



TIAA RETIREMENT HEALTHCARE PROGRAM

Put your retirement healthcare savings account to work.

A step-by-step guide.



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You have a tax-efficient way to manage health expenses.

Healthcare expenses can be among the largest costs you'll face in retirement, with the potential to absorb a significant portion of your budget. And Medicare may not cover everything you need.

Your employer established the Plan, a highly tax-efficient way for you to manage health expenses in retirement.

Once you've separated from service and are vested, you can use the accumulation in the Plan to get reimbursed, tax-free, for qualified medical expenses (also known as QMEs) that you and your spouse and eligible dependents incur on an ongoing basis. Refer to your summary plan description for specific details on the Plan.



Your Plan offers a triple tax-free benefit.

- 1. Tax-free employer contributions:** Contributions made by your employer while you were working are not taxed, enhancing your savings.
 - 2. Tax-free investment earnings:** The money in the Plan can grow tax-free, allowing you to potentially increase your savings over time without tax implications.
 - 3. Tax-free reimbursement:** When you withdraw funds for qualified medical expenses, those withdrawals are also tax-free, helping you manage healthcare costs effectively.
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What qualifies for reimbursement under the Plan.

You can be reimbursed for a wide range of out-of-pocket health expenses and qualified medical expenses that are not paid by insurance, including reimbursement of already-paid premiums for Medicare and other health insurance (such as long-term care). Here are some examples of reimbursable expenses:

Post-tax insurance premiums	Other expenses
<ul style="list-style-type: none">• Medicare Supplement or Medicare Advantage premiums• Medicare Parts B and D premiums• Prescription drug premiums• Dental and vision premiums• Long-term care premiums• Pre-65 retiree medical premiums• Other post-65 insurance premiums• COBRA premiums	<ul style="list-style-type: none">• Office visit copays• Prescription drug copays• Medical cost shares (deductibles, copays, coinsurance)• Dental, vision and hearing care• Medical equipment not covered by insurance

Visit irs.gov/publications/p502 to see a complete list of QMEs.



Additional coverage for out-of-pocket expenses.

There are deductibles, coinsurance and copayments that Medicare and Medicare Supplements don't cover.

The reimbursement benefit helps you cover your out-of-pocket costs for qualified medical expenses both routine and unexpected.

When does my eligibility begin?

If you've separated from service with your employer who sponsors the Plan and have fulfilled the vesting requirements for the plan, you become entitled to benefits. At this time, TIAA will send you an entitlement notification.



Claims activation

When you're ready to access and make use of the Plan account balance for reimbursement of QMEs, complete and submit a [Claims Activation Form](#), available at [tiaa.org](https://www.tiaa.org). You may also request a hard copy of the form by calling **877-554-1004** and selecting option 1.

Within 7 to 10 business days of our receipt of the completed Claims Activation Form, you'll receive a package from the third-party claims administrator, Optum Financial. This package will include a healthcare payment card as well as instructions on how to file claims for reimbursement of QMEs.

Note: *Only the vested account balance is eligible to be used for reimbursement.*



Who can submit claims for the reimbursement benefit?

While you're alive, either you as the account holder or your spouse may submit claims. An additional healthcare payment card for your spouse can be ordered for your convenience.

After your death, your surviving spouse and legal tax dependents may be eligible to submit claims from your account. Refer to your summary plan description for specific details on the Plan.

The TIAA healthcare payment card provides easiest access to your funds.

The TIAA healthcare payment card offers you a convenient way to pay for expenses and allows you immediate access to healthcare funds. Rather than paying out-of-pocket for eligible expenses, filing a claim and then waiting for reimbursement, using the card will allow you to access funds directly and pay the provider at the point of purchase. While you still need to submit receipts to substantiate purchases, you won't have to wait for money to be reimbursed to you.

The healthcare payment card is issued by Optum Financial and programmed to work only at merchant locations designated as healthcare merchants based on their merchant category code. Examples of qualified merchants include doctors' offices, pharmacies and hospitals. The card should only be used to pay for eligible medical expenses, and you should always save your receipts. You will not be able to use your card at locations that are not approved healthcare merchants, nor is the card able to be used to pay insurance premiums. An alternative to using the TIAA healthcare payment card is to pay out of pocket and then submit a request for reimbursement.



Important to know.

Before using the card, you must transfer assets into the Nuveen Money Market Fund.

If there are not enough funds, the transaction may be denied or partially approved, requiring you to pay the difference with another form of payment.

If you prefer not to use the healthcare payment card, you'll pay out-of-pocket and then submit a request for reimbursement.

1.

Move your money into the Nuveen Money Market Mutual Fund.

2.

Submit your claim online, through the mobile app, or by returning a paper claim form in the mail or by fax.

3.

Have your reimbursement deposited into your bank account or be sent a check.

How to submit claims for the reimbursement benefit.



Moving money to the Nuveen Money Market Fund

To move money into the Nuveen Money Market Fund, you can contact a TIAA representative at **877-554-1004** and select option 1. You may also log in to the TIAA secure website at [tiaa.org](https://www.tiaa.org), where you can review your account balance and transfer assets to the Nuveen 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 the account if less than \$1,000).

Note: Claims are paid only from assets that are invested in the Nuveen Money Market Fund. The Nuveen Money Market Mutual Fund provides relative stability in your available account balance to ensure sufficient funds are maintained throughout the reimbursement process.



Using the online portal or mobile application

The online account provides everything you need to manage your funds at your fingertips:

- Go to [tiaa.org](https://www.tiaa.org). Log in to the secure site and find Retirement Healthcare under *My Accounts*.
- File a claim: Click on *Visit Claim Center* from the *Quick Links* drop-down and follow the screen prompts to file a claim.
- View account details: Enjoy the convenience of real-time online access to account balances and transaction history.

Note: Once logged into the online portal, please take a moment to review and update your email address, phone number, bank information and dependent information under 'Settings and Preferences.' This will help us stay in touch with you and ensure smooth processing for your future transactions.

Three ways to submit reimbursement requests

- Log in to the secure site at [tiaa.org](https://www.tiaa.org)
- Use the **Optum Financial mobile application** to manage your account anywhere, anytime.
- Mail to Optum Financial, Attention: Claims service center, P.O. Box 622337, Orlando, FL 32862-2337 or fax to **443-681-4601**

General FAQs

What is the Retirement Healthcare Plan?

The Plan is an employer-sponsored tax-exempt medical benefit plan through which you can get reimbursed tax-free for your eligible out-of-pocket medical or dental expenses (i.e., expenses that are not paid for by insurance or any other benefit plan). Plans such as this operate under specific provisions of the Internal Revenue Code (IRC) and reimburse for qualified medical expenses incurred by you, your spouse or domestic partner, and other eligible dependents.

How does the Plan work?

While employed, eligible employees received employer contributions to the Plan on a pre-tax basis. Reimbursements for qualified medical expenses after retirement are also tax-free. As a defined contribution plan, the only funds available in the Plan are the contributions made while employed and any investment returns on those contributions. Once the funds in the Plan are exhausted, you will no longer be reimbursed for eligible healthcare expenses.

When am I eligible to start using the funds in the Plan to reimburse my eligible medical expenses?

You may start using your Plan funds once you've retired or separated from service from your employer and met the plan's vesting requirement.

How will eligible medical expenses be reimbursed?

Claims administration for the Plan is provided by Optum Financial. Once you are claims eligible, claims can be paid using a provided healthcare payment card, and any receipts can be submitted by mobile phone, fax, email or online.

How are the funds in the Plan invested?

Contributions made by your employer are invested in a Nuveen Lifecycle Mutual Fund that has a date closest to the year you turned (or will turn) age 65. You may also self-direct how your Plan account is invested by selecting your own portfolio based on the investment options available.

Is the Plan an annual "use it or lose it?"

No, your RHP account balance carries over from year to year.

What if I die before using the balance in my Plan account? Will my survivors be able to use the funds in the account?

If you die with funds remaining in your Plan account, your surviving spouse and other eligible tax dependents may be eligible to continue to use funds for eligible medical expenses. If you die and have no eligible survivors, the remaining funds would be forfeited. The executor of your estate may spend down any remaining funds for any unreimbursed medical claims incurred prior to your death.

General FAQs (cont.)

If I leave my employer, can I roll my Plan balance into another retirement healthcare account or another qualified retirement plan?

No. The funds in your Plan account must remain in your employer's plan and are only accessible for reimbursement of QMEs after you meet the Plan's claims eligibility requirements.

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

Yes. You can 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 request recurring monthly reimbursements for insurance premiums through the claims portal, eliminating the need for you to submit reimbursement each month for the same expense. You must submit supporting documentation that clearly displays a start date and end date for the specific premium. Examples of acceptable supporting documentation for recurring claims include but are not limited to Medicare award letters and carrier enrollment confirmation statements. Premiums will automatically be reimbursed at the beginning of each month for the prior month's coverage.

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

Yes. You can be reimbursed for QMEs up to the full balance your account. Reimbursements are processed from the available account balance in the Nuveen Money Market Mutual Fund. If a claim exceeds that balance, you may need to transfer funds from your Nuveen Life Cycle Mutual Fund to the Nuveen Money Market Mutual Fund to ensure your reimbursement is processed. You can transfer funds online at tiaa.org, through the TIAA app or by calling **877-554-2004**, Monday to Friday, 8 a.m. to 10 p.m. (ET).

How long does it take for funds to transfer to the Nuveen Money Market Mutual Fund?

Transfers are processed as of the close of business on the New York Stock Exchange, which is usually 4 p.m. (ET) Monday to Friday. Transfer requests received after close of business are processed as of the close of the next business day.

Can I continue to use my account if I return to work?

It depends on where you return to work. An Affordable Care Act (ACA) mandate provides that active account holders and any eligible dependents cannot use the reimbursement benefit while employed in any capacity at the institution that sponsors this plan. This includes retirees who are rehired on a part-time or by-appointment basis. If you are rehired, your benefit entitlement and claims access will be suspended. Only when you are not employed by the institution can you and your eligible dependents use the reimbursement benefit.

The ACA mandate only applies if you are rehired by the institution that sponsored this Plan. You may work anywhere else and utilize all of the benefits.

General FAQs (cont.)

Are reimbursement payments sent via a check or directly deposited into my bank account?

Reimbursement payments are mailed to your address on record unless you have requested that they be deposited directly into your checking or savings account. Direct deposit can be set up through Optum Financial's website and mobile app. Payment can only be mailed to a U.S. address or directly deposited into a U.S. bank account.

What if I incur a medical expense outside of the United States?

Claims for medical expenses incurred outside of the United States are eligible for reimbursement provided that they are translated to English prior to submission and are submitted in English.

Payment can only be mailed to a U.S. address or directly deposited into a U.S. bank account.

Find out more about your RHP reimbursement benefit.



Access your account by going to **tiaa.org** and logging in.



Utilize the mobile apps to log into your account through the **TIAA** or **Optum Financial app**.



Call **877-554-1004**, Monday–Friday, 8 a.m.–10 p.m. (ET).



Retirement Healthcare Program Claims Activation Form

This form is used to activate claim reimbursements for participants who have satisfied the eligibility provision of their employer's Retirement Healthcare Plan.

To begin reimbursement of qualified medical expenses, please complete and submit this form. Once your completed form has been processed, you will receive a welcome kit containing more information about claim reimbursement options, including your Healthcare Payment Card.

Important: Claim reimbursements can only be paid from the TIAA-CREF Money Market Mutual Fund. You may need to transfer funds to the Money Market Mutual Fund from other funds prior to submitting claims.

Your Retirement Healthcare Plan may be used to pay for qualified medical expenses for you and, if your plan permits, for your spouse and eligible dependents. Eligible expenses are defined by Section 213(d) of the Internal Revenue Code. Your employer's Retirement Healthcare Plan may limit reimbursement for certain medical expenses. You may contact your former employer for questions regarding your Retirement Healthcare Plan or for a copy of the Summary Plan Description, which contains details regarding the employer's plan rules.

Note: Please be aware that, in some circumstances, submitting your claims activation form may make you ineligible to contribute to a Health Savings Account (HSA) and/or ineligible for other programs that may help with the cost of health insurance premiums, such as government subsidies. Please consult your legal or tax advisor for guidance.

INSTRUCTIONS

1. Complete each section of this Claims Activation Form using black ink.
2. Sign and date the form.
3. Make a copy and retain it for your records.

OPTION 1: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

- Tap the "Profile" icon in the lower-right corner of your main screen.
- Tap "Upload Files" in the options presented and follow the step-by-step instructions.

OPTION 2: If you're using your personal computer, here's what you'll need to do to upload your completed document(s):

- Log in to your **tiaa.org** account and select the "Statements & Documents" tab.
- Choose "Upload document(s)" from the options presented.
- Select "Upload Files" and follow the step-by-step instructions.

OPTION 3: If you prefer to fax or mail this form, use the information provided below:

FAX:
800-914-8922 (within U.S.)

STANDARD MAIL:
TIAA
P.O. Box 1259
Charlotte, NC 28201-1259

OVERNIGHT DELIVERY:
TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

Please allow 7 to 10 days for processing your request for claims activation.

If you have any questions about your Retirement Healthcare Plan, please call 877-554-1004, select option 1, weekdays, 8 a.m. to 10 p.m. (ET).





Retirement Healthcare Program Claims Activation Form

Page 1 of 2

1. ACCOUNT HOLDER (FORMER EMPLOYEE) INFORMATION

Please print using black ink.

Title	First Name	M.I.	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Marital Status	Gender
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Male <input type="checkbox"/> Female

Contact Telephone Number	Extension	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Retirement Healthcare Account Number	Employer Name
<input type="text"/> W <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>





Retirement Healthcare Program Claims Activation Form

2. SPOUSE AND/OR ELIGIBLE DEPENDENTS

*Federal tax law limits reimbursement of qualified medical expenses incurred by the participant, spouse and eligible dependents. Medical expenses incurred by nondependent domestic partners may be eligible for reimbursement subject to the rules of the employer's Retirement Healthcare Plan (see the Summary Plan Description for more details).

1. First Name M.I. Last Name Suffix

Relationship* (Spouse, Domestic Partner, Dependent) Date of Birth (mm/dd/yyyy) / /

Social Security Number/
Taxpayer Identification Number Gender Male Female

2. First Name M.I. Last Name Suffix

Relationship* (Spouse, Domestic Partner, Dependent) Date of Birth (mm/dd/yyyy) / /

Social Security Number/
Taxpayer Identification Number Gender Male Female

3. SIGN AND DATE FORM

Relationship to Participant:
 Self Spouse Eligible Dependent Other

Please sign your full legal name with suffix, if applicable, using black ink. Digital signatures are not accepted.

Your Signature Today's Date (mm/dd/yyyy) / / 20

Name (please print) Daytime Telephone Number



How to Submit a Claim

We offer three easy ways for you to access your healthcare account funds. **For fastest results, we encourage you to use your healthcare payment card (if applicable) or to submit your claim online.**

Payment card

1. Use your healthcare payment card to directly pay for services at eligible healthcare locations such as doctor's offices, hospitals, and pharmacies.
2. **Save your receipts.** When you swipe the card, a claim is created for you and eliminates the need for you to fill out a claim form. However, documentation may still be required. If a receipt is needed, you will be notified by email or letter within two weeks of your payment card swipe. You can also review if your claim requires receipts online by logging into your online account and visiting the Claim Center.

Online claim submission

1. Go to [tiaa.org](https://www.tiaa.org) and sign in with your username and password. Under Account Home, click on "Retirement Healthcare Savings Plan Claims Administrator".
2. Follow the onscreen instructions to enter a new claim. Enter the requested information about your claim and continue through the screens to confirm and submit the claim.

Paper claim submission

1. If you didn't use your payment card and are unable to access the internet, complete the Manual Claim Form.
2. Fax it with itemized receipts or other documentation to 1-443-681-4601. When you fax the Manual Claim Form and supporting documentation, there is no need to follow up with a hard copy in the mail. Remember to keep the original claim form and supporting documents for your records.
3. If you choose to mail your claim form and documentation instead of faxing, the address is:
Claims service center
PO Box 1000 Allen Park
MI 48101-9998

Claim form

Use this form to submit your claims for reimbursement of eligible expenses paid out of pocket that have not already been submitted.

- Do not use this form if expenses were already paid with your healthcare payment card.
- Do not use this form if you already submitted this claim online.
- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below.)

Personal information	
Name of employer	
Employee name (last name, first name)	Social Security Number

Documentation required
You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt (if applicable to your plan).

Claim Details					
Date of service	Patient's name	Relationship to employee	Name of provider	Description of service	Amount requested
Total					\$

Documentation required for recurring claims
You must include a copy of your health plan coverage letter and proof of your premium payment. Payment proof can be a cancelled check, credit card receipt, or bank statement.

Request for recurring claims					
Payment date	Member's name	Relationship to employee/retiree	Name of carrier	Plan type	Amount requested
		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Eligible dependent		<input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Prescription Drug Plan <input type="checkbox"/> Other health insurance	
		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Eligible dependent		<input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Prescription Drug Plan <input type="checkbox"/> Other health insurance	
		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Eligible dependent		<input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Prescription Drug Plan <input type="checkbox"/> Other health insurance	
		<input type="checkbox"/> Self <input type="checkbox"/> Spouse		<input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Medicare Advantage	

		<input type="checkbox"/> Eligible dependent		<input type="checkbox"/> Prescription Drug Plan	
				<input type="checkbox"/> Other health insurance	

Total				
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All recurring claims will pay at the same payment frequency. Use separate forms to set different payment schedules.

_____ One time payment _____ Monthly automatic recurring payments
 (Documentation does not need to be provided for future months, unless the premium amount changes.)

_____ If monthly automatic recurring, provide final reimbursement date.
 Date will default to the end of the current calendar year. You will need to submit a new claim for the new calendar year if you wish to continue reimbursements after 12/31.

Authorization and certification

Read carefully: This claim will not be processed without your signature.

I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return.

I attest that this submission is not a reimbursement for health insurance premiums paid by pre-tax payroll deduction.

 Signature

 Date

Submission instructions

For fastest results, fax to: 1-443-681-4601	Or mail to: Claims service center PO Box 1000 Allen Park MI 48101-9998
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If you have any questions, please contact **Customer service at 1-877-554-1004, option 2.**

Flexible spending accounts (FSAs), dependent care assistance programs (DCAPs), health reimbursement arrangements (HRAs), Commuter and Parking Benefits, Tuition Assistance Plans, Adoption Assistance Plans, Surrogacy Assistance Plans, Wellness Benefits, and Lifestyle Accounts (collectively, "Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. or ConnectYourCare, LLC. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.



This material is for informational or educational purposes only and is not fiduciary investment advice, or a securities, investment strategy, or insurance product recommendation. This material does not consider an individual's own objectives or circumstances which should be the basis of any investment decision.

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.

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 recordkeeper.

As with all mutual funds, the principal value of a Lifecycle Fund isn't guaranteed at any time, including at the target date, and will fluctuate with market changes. The target date approximates when investors may plan to start making withdrawals. However, you are not required to withdraw the funds at that target date. After the target date has been reached, some of your money may be merged into a fund with a more stable asset allocation.

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 Nuveen Money Market Fund. Although the Fund seeks to preserve the value of the shares 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.

Investing may not be suitable for everyone. You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877-518-9161 or go to www.TIAA.org/prospectuses for current product and fund prospectuses that contain this and other information. Please read the prospectuses carefully before investing.

The TIAA group of companies does not provide legal or tax advice. Please consult your legal or tax advisor.

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.

TIAA Trust, NA., provides investment management, custody and trust services.

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