



# PERALTA BENEFITS EVERYONE!

The Peralta Benefits Office is pleased to announce enhancements to the active employee medical and prescription reimbursement program. Please refer to the attached schedule of benefits for eligible reimbursements. Navia Benefit Solutions (Navia) will now be managing Health reimbursements for eligible active employees and their dependents on a SISC medical plan starting May 1, 2024. This Health Reimbursement Arrangement (HRA) is a plan that is funded by The District. You and your eligible dependents may be reimbursed for qualifying medical expenses up to the amount shown on your Schedule of Benefits. HRAs are a tax-free benefit.

1. Starting May 1, 2024 you can to submit eligible expenses to Navia using the updated reimbursement request form.
2. Refer to the new schedule of benefits for eligible reimbursements.
3. What is needed for Navia to process my claim?
  - Complete all requested information on the reimbursement form, sign, date & return to Navia *not* the District Benefits Office.
  - Attach an itemized Explanation of Benefits (EOB) or receipt from the Insurance Carrier/Provider to support the requested reimbursements.
  - EOB/RECEIPT MUST INCLUDE: Date of service, name of claimant, description of expense, cost of expense and the amount patient responsible for clearly listed for approval. Please keep your primary EOB or receipts for your records and submit your claim to Navia for reimbursement. Once Navia receives your claim, they will consider your claim for reimbursement and issue payment directly to you via check.
  - Expense must be submitted within one year of the date of service.
    - **There will be an exception for claims incurred 1/1/2023 through 4/30/2023 for reimbursements not already submitted to the District Benefits Office. These claims must be submitted no later than 12/31/2024.**
  - The claim must be considered by the Primary Insurance Carrier before Navia can process and consider the claim.
4. How can I submit my claims to Navia?
  - There are several methods of submission for claims available.  
**Need Assistance?** Call 559-256-1320 or Toll-Free 866-777-1320 or email us at [spsclaims@naviabenefits.com](mailto:spsclaims@naviabenefits.com)  
Fax – 559.475.5780  
Mail – Navia Benefits Solutions, P.O. Box 5809  
Fresno, CA 93755

BERKELEY CITY COLLEGE



COLLEGE OF ALAMEDA



LANEY COLLEGE



MERRITT COLLEGE



DISTRICT OFFICE



5. Who can I reach out to if I have questions about my reimbursement request?
  - Navia’s Scheduled Plan Services (SPS) team of experts are committed to addressing all your inquiries. Please see the last page of this packet to connect with Navia’s SPS team.
6. Who is eligible for reimbursement?
  - Active employees and their enrolled dependents.
  - All dependent requests will be reimbursed to the employee.
7. Can I claim an expense on my HRA account if I have been reimbursed from me FSA account?
  - If reimbursed by Navia for an eligible expense using your HRA account, you cannot claim that same expense using funds from your FSA HealthCare account.
8. If I have both HRA and FSA accounts with Navia are the claim forms, contact information and web portals the same?
  - **Distinct procedures and addresses are required for submitting reimbursement requests for each program. They are completely different.**
9. What is the turnaround time for claims processing?
  - Typical turnaround time for claims processing is 5 business days from the date Navia receives the claim. Holidays or delays in receiving the appropriate information may impact the standard turnaround time. You can call or email Navia to check the status of your claim (see contact below). **This is an enhancement to the previous commitment of processing claims twice each year.**



SCHEDULED PLAN SERVICES TEAM  
MEMBER CONTACTS

ELIGIBILITY INQUIRIES	BENEFIT INQUIRIES
<p><b>ELIGIBILITY</b> ADDRESS CHANGES/ID CARD REQUESTS</p> <p>spseligibility@naviabenefits.com</p>	<p><b>SPS TEAM</b> BENEFIT SUPPORT</p> <p>(559) 256-1320* sps@naviabenefits.com</p>
CLAIMS INQUIRIES	
<p><b>CLAIMS</b> MEMBER SUPPORT/CLAIMS STATUS</p> <p>(559) 256-1320* spsclaims@naviabenefits.com</p>	<p><b>JASMINE GONZALES</b> SPS TEAM MANAGER (559) 549-0863 jgonzales@naviabenefits.com</p> <p><b>STACY RIDDICK</b> SPS DIRECTOR (559) 500-6448 sriddick@naviabenefits.com</p>

**\*ATTENTION MEMBERS:** WHEN YOU CALL 559-256-1320, YOU WILL BE PROMPTED BY OUR AUTOMATED SYSTEM TO SELECT THE APPROPRIATE DEPARTMENT. YOU WILL NEED TO SELECT THE SECOND PROMPT FOR **“PARTICIPANTS”**. FROM THERE YOU WILL BE ASKED WHAT TYPE OF PRODUCT YOU ARE CALLING FOR. IT WILL BE THE FOURTH SELECTION TITLED **“EXISTING SCHEDULED HRA CLAIMS AND BENEFITS”**. THIS WILL CONNECT YOU DIRECTLY TO OUR SPECIALTY REPRESENTATIVES IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE.



**Medical & Prescription Reimbursement Schedule of Benefits  
Active Employees**

**Anthem PPO (SISC) Medical  
All Active Employees & Eligible Dependents**

	Employee Pays	Employer Pays
<b>Benefits</b>		
Emergency Room	\$35	\$65
Out of Network	Peralta would not reimburse for anything that is now out of network (only in-network reimbursements will be allowed)	
<b>Additional Benefit</b>		
Hearing Aid	\$0	Peralta reimburses 50% up to \$3,250 every 60 months
<b>Out of Pocket Maximum Under</b>	<b>Employee Responsibility</b>	<b>Employer Maximum Reimbursement</b>
Employee Only	\$300	\$700
Employee with Dependents	\$900	\$2,100

**Anthem PPO (SISC) Prescription Drugs**

**Managers & PFT Active Employees & Eligible Dependents**

	Employee Pays	Employer Pays
Retail Brand Rx- 30 Day Supply	\$15	\$5
Costco Mail Order Brand Rx	\$5	\$45
Out of Network	Peralta would not reimburse for anything that is now out of network (only in-network reimbursements will be allowed)	

**Anthem PPO (SISC) Prescription Drugs**

**Local 1021 & Confidential Active Employees & Eligible Dependents**

	Employee Pays	Employer Pays
Costco Mail Order Brand Rx	\$5	\$45
Out of Network	Peralta would not reimburse for anything that is now out of network (only in-network reimbursements will be allowed)	

**Anthem PPO (SISC) Prescription Drugs**

**Local 39 Active Employees & Eligible Dependents**

	Employee Pays	Employer Pays
Costco Mail Order Brand Rx	\$30	\$20
Out of Network	Peralta would not reimburse for anything that is now out of network (only in-network reimbursements will be allowed)	

**Kaiser Traditional HMO (SISC) Medical**

**All Active Employees & Eligible Dependents**

	Employee Pays	Employer Pays
<b>Benefits</b>		
Emergency Room	\$35	\$65
Ambulance	\$0	\$50
Out of Network	Peralta would not reimburse for anything that is now out of network (only in-network reimbursements will be allowed)	
<b>Additional Benefit</b>		
Hearing Aid	Kaiser pays first \$500 per hearing aid every 36 months	Peralta reimburses \$1,000 per hearing aid every 36 months
Vision	Kaiser pays first \$150 for eyeglass frames every 24 months	Peralta reimburses \$25 for eyeglass frames every 24 months

**Kaiser Traditional HMO (SISC) Prescription Drugs**

**All Active Employees & Eligible Dependents **Except** Local 39**

	Employee Pays	Employer Pays
Mail Order Brand Rx	\$5	Peralta will Reimburse Eligible Expenses

**Kaiser Traditional HMO (SISC) Prescription Drugs**

**Active Local 39 Employees & Eligible Dependents**

	Employee Pays	Employer Pays
Mail Order Brand Rx	\$30	Peralta will Reimburse Eligible Expenses

**Effective 5/1/2024**

**\* Please refer to the Anthem/Kaiser Plan documents for complete details of covered benefits.**

**Additional information can be found on the Benefits Office webpage: [www.peralta.edu/benefits](http://www.peralta.edu/benefits)**

**This HRA reimbursement program is currently administered by Navia Benefit Solutions on behalf of the Peralta CCD**