Managing SERMA with MyChoice Accounts

Managing your Accounts

This guide will help you get started with MyChoice Accounts — a website and app you can use to manage your Sheltered Employee Retirement Medical Account (SERMA) and/or Catastrophic Rx whenever and wherever it's most convenient for you.

Take a look inside. Here's what you'll learn:

- How to access and manage your account
- How to add and pay a provider
- How to submit a request to reimburse yourself
- Which expenses are eligible for reimbursement
- How to set up Auto-Pay for your SERMA account

mychoice®
Accounts

How to Access & Manage your SERMA
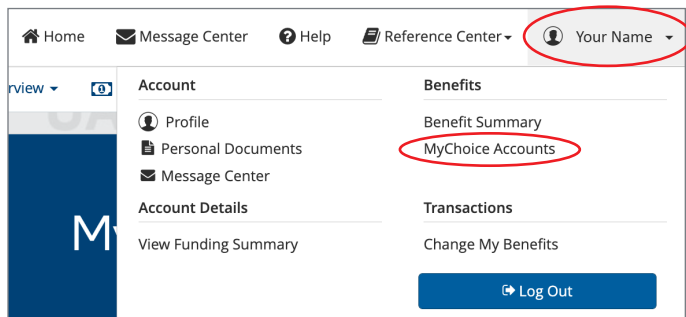
First, visit www.intel.com/go/myben. Then, click the link for **My Health Benefits** and log in. Then, look for your name at the top-right side of the home page and click on the down arrow.

Next, select **MyChoice Accounts**. This will bring up your MyChoice Accounts dashboard.

Next, click on **Accounts**, and choose the option to select your SERMA. You can then submit reimbursement requests or view claims status. The **Manage** menu allows you to do things such as add a bank account for direct deposit for your reimbursement funds to go into, or directly pay a provider.
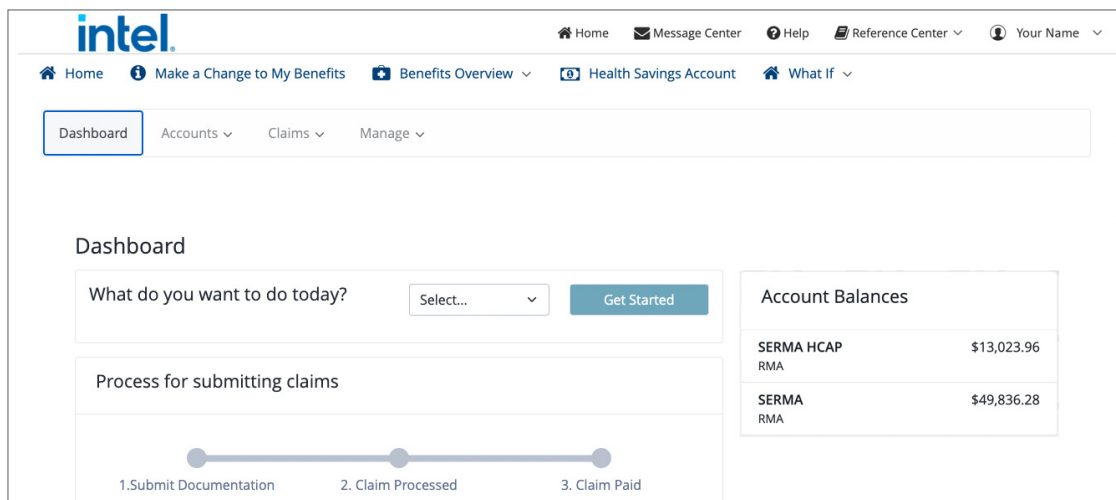
SERMA Expenses Eligible for Reimbursement

- COBRA
- IRMP
- Long Term Care*
- Medicare A, B, D
- Medicare Advantage (Medicare C)

- Medigap Premiums
- Premiums for other health insurance (i.e. dental, vision, wellness)
- Medical Insurance Premiums

*Your SERMA plan allows you to submit premiums for Long Term Care (LTC). The request cannot be for future dated premiums or premiums for bundled plans that may include AD&D, life insurance, income replacement or healthcare services. Plans cannot include any refundability clauses. There are limits to the maximum we can reimburse each month based on your age. Please refer to current year IRS Publication 502 for a full description of eligible Long-Term Care Premiums and limitations. SERMA doesn't cover actual long-term health care costs such as doctor visits, medications, hospitalization, or assisted living expenses. When submitting your claim for Long Term Care premiums, be sure your receipts or other documentation include the dates of coverage, a description of the coverage provided, who is covered, and the amount you're paying for the coverage.

Adding a Bank Account

To make the reimbursement process faster, we recommend you add your bank account(s) before requesting reimbursement. Follow the steps below to add a bank account.

Step 1: Log in to My Health Benefits

Go to www.intel.com/go/myben. Then, click the link for **My Health Benefits** and log in.

Step 2: Navigate to MyChoice Accounts

Click your name at the top-right of the page, and then click **MyChoice Accounts**. Then, click on **Manage** and select **Bank Accounts** from the **Manage** drop-down.
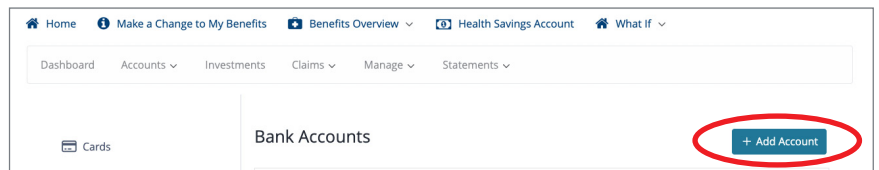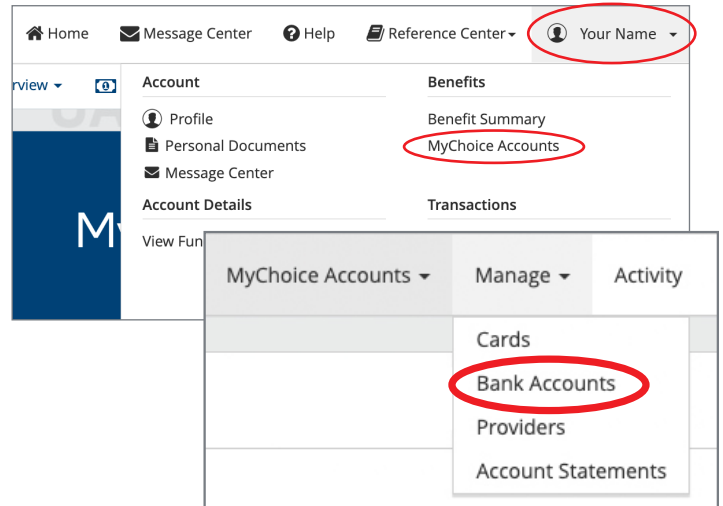
Step 3: Add a New Bank Account

On the **Bank Accounts** screen, click the blue **Add Account** button on the right.

The **Add Bank Account** screen will appear.

Complete the required fields.

Step 4: Click Save

Don't forget to click the **Save** button to complete the process of adding your bank account.
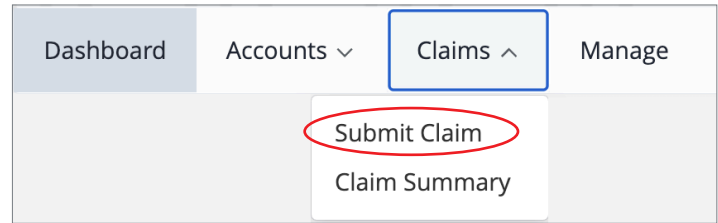
How to Submit a Claim for Reimbursement to Yourself

Step 1: Log in to My Health Benefits
Go to www.intel.com/go/myben. Then, click the link for **My Health Benefits** and log in.

Click your name at the top-right of the page, and then click **MyChoice Accounts.** Then, click **Claims**, and then **Submit Claim** from the drop-down menu.
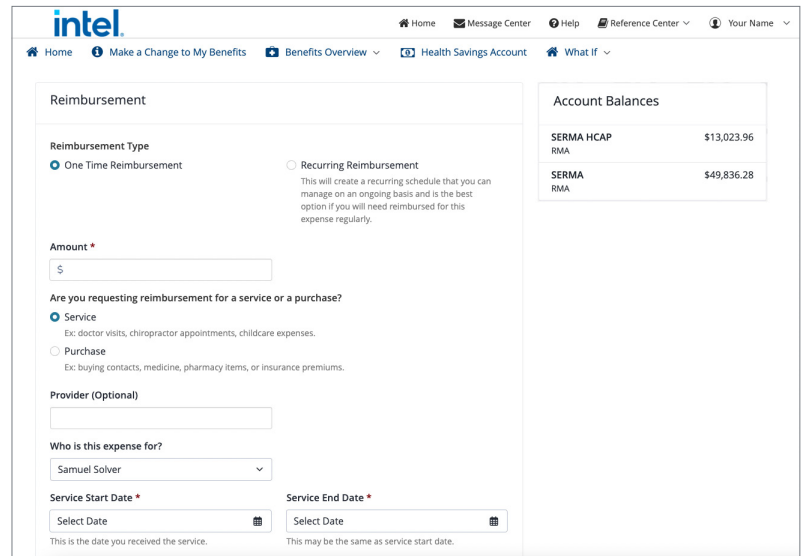

Step 2: Complete the required fields
For claim type and **Who do you want to pay?** enter Myself.

In the **Reimbursement** section, select either **One-Time Reimbusement** or **Recurring Reimbursement** to indicate the frequency of the reimbursement. For recurring reimbursements, you may choose from **Monthly** or **Weekly**, then provide a **Starting Date** of "tomorrow" or later (we can't process recurring claims set to start on the same date as the claim submission) and provide an **Ending** selection:

A. When I Cancel;
B. On a Specific Date; or
C. Number of Payments (enter number of payments MyChoice Accounts should process)

Next, enter the amount of your reimbursement. If it's a one-time reimbursement, enter the total. If it's a monthly, recurring reimbursement, enter the monthly amount.

Under **Are you requesting reimbursement for a service or a purchase?** select **Purchase** (this is the appropriate option for all eligible SERMA expenses).
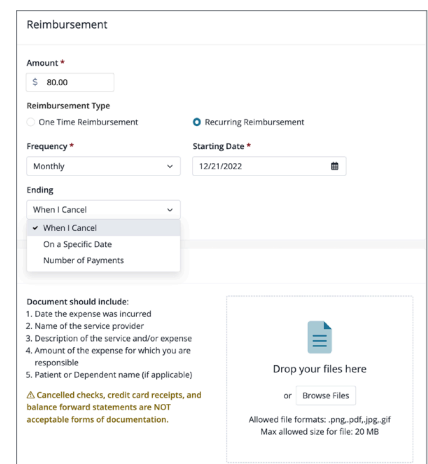
For the **Who is this expense for?** drop-down, select either yourself or an eligible covered dependent.

Step 3: Uploading documentation
Finally, upload any supporting documentation by clicking the **Browse Files** button or by drag and dropping the file onto the screen. If you are requesting automatic reimbursements for multiple months, providing one monthly invoice for your current year of coverage is sufficient. See page 7 for full documentation requirements. Once your document is uploaded, choose the appropriate **Document Type**. You may select the **Receipt** option if you are uploading an invoice or bill. Choose **Misc**. if you aren't sure what type your document is.


Step 4: Finalize your claim
Lastly, check the box certifying that the expense has not yet been reimbursed. Select **Review Claim** to see your entered claim details. If you need to make a change, select **Edit Claim**. If you are satisfied with your claim details, select **Submit Claim**. You will see a "successfully submitted" message. Select **Continue**.

How to Pay a Provider

With MyChoice Accounts, you also have the option to pay your provider directly. To ensure your provider receives an on-time payment, provider payment requests should be submitted a minimum of three weeks in advance of your payment due date.
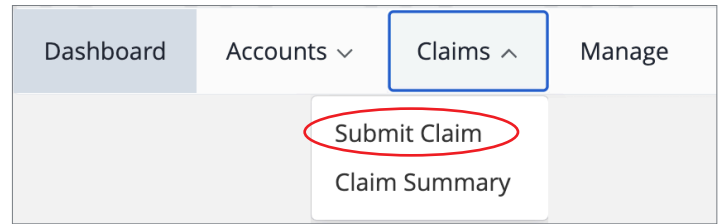
Step 1: Log in to My Health Benefits
Go to www.intel.com/go/myben. Then, click the link for **My Health Benefits** and log in.

Click your name at the top-right of the page, and then click **MyChoice Accounts**. Then, select **Claims**, and **Submit Claim** from the drop-down menu.

Under Claim Type, select **Provider**: Pay a provider directly for an expense you have not yet paid.

Step 2: Enter provider Information, either for an **Existing Provider** you've already set up or add a **New Provider**.

For a New Provider, enter all the requested information. Some fields are optional. The **Address, City, State** and **ZIP Code** fields are required.

Step 3: Complete the Remaining Fields
First, enter the frequency of payment requested, either **One-Time** or **Recurring** payments, and the payment **Amount**.
Next enter your Expense Information, including the **Service Start Date** and **Service End Date**.

Then, select the **Expense Type:** Vision or Dental Premiums or an option under Retiree Medical that best matches your expense.

Step 4: Uploading documentation

Finally, upload any supporting documentation by clicking the **Browse Files** button or drag and dropping the file onto the screen. If you are requesting automatic reimbursements for multiple months, providing one monthly invoice for your current year of coverage is sufficient. See page 7 for full documentation requirements. Once your document is uploaded, choose the appropriate **Document Type**. You may select the **receipt** option if you are uploading an invoice or bill. Choose **Misc**. if you aren't sure what type your document is.

Step 5: Finalize Your Claim
Lastly, check the box certifying that the expense has not yet been reimbursed. Select **Review Claim** to see your entered claim details. If you need to make a change, select **Edit Claim**. If you are satisfied with your claim details, select **Submit Claim**. You will see a "successfully submitted" message. Select **Continue**.

| Dashboard | Accounts ⌄ | Claims ⌃ | Manage |

Submit Claim
Claim Summary

Provider Information

◯ Existing Provider ● New Provider

New Provider Information
Provider *
Name of company or care facility

Is this a dependent care provider?
(Daycare, Adult Daycare, etc.)
◯ Yes ● No

Do you have an account number with this provider?
(Usually on your bill)
◯ Yes ● No

Provider Phone Number

Address *

Address 2 (If Applicable)

Address 3 (If Applicable)

City * | **State** * | **ZIP Code** *
| Selec... ⌄ |

Reimbursement

Amount *
$ 80.00

Reimbursement Type
◯ One Time Reimbursement | ● Recurring Reimbursement

Frequency * | **Starting Date** *
Monthly ⌄ | 12/21/2022 📅

Ending
When I Cancel ⌄
✓ When I Cancel
On a Specific Date
Number of Payments

Document should include:
1. Date the expense was incurred
2. Name of the service provider
3. Description of the service and/or expense
4. Amount of the expense for which you are responsible
5. Patient or Dependent name (if applicable)

⚠ Cancelled checks, credit card receipts, and balance forward statements are NOT acceptable forms of documentation.

Drop your files here

or Browse Files

Allowed file formats: .png,.pdf,.jpg,.gif
Max allowed size for file: 20 MB

Edit a claim or delete a claim

Your Claim Summary allows you to see which items are pending and may require further action. This can also be seen on the individual account detail page. Here, you can view scheduled claims and progress, recurring claims, claims that require documentation (note red alert notification), and claims history.

Beside each claim, you may view or edit a claim by selecting the three dots beside the amount on the far right. If documentation is required, you will have the option to **upload documentation** immediately below the claim.

If you need to make a change:

If the only thing changing with your claim is the amount, then edit your current claim. If you are changing vendors, the person for whom service/purchase is for, or frequency of the payment, then you will want to cancel your previous claim and submit a new one. If the amount of the claim has changed, then you will need to submit updated documentation.

To edit an existing claim:

Log into MyChoice Accounts.

1. Select your name at the top right of the page, and then select MyChoice Accounts.

2. Click **Claims** and then select **Claim Summary** from the drop-down menu.

3. Locate the claim you'd like to edit and select the ellipsis or three-dot menu to the right of the amount. Select the **Edit** option.

4. Update the amount where indicated on the form and upload your new documentation reflecting the new amount.

5. Review the claim details that are on the form and update the amount, the date, or other information on the claim as needed. Select **Review Claim**, then **Submit Claim** when it's correct.

You will be unable to edit a one-time claim if the status is "processed" or "paid."

To cancel a claim:

If you need to cancel a claim completely because it is out of date or no longer needs to be paid, you may do so. If the claim is a one-time reimbursement and is already in the "processed" stage, you will not be able to cancel it online.

Log into MyChoice Accounts.

1. Select your name at the top right of the page, and then select MyChoice Accounts.

2. Click **Claims** and then select **Claim Summary** from the drop-down menu.

3. Locate the claim you'd like to edit and select the ellipsis or three-dot menu to the right of the amount. Select the **Cancel Claim** option. You will see a window confirming you'd like to cancel your claim. Click the **Cancel Claim** button to confirm.

Required Receipts and Documentation

To get reimbursed as quickly as possible, upload your itemized receipts or invoices. Make sure that your documents include all the items specified.

Valid Receipts for SERMA Claims

A valid receipt contains the following:

1. Insurance company name

2. Insured person's name

3. Coverage period (start and end dates)

4. Premium description and premium type (for example, medical or dental)

5. Premium amount

NOTE: If you are submitting a request for auto-reimbursement to yourself or auto-payments directly to your provider, one monthly invoice from your current year of coverage is sufficient for documentation. On the submission form, be sure to select the entire date range for the automatic reimbursements or payments you would like (for example, January 1 - December 31), and also enter the total amount you would like reimbursed over that period. For example, if your premium was $100 per month and you wanted to be reimbursed for the entire year, January to December, you would enter January 1 as your start date, December 31 as your end date, and $1200 as the reimbursement or payment amount.

Expenses Incurred Outside of the United States

To submit a claim for services received or products purchased outside of the United States, provide:

- Receipts and other documentation in English
- Expenses in U.S. dollars

If receipts and documentation are not in English, they must be translated. You, the service provider, or someone else can do the translation. The translation can appear on the receipts and documentation, or in a separate document.

SERMA & Catastrophic Rx Claim Forms

To expedite processing of your SERMA or Catastrophic Rx Claim, you can you use the forms available on My Health Benefits. Simply login to My Health Benefits and navigate to the Reference Center by clicking the link at the top right of the page. In the Forms folder, you can find claim forms for SERMA and Catastrophic Rx. These forms can be included with your receipt or invoice to help you ensure that all required information is submitted with your claim.

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