



What Do I Need to Know About Filing a Claim?

Your **Emeriti RHSP** Benefits Account is tax-free, and because of this, the IRS requires us to verify that all reimbursement requests are for qualified medical care expenses, which means we need you to submit proper supporting documentation when submitting your requests.

What can I file a claim for?

You can file a claim for qualified insurance premiums, as well as hundreds of other qualified medical care expenses. Refer to our **What Is a Qualified Medical Care Expense?** resource for a detailed list of covered expenses.

What information is required as proper supporting documentation?

Refer to our **What is Proper Supporting Documentation?** resource for more details.

How do I file a claim?

There are multiple ways for you to request a reimbursement for a qualified medical care expense. These include:

1. Via your **online portal account** - sign in to your portal account at **MyEmeritiHealth.org**, click Claims, then Submit a Claim
2. Via our **Mobile app** - sign in to your account on our **HRAgo®** app, touch **Claims**, then **Submit a Claim** (you can download the app on the App and Play Stores)
3. Via **Mail** - call our customer care center or download the Claim Form from the Resources tab of your portal account at **MyEmeritiHealth.org**.

You can also use your Benefits Card to pay for qualified medical expenses directly from your Benefits Account without having to pay out-of-pocket and wait to get reimbursed. Refer to the **What Do I Need to Know About the Emeriti Benefits Visa® Card?** for more information.

How will I know when my request has been processed?

We'll send you an email as soon as we process your reimbursement request letting you know whether your claim was paid in full, partially, or not at all. You may also log in to your Portal

Account at **MyEmeritiHealth.org** or via our **HRAgo®** mobile app and click on **Claims** to view the real-time status of your claim.

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Can I schedule my qualified insurance premiums to be automatically reimbursed

Yes, an automatic premium reimbursement option is available. To set this up, log in to your portal account at **MyEmeritiHealth.org** and click **Claims**, then **Set up an Automatic Premium Reimbursement**.

You can also use the Benefits Card to make recurring premium payments. Once you submit your supporting documentation through your Portal Account or mobile app for the first premium payment you make with your Benefits Card, all future transactions for the same amount with that carrier will be approved without further documentation.

How long will it take to process my request and get my reimbursement?

We process claims daily, and you should get your reimbursement within **five to seven business days** from the day we receive your request.

To get your money back faster, submit your claim online. Also, sign up for direct deposit. It's faster and more convenient than waiting to receive paper checks in the mail.

You can always check the status of your claim online at any time by logging in at **MyEmeritiHealth.org** and clicking **Claims**.

What happens if my claim for reimbursement is denied or paid in error?

If your claim for reimbursement of expenses is denied, then you have the right to be notified of the denial and to appeal the denial, both within certain time limits. However, if you have a question or complaint about how one of your claims was processed, you should first call the Customer Care Center at **1-866-363-7484**. The Customer Care Center will likely be able to resolve the issue and address your concerns without further action on your part. In the event we are unable to resolve your claims issue, refer to your **Summary Plan Description** for the rules regarding denied claims and appeals. To get a current copy of your Summary Plan Description, log into your portal account at **MyEmeritiHealth.org** and click **Resources** on the menu bar.

Also note, if after receiving a reimbursement it is later determined that you or a Covered Individual received a payment in error, federal regulations require that you repay the overpayment or erroneous reimbursement back to your Benefits Account. If you do not repay the overpayment or erroneous payment, the Plan reserves the right to offset future reimbursements from your Benefits Account equal to the amount of the overpayment or erroneous payment.

Questions?

Please call us at **1-866-EMERITI (866-363-7484)** and one of our friendly representatives will be happy to assist.

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