



PROCEDURES FOR SUBMISSION OF RETIREE HEALTH REQUEST FOR REIMBURSEMENT

The following reimbursement request procedure applies to eligible retirees who qualify for retiree health insurance coverage through the District at District expense.

If a qualifying retiree asserts that they are entitled to additional reimbursement from the District for health care costs incurred by themselves or a qualifying, covered dependent beyond what is provided by the retiree or dependent's current health insurance plan as compared with coverage provided at the time of retirement, the retiree may request reimbursement using the following procedure.

1. Claims must be submitted within one year from the service date.
2. The retiree will submit all related receipts, bills, and other relevant documents, including detailed invoice(s) or receipt(s) from the healthcare provider or hospital that includes the date of service, the amount charged, and the services received.
3. The retiree will fill out and submit a claim form provided by the District Benefits Office to apply for reimbursement of uncovered healthcare expenses and will attach all necessary documentation to the claim form, including receipts, bills, and any other relevant documents. The retiree will articulate the basis for why they believe they are entitled to reimbursement on the claim form based on coverage provided at the time of the retiree's retirement.
4. Claim forms and relevant documentation shall be submitted to:
Peralta Community College District
Benefits Office – Attention Retiree Claims
333 East 8th Street Oakland CA 94606
Or
via email with pdf attachments to: retireeclaims@peralta.edu
5. The District Benefits Office will only evaluate complete claims, which include all relevant information and documentation. Incomplete claims will be returned to the retiree within 1 week of receipt.
6. If the District Benefits Office approves full or partial reimbursement of a claim, reimbursement will be mailed to the retiree no later than thirty (30) calendar days following receipt of the claim.

7. a. The District Benefits Office will notify the retiree in writing of a denied claim within thirty (30) calendar days following the District's receipt of the claim. a. If the retiree's claim is denied in full or part, the retiree may appeal the denial to a committee consisting of an appointee of the Vice Chancellor of Human Resources, the President of the Peralta Retirees Organization and a third party mutually agreed upon by the first two appointees.

b. Appeals must be received by the Vice Chancellor within sixty (60) calendar days from electronic mark or postmark date indicating the date when the District's denial was transmitted electronically or mailed by U.S. postal service.

c. The committee may meet with the retiree within thirty (30) calendar days of receipt of the appeal. The Vice-Chancellor will advise the retiree of the final disposition, and provide the reimbursement, if approved, within thirty (30) calendar days following receipt of the appeal. The decision of the committee is final.