

Using Your Benefit Account

Emeriti Retirement Healthcare Savings Program





Welcome to Emeriti

Healthcare expenses can be one of the largest expenses you will face in retirement. Forward thinking retirement planning includes healthcare.

Your institution's benefit account provides one of the most tax efficient ways to manage health expenses in retirement.

You use the accumulation in your Emeriti health account to get reimbursed, tax-free, for post-tax insurance and Medicare premiums and cost shares, and other qualified medical expenses (QMEs) that you and your eligible dependents incur during retirement.

For as long as you remain in the Plan, you will receive ongoing information designed to help you get the most out of your benefits.

WE'RE HERE TO HELP



Call us toll-free
1-866-363-7484

Weekdays
9:00am-5:30pm (ET)



Visit our website
emeritihealth.org



Download the TIAA app

- Check your TIAA account balance and details
- View pending transactions
- Transfer funds
- Update personal information and communication preferences



What Emeriti Provides



Your account

Trust services and investment management provided by TIAA



Reimbursement benefit

Reimbursement administration provided by CBIZ



Communication & education

Services provided by Emeriti, in coordination with TIAA and CBIZ

Triple tax-free benefits



**Tax-free
employer contributions**



**Tax-free
investment earnings**



**Tax-free
reimbursements for qualified
healthcare expenses**

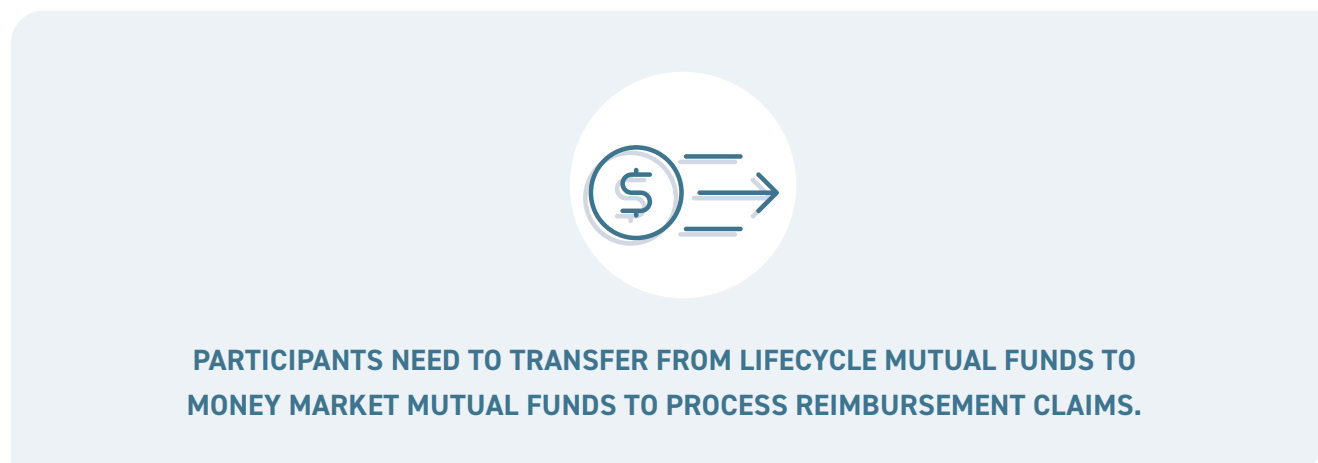


Your Emeriti Health Account

Employer contributions are directed to an age-appropriate TIAA-CREF Lifecycle Mutual Fund in your account. You may transfer accumulations or reallocate future contributions among the fund choices available in your institution's plan. TIAA provides accumulation recordkeeping, investment management and trust services.



Employee option: transfer accumulations or reallocate future contributions among the fund choices available in your institution's plan.



What is a Lifecycle Fund?

A lifecycle mutual fund is sometimes referred to as a “Target Date Fund” and is designed to be a single diversified portfolio.

A lifecycle fund uses a “fund of funds” approach that is a combination of underlying stock mutual funds, fixed-income or bond mutual funds and other types of mutual funds.

Lifecycle funds include a “glide path” which means the fund will automatically adjust the mix of the underlying mutual funds as you approach retirement age.

Over time a lifecycle fund will move from a more aggressive to more conservative mix as your target retirement date approaches.

All TIAA-CREF Lifecycle Mutual Funds are Retirement Share Class.

Your initial contribution will be directed to a lifecycle fund based on a target retirement age of 65.

You may choose to transfer existing funds or reallocate future deposits among any of the available lifecycle funds (or to the money market mutual fund) in the plan.

What you can do with your account



Transfer balances among the various investment options in the plan



Make incremental fund transfers in the amounts of \$1,000 or more



Set-up systematic transfers (weekly, monthly, etc.) among funds in the amounts of \$100 or more



What Qualifies for Reimbursement?

You can use your account to pay—tax free—for qualified medical expenses in retirement, including medical, dental, vision and qualified long-term care. Below are some examples of eligible expenses. **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.**

INSURANCE AND MEDICARE

- Medicare Supplement/Medicare Advantage premiums and cost shares
- Prescription Drug plan premiums and cost shares
- Vision or Dental plan premiums and cost shares
- Medicare Part B/Part D premiums and cost shares
- Long-term Care Insurance premiums
- COBRA insurance premiums

QUALIFIED MEDICAL EXPENSES

- Acupuncture
- Alcoholism treatment program fees
- Allergy medicine*
- Ambulance service
- Antacids*
- Anti-Diarrhea medicine*
- Artificial limbs
- Bandages
- Car Modifications for equipment installed for the use of a person with a disability
- Chiropractic care
- Co-insurance charges
- Co-payments
- Cold medicine*
- Cold/Hot packs for injuries
- Contact lenses (including cleanser and saline solution)
- Cough drops*
- Crutches
- Dental expenses (non-cosmetic services only)
- Dentures
- Dermatologist expenses
- Diabetic supplies
- Dietary Supplements*
- Drug addiction treatment at a therapeutic center
- Eye drops*
- Eye exams
- Eyeglasses
- First aid Kit
- Gauze pads
- Guide dog or other animal used by a person with a physical disability
- Hearing aids/batteries
- Hemorrhoid medications*
- Herbs*
- Hospital and surgical expenses
- Immunizations
- Incontinence supplies
- Insulin
- Insurance and Medicare deductibles



What Qualifies for Reimbursement? (cont'd)

- Lasik Surgery
- Laboratory fees
- Laxatives*
- Massage therapy (prescribed by a physician; provided by a licensed massage therapist)
- Medical services provided by physicians, surgeons, and specialists (non-cosmetic services only)
- Mileage related specifically to transportation to/from an eligible medical appointment
- Motion-sickness medications*
- Nasal Spray*
- Nicotine gum or patches*
- Ointments for muscle or joint pain or for first aid purposes*
- Optical care provided by Optometrists, Ophthalmologists or Opticians
- Organ transplants
- Orthodontics
- Orthotic inserts
- Osteopathic treatment
- Oxygen
- Pain relief medications*
- Physical exams
- Physical therapy
- Prescription drugs
- Prosthetics
- Psychiatric care
- Psychoanalysis
- Psychological treatment
- Reading glasses
- Rubbing Alcohol*
- Sinus medicines*
- Smoking cessation programs
- Suppositories
- Therapy (speech, physical, occupational)
- Thermometers
- Vaccines
- Vitamins*
- X-rays
- Weight-loss program*
- Wheelchair expenses

*Items with an asterisk require a written prescription.

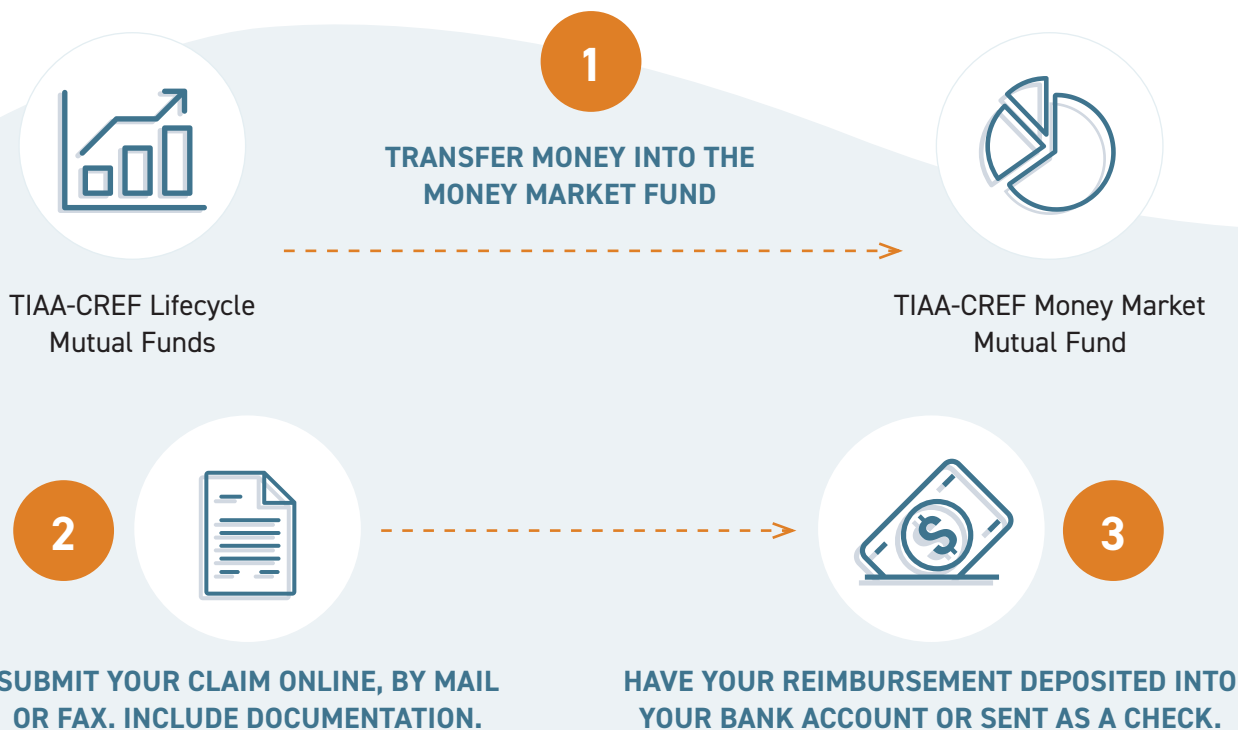


Getting Reimbursed

You pay out-of-pocket with post-tax dollars for health insurance and Medicare premiums and other qualified healthcare expenses. Then you submit a claim for reimbursement. **You can also set-up recurring reimbursements for health insurance premiums and Medicare Part B and/or Part D premiums. Please review the enclosed Frequently Asked Questions for details.**

REQUIRED STEP: All 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.

Three-step Reimbursement Process

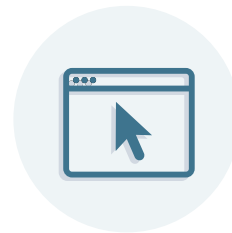


It's Easy to Execute a Transfer of Funds

You can move money into the TIAA-CREF Money Market Mutual Fund by one of two ways—calling the Emeriti Service Center and speaking with a TIAA representative or by logging in to your account at tiaa.org. You can also call or go online to check your account balance and to set-up incremental or systematic fund transfers among the available investment options in your plan.



Call the Emeriti Service Center
1-866-363-7484, press option #3



Log on to your account at **tiaa.org**
and follow the instructions

Setting Up Recurring Reimbursements

You can set-up recurring reimbursements for post-tax insurance and Medicare Part B and/or Part D premiums, as well as long-term care and COBRA premiums. Just follow the three steps below. **Be sure to review the enclosed Frequently Asked Questions for details.**

- 1 Complete the Emeriti reimbursement form
- 2 Check the recurring reimbursement box
- 3 Include documentation from your insurance provider and/or your annual Social Security letter



**DOWNLOAD THE
REIMBURSEMENT FORM AT
MyEmeritiBenefits.org**



Who Can Use the Reimbursement Benefit?



You



Your legal spouse¹



**Legal dependent
children**

Good to know!

MEDICARE DOES NOT COVER:

- DENTAL CARE AND DENTURES
- ROUTINE VISION AND HEARING CARE
- MOST EYEGLASSES AND HEARING AIDS
- ROUTINE FOOT CARE
- LONG TERM CARE
- SOME SHOTS, TESTS AND LAB TESTS
- SOME DIABETIC SUPPLIES
- ACUPUNCTURE
- CERTAIN CHIROPRACTIC SERVICES



Affordable Care Act (ACA)

Information About Reimbursement Benefit Eligibility

In order for the Emeriti Program to comply with the ACA Legislation, active employees and any eligible dependents cannot be enrolled in or use your account while employed at your institution in any capacity; either full time benefits eligible or part time nonbenefits eligible. This includes retirees who are rehired on a part-time or by appointment basis. Only when you are not employed by your institution, can you and your eligible dependents use your account. This limitation only applies if you are rehired by your institution. You may work anywhere else and still maintain retiree status with your previous institution and therefore, still utilize your account. Further, if you are rehired by your institution, you will not lose your account, it will simply be suspended until you move back into "retired" status.



There are also deductibles, coinsurance, and copayments that Medicare or supplemental insurance does not cover. The reimbursement benefit helps you cover your out-of-pocket costs for qualified medical expenses that can be both routine and unexpected. Be sure to review the enclosed Frequently Asked Questions for details.



**SUBMIT CLAIMS ONLINE AT
MyEmeritiBenefits.org**





How we're delivering an exceptional experience



+



A smart, sustainable approach

that focuses on maximizing
Star Ratings revenue and
controlling costs



Holistic, flexible solutions

that give you a
best-in-class experience



Unrivalled healthcare engagement touchpoints

to improve overall health and
connect with providers
in the way you prefer



EMERITI RETIREMENT
HEALTHCARE SAVINGS PROGRAM
—
EMERITI REIMBURSEMENT BENEFIT

The plans available to Emeriti retirees



**3 Medicare
Advantage plans**



**3 Medicare
prescription
drug plans**

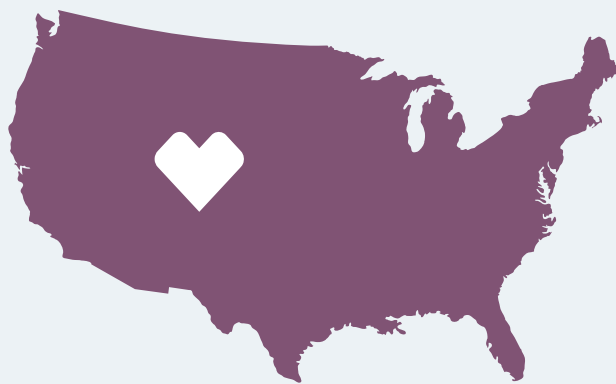


**1 optional
dental plan**

Aetna Medicare Advantage Preferred Provider Organization (PPO)

-
- Access to providers nationwide
 - No referrals needed
 - Over 900,000 network doctors and specialists
 - Over 4,000 network hospitals
 - Use network doctors to avoid paying out-of-network cost sharing
 - Covers you nationally when traveling

We've got retirees covered



Aetna's Prescription Drug Plan:



Pharmacies

65,000+ pharmacies
with 24,000+ preferred
pharmacies nationwide




Mail Delivery

CVS Caremark Mail Service
Pharmacy™



Simplicity

Easy-to-use online tools



National support combined with
a hyperlocal footprint means we're
around the corner.

With unrivaled digital touchpoints
and proactive analytics, we're
ahead of the curve.

For as long as we've been in your
community and serving our members,
we've been by your side and
on your side.



Retirees can get help anywhere on their health journey with their Aetna Medicare Advantage plan



Prevention

Eye and hearing exams
Annual physicals
Fall Prevention Program
Women's annual health reminder
Cancer screening reminder



Wellness

Healthy Home Visits
24/7 nurse line
Hearing and vision reimbursements
Healthy Lifestyle Coaching
Teladoc®
Telehealth
SilverSneakers® Fitness Program



Support

Resources For Living®
Chronic health condition support
Readmission Avoidance Program
Aetna Compassionate CareSM
Healthy Aging Support Program

Helping retirees achieve their best possible health and a better quality of life

Our holistic team approach addresses your whole health.



Connection to
local resources

Local support
at MinuteClinic®
and HealthHUB™
locations



Virtual behavioral
health support

Case management
for serious illnesses



Healthy Home Visit
program

24/7
nurse line*



Disease management
for chronic conditions

Virtual
doctor visits

*While only a doctor can diagnose, prescribe or give medical advice, the Care Management nurses can provide information on a variety of health topics.



Telehealth benefits to help you access care safely

Telehealth and Teledoc® offered for all groups

- You will have access to both channels for telehealth services — your current providers and Teladoc providers
- Standard benefit for all group plans
- Cost share is the same as in-person visit
- Telehealth benefit covers any PCP, specialist, behavioral health provider and select urgent care walk-in clinics
- Teladoc only offers general medicine visits



Telehealth member experience

Providers dictate how members access and complete visits (phone, web, app, etc.)

Members should contact their doctor or local walk-in clinic to find out how to access telehealth services





Consistency enables a higher quality of care and an easier path to better health

More than 3 out of 4 Aetna® Medicare members are in 4.5-Star rated plans or higher for 2022

Aetna has the **highest percentage of members in plans rated 4.5 Stars or higher** among publicly traded carriers

Our National PPO contract has maintained a 4+ Star Rating for **9 consecutive years**

*Based on 2022 Star Ratings data published by CMS on October 8, 2021. CMS evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. Our Overall Part C and Part D rating is 4.5 Stars.



4.5 Stars*

100%

of members
are enrolled in our
**4.5 Star National
PPO contract**



EMERITI RETIREMENT
HEALTHCARE SAVINGS PROGRAM
EMERITI REIMBURSEMENT BENEFIT

Success in Star measures continual quality improvements

5 Stars in Operations and Clinical*

- Annual flu vaccine
- Breast cancer screening
- Colorectal cancer screening
- Diabetes—kidney disease monitoring
- Diabetes—blood sugar controlled
- Medication reconciliation post-discharge
- Drug plan quality improvement
- Complaints, Part C and Part D
- Members choosing to leave the plan, Part C and Part D
- MPF price accuracy
- Timely decisions about appeals
- Reviewing appeals
- Foreign language, TTY availability, Part C and Part D

*Based on 2022 Star Rating data published by CMS on October 8, 2021. CMS evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. Our overall Part C and Part D rating is 4.5 Stars.



Next Steps

You will receive an insurance enrollment kit in the mail three months before you turn 65.



Request your insurance enrollment kit

Call Emeriti Service Center:

866-363-7484
Option 2



Receive personalized guidance

Call Aetna benefit specialists:

855-212-5666



Enroll in Aetna retiree health insurance

Call Emeriti Service Center:

866-363-7484
Option 2



As with all mutual funds, the principal value of a Lifecycle Fund isn't guaranteed. Also, please note that each fund's target date is an approximate date when investors may reach age 65. 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.

You could lose money by investing in the Money Market Fund. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the fund is not insured or guaranteed by the federal deposit insurance corporation or any other government agency. The fund's sponsor has no legal obligation to provide support to the fund, and you should not expect that the sponsor will provide financial support to the fund at any time.

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.

This material is for informational or educational purposes only and does not constitute investment advice under ERISA. This material does not take into account any specific objectives or circumstances of any particular investor, or suggest any specific course of action. Investment decisions should be made based on the investor's own objectives and circumstances.

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

TIAA Individual & Institutional Services, LLC serves as a broker-dealer with respect to underlying mutual funds only, and does not offer, market or sell interests in such plans or otherwise provide broker-dealer services with respect to the interests in such plans.

TIAA products may be subject to market and other risk factors. See the applicable product literature, or visit TIAA.org for details. Investment, insurance and annuity products are not FDIC insured, are not bank guaranteed, are not deposits, are not insured by any federal government agency, are not a condition to any banking service or activity, and may lose value.

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

Emeriti, TIAA and CBIZ, Aetna Life Insurance Company and HealthPartners 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 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 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. 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.

CBIZ provides services in connection with the Emeriti group insurance administration and Emeriti medical expense reimbursement processing. Headquartered in Cleveland, Ohio, CBIZ 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.

HAVE A QUESTION?

**CALL THE EMERITI
SERVICE CENTER**

**1-866-363-7484,
OPTION 2**

MONDAY - FRIDAY, 9:00AM - 5:30PM (ET)