



EMERITI REIMBURSEMENT BENEFIT FREQUENTLY ASKED QUESTIONS

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 Retiree Health Plan (“Plan”). Before you complete and submit the Claim Form, please read these Frequently Asked Questions carefully.

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 upon your cessation of employment with a vested Emeriti Health Account balance. *Please check with your plan administrator regarding your specific vesting requirements. In certain limited circumstances, you also may qualify for reimbursements under your Plan’s Early Availability provisions. See below for information regarding eligible Plan Dependents and Early Availability.

Who qualifies as an eligible Plan Dependent? Reimbursement benefits are 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. (As discussed below, 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”).*** In addition to the information provided in these FAQ’s, please read your SPD to determine your eligibility, or that of your Plan Dependents.

What expenses are reimbursable (“Qualified Medical Expenses” or “QMEs”)? Eligible medical expenses may include qualified medical expenses as defined under Internal Revenue Code Section 213(d), premiums for health insurance not provided by the Plan, premiums for long-term care insurance, or premiums for Medicare. Prepaid premiums, up to 12 months in advance, may be reimbursed; in such cases, you must 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. Expenses must be submitted for reimbursement within 12 months following the end of the calendar year in which the expense was incurred.

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? While reimbursements of QMEs are drawn from your vested Emeriti Health Account balance, 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. Visit www.tiaa-cref.org or call the Emeriti Service Center at **1-866-EMERITI (1-866-363-7484)** and select option #3 to make sure you have an available balance in your Money Market fund to cover the amount of your claim(s). If you do not have a sufficient available

balance in that investment option, you may authorize a transfer in accordance with the TIAA-CREF rules for transferring money between funds.

Are reimbursements tax-free? Generally, reimbursements of QMEs, which you (the Participant) and your eligible Plan Dependents have incurred are paid from your Emeriti Health Account to you on a tax-free basis. In certain circumstances, 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?

Once your Claim Form is processed and claims 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 Savitz to do so. Please complete the appropriate section of the Claim Form to apply for direct deposit of reimbursement claim payments.

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.

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 select option #2, Monday through Friday, 9:00AM to 5:30PM Eastern Time. You may also visit our benefits website 24/7 at www.MyEmeritiBenefits.org.