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 get reimbursed for mail-order prescription drugs?

You may submit documentation of your order manually (by mail, fax or online at MyEmeritiBenefits.org), or you may use your Rx Debit Card, if your former employer has elected this option. If you're not sure whether or not you have the Rx Debit Card option, please check with your benefits office.

Do I have to provide my Social Security number in order to be reimbursed?

Yes. CBIZ RPS, Emeriti's reimbursement claim administrator requires your Social Security (and that of your eligible dependents) in order to process your claim requests. You only need to provide the information once – either on the first claim form that you submit – or by calling the Emeriti Service Center at 1-866-EMERITI (1-866-363-7484) and pressing option #2 Monday through Friday, 9:00AM to 5:30PM Eastern Time.

What happens to my Emeriti Health Account assets when I die?

The remaining assets can be used by your spouse and any eligible dependents for Emeriti Health Insurance premiums and qualified medical expenses until they die or cease to be eligible dependents.

It is important to remember that this is a program designed specifically to pay for health expenses, and it receives very favorable tax treatment for this purpose. Therefore, federal law requires that when you and all your eligible dependents die (or cease to be eligible dependents), any unused funds in your Health Account will revert to your institution's Emeriti Plan for use in providing benefits to other eligible participants.

Can I roll-over the funds in my Emeriti Health Account to another plan?

No. Your Emeriti Health Account is not a qualified account and therefore not eligible for rollover or direct transfer to another administrator. Your vested Emeriti Health Account goes with you



and you will have access to reimbursement for yourself and your eligible dependents benefits until the account is depleted or after your death and the death of your last eligible dependent.

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.

Emeriti Reimbursement Benefit Resources

Emeriti Service Center	1-866-EMERITI (1-866-363-7484) Press option #2 to speak to a CBIZ RPS representative Press option #3 to speak to a TIAA representative
Mailing address	CBIZ RPS 3000 Chestnut Street #8569 Philadelphia, PA 19104-9998
Online dashboard	MyEmeritiBenefits.org Check status of reimbursements and electronically submit claims
Fax	215-563-9943
Check health account online	Log in to your account at tiaa.org Check health account balance and make fund transfers



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Interests in any retiree healthcare plan discussed herein are offered solely by the employer.

Lifecycle Funds share the risks associated with the types of securities held by each of the underlying funds in which they invest. In addition to the fees and expenses associated with the Lifecycle Funds, there is exposure to the fees and expenses associated with the underlying mutual funds.

Teachers Insurance and Annuity Association of America (TIAA) will provide services to the plan and may issue plan communications on behalf of the plan sponsor, in its capacity as a plan record keeper.

TIAA group of companies cannot and does not provide tax or legal advice and recommends that plan sponsors consult their own legal and tax advisors for such advice.

You should consider the investment objectives, risks, charges, and expenses carefully before investing. Please call 877-518-9161 or go to TIAA.org for current product and fund prospectuses that contain this and other information. Please read the prospectuses carefully before investing.

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The Emeriti Program is delivered in collaboration with TIAA, CBIZ RPS, Aetna Life Insurance Company, and HealthPartners.

Emeriti, TIAA and CBIZ RPS are independent corporations and are not legally affiliated. The full name of Emeriti Retirement Health is The Emeriti Consortium for Retirement Health Solutions, an Illinois Nonprofit Corporation. Emeriti Retirement Health is not an insurance company, insurance broker or insurance provider.

Teachers Insurance and Annuity Association of America (TIAA) is Emeriti's accumulation record keeper, trust services provider, and investment manager. TIAA is a leading provider of financial services to nonprofits offering investing, banking, advice and guidance, and retirement services. TIAA has helped institutions and individuals pursue financial well-being for 100 years.

CBIZ RPS provides services in connection with the Emeriti group insurance administration and Emeriti medical expense reimbursement processing. Headquartered in Cleveland, Ohio, CBIZ RPS has 26 offices around the country and more than forty years of experience in providing full-service benefits services supporting employees and retirees in organizations nationwide.