

The Drexel University Health Reimbursement Arrangement (HRA)

****Note: If you return to work in a per diem or casual role, you are considered an active employee. This has an impact on your ability to use the HRA. If you continue to work in this capacity your HRA will be suspended. If any claims are processed while you are an active employee, those funds must be reimbursed.***

Once you are separated from Drexel and fully retired, reimbursement access can be reinstated.

Q: What are QMEs? For what type of medical expenses can HRA funds be used?

A: QME's are Qualified Medical Expenses as defined by IRS in Publication 502. HRA funds can be used for reimbursement of QMEs such as medical and insurance copays; qualified long-term care premiums; Medicare and insurance deductibles; prescription drugs; health insurance premiums; hospital and surgical expenses; COBRA bills; vision, hearing, and dental costs. Click [here](#) to search for other QMEs not listed above.

Q: How do I access funds in my HRA?

A: Funds can be accessed by using the debit card or filing a claim reimbursement form online at TIAA.org.

Q: When will I be able to file a reimbursement claim on my account?

A: Reimbursement requests can begin to be submitted on or about February 26 (for Professional staff) or July 23 (for Faculty).

At that time, any healthcare expense incurred on or after 2/1/25 for Professional staff and 7/1/2025 for Faculty can be submitted for reimbursement. Eligible healthcare expenses include Healthcare premiums that have been paid out of pocket.

Keep in mind, there are additional steps that must be completed before you can submit them for reimbursement.

1. Funds must be deposited into your HRA account, 2/21/25 Professional Staff and 7/18/25 Faculty. No action is required by retiree.
2. Optum will set the claims activation date to 2/1/25 Professional Staff and 7/1/25 Faculty. No action is required by retiree.
3. You must move money into your Nuveen Money Market Mutual Fund account to cover the amount of the claim(s). Action required.

Q: How do I get reimbursed for claims or use my debit card?

A: To begin getting reimbursement from your account you will need to have funds in the Nuveen Money Market Mutual Fund to be reimbursed for claims or to use the debit card.

You can move your funds into the Nuveen Money Market Mutual Fund by making an accumulation transfer on the **tiaa.org** secure website, or by speaking with a representative.

Retirees can either move all funds from other mutual fund investments into the Money Market at the time they become claims active, or Retirees can periodically move a partial amount of their funds each time they need to submit a claim.

Q: Can I set up recurring claim reimbursements for my healthcare premiums?

A: Yes, however the healthcare insurance premiums should be paid by you directly (out of pocket).

Then you can initiate a reimbursement request to have these healthcare premiums reimbursed on a recurring basis. Locate “Manage Recurring Claim” under the “I want to” drop-down in the Optum Financial claims portal and follow the steps to ‘Create a Claim Schedule,’ including uploading documentation of your healthcare premium bill.

Q: Why must I transfer money into the Nuveen Money Market Mutual Fund to be reimbursed?

A: Retirees have numerous mutual fund investment options available within the plan. However, to receive reimbursement for claims, retirees will need to have funds in the Nuveen Money Market Mutual Fund. All HRA claim reimbursement requests are processed from the available account balance held in your Nuveen Money Market Mutual Fund; therefore, before you can receive reimbursement, you must either have an accumulation in or transfer funds into your Nuveen Money Market Mutual Fund. The Nuveen Money Market Mutual Fund provides relative stability to your available account balance to ensure sufficient funds are maintained to process your reimbursement.

Q: Can I get more than one debit card?

A: Yes, you can get more than one debit card. Additional cards can be requested through the secure web portal or by calling a representative (effective February 2025 you will have the number for Optum customer service).

Q: I need assistance filing claims online. Who can help me?

A: Optum Financial customer service can assist with filing claims at **877-554-1004**, weekdays, 8 a.m. to 10 p.m. (ET). Select option 2 to speak with an Optum representative.

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

A: Direct deposit to your bank account can be set up through Optum Financial’s website and is the quickest and most secure method to receive reimbursements. Checks can also be mailed to your address of record.

Q: I attempted to use my debit card at the pharmacy today, but it was declined. Is something wrong?

A: Your debit card transaction was likely declined because there were insufficient funds in your Nuveen Money Market Mutual Fund to cover the expenses. To use the debit card, or to be reimbursed for submitted expenses, you must have sufficient accumulation in the Nuveen Money Market Mutual Fund to cover the expenses. A card transaction can also be declined if it is not being used at merchant locations that are designated as healthcare merchants based on their Merchant Category Code (MCC).

Q: I received a request to provide documentation for a debit card transaction at my local pharmacy. Why do I have to provide this information?

A: Although your debit card eliminates the need to file paper claims, the IRS requires that charges be verified so you may be asked to provide documentation. Always save your receipts so that your claims can be adjudicated.

Q: What happens if I do not submit my receipts to verify my purchases?

A: You will be notified by letter or email of the need to submit documentation to verify your purchases. If you do not submit appropriate documentation within 45 days, your debit card will

be suspended. You may be asked to pay back the unsubstantiated expense. Failure to substantiate or repay may also result in you being taxed on the amount of the expense.

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

A: Claims for medical expenses incurred outside of the United States are eligible for reimbursement if they are translated to English prior to submission and submitted in English. Payment can only be mailed to a U.S. address or directly deposited into a U.S. bank account.

Q: Can I name a beneficiary for my HRA?

A: No—there is no beneficiary designation for the HRA. The HRA is a health and welfare benefit, not a retirement benefit, so there is no lump-sum death benefit, and no beneficiary named. If you die before using all the funds in your account, the remaining funds may be used by your spouse or eligible dependents to cover his/her own QMEs.

Q: What happens to your account after your death?

A: After your death, your spouse, domestic partner, eligible dependents, or estate may continue to receive reimbursement for their qualified medical expenses incurred prior and after your death. Participation by surviving dependent(s) after your death will terminate when the account balance is reduced to \$0.

Q: What happens if I divorce, terminate my domestic partnership, or my dependent child ages out?

A: A spouse from whom you are divorced or legally separated, the dissolution of a domestic partnership or a child who attains age 26, may be reimbursed for QMEs incurred by such person during the first 36 months following the date of divorce or legal separation, dissolution of a domestic partnership or attainment of age 26.

Q: What happens to my account balance if I do not have a surviving spouse or qualified dependents to use the account after my death?

A: If you die with no surviving spouse, domestic partner or dependents, any unused funds in your account will be allocated to the plan forfeiture account.