



STANDARD OPERATING PROCEDURE

DEPARTMENT	Human Resources & Employee Relations	TITLE	Retiree Healthcare Costs Reimbursement
PURPOSE	<p>To codify the procedure used to reimburse eligible retirees for medical costs/expenses not covered by their current healthcare plans that are reimbursable due to pre-existing contractual agreements</p>		
PROCEDURE	<p>The District is responsible for the payment of retiree healthcare and eligible dependents costs per agreement with the District’s bargaining units. Retirees shall have access to the same healthcare benefits they had at the time of their retirement as indicated in the applicable Summary Plan Documents (SPDs) maintained on the Peralta Benefits and Medical Information Website by the Benefit Manager.</p> <p>The Vice Chancellor of Human Resources and Employee Relations shall ensure that the requirements of this procedure are properly and timely executed by the Peralta Benefits Office.</p> <p>Posting Information</p> <ol style="list-style-type: none"> 1) The Benefits Manager is responsible for administering the procedure and ensuring that eligible retirees are timely reimbursed for all allowable healthcare costs/expenses either through the management of outside third-party healthcare plan administrators or by reimbursement made by the Benefits Office Staff. 2) The Benefits Manager shall maintain up-to-date retiree healthcare costs reimbursement procedures, to include the claim denial appeal process, and necessary reimbursement forms on the Benefits and Medical Information Website. These procedures shall be written in plain and easily understood English and include of posting of all applicable previous Summary Plan Documents (SPDs). The website shall also include an up-to-date list of “Frequently asked Questions.” 3) The Benefit Manager shall ensure that reimbursement procedure information on the Benefits and Medical Information Website is reviewed minimally once each fiscal year quarter and ensure that members of the Peralta Retiree Association have regular input to these procedures during regularly scheduled meetings of the Peralta Healthcare/Benefits Committee. The Benefit Manager shall notify retirees of changes to postings on the website that pertain to them. These notices will be sent to both the retirees’ last known email and mailing addresses. <p>Reimbursements</p> <ol style="list-style-type: none"> 4) All reimbursements made directly by the Benefits Office shall comply with all District accounts payable procedures. The District must make its reimbursements via check, which require those receiving reimbursement from the District to have a valid vendor number and a recent IRS W4 Form on file. All reimbursement requests to the District should be submitted directly to the Benefit Office, either by email attachment or US mail. All reimbursement requests must contain supporting documentation, such as a receipt for payment to be eligible for reimbursement. Reimbursement requests will be acknowledged 		



	<p>within 5 days of receipt by the Benefits Office. Reimbursement from the District shall generally be made within 30 days from receipt of the complete claims request.</p> <p>5) All reimbursement requests to outside third parties, such as NAVIA, are made directly to the vendor using the directions posted on the Peralta Benefits and medical Information Website. Outside vendors will acknowledge receipt of reimbursement claims within 5 days of receipt. Reimbursements from third parties shall generally be made within 30 days from receipt of complete claims request. Retiree may choose to have outside third-party vendors make reimbursements by check or direct deposit (ACH).</p> <p>6) Reimbursements for medications not on the healthcare plan formularies that were covered under a retiree’s SPD at the time of their retirement will be reimbursed following exhaustion of the health plan appeal process. The Benefits Office will help retirees make these appeals to the appropriate healthcare plan administrators.</p> <p>7) Retirees may appeal all final healthcare reimbursement denials from the applicable healthcare insurance carrier directly to the Vice Chancellor of Human Resources and Employee Relations (VCHR). Appeals must be made using the appeal form, posted on the Benefits and Medical Information Website, no later than 30 days following retirees’ receipt of final denial of claims. Appellants may request that their appeal be heard in a meeting with the Vice Chancellor of Human Resources and Employee Relations, and may have someone of their choice attend the appeal hearing with them. Appeal hearings may be conducted in-person or via Zoom upon mutual agreement of the parties. The VCHR will render a final decision no later than 30 days following receipt of an appeal. The VCHR’s decision is final.</p>
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DEFINITIONS AND ABBREVIATIONS

SPDs: Summary Plan Documents
 ACH: Automated Clearing House
 VCHR: Vice Chancellor of Human Resources and Employee Relations

RESOURCES

Peralta.edu/benefits

Board Policy & Administrative Procedures:

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Responsible:	Ronald McKinley, PhD, MBA, SPHR	Approved by:	Andrea Epps, M.A., J.D. Interim Vice Chancellor of Human Resources & Employee Relations



Peralta Community College District
333 E 8th Street
Oakland, California 94606

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