



# PCCD Medical Expense Reimbursement Form For Eligible Kaiser Expenses

Complete and return this form to the Benefits Office: Peralta Community College District, 333 East 8<sup>th</sup> St., Oakland, CA 94606

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **Year of Rtmt/or NA** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

Name of active or retired employee: \_\_\_\_\_

**Status**

Circle One:      Retired                      Active

**Peralta Affiliation**

Circle One:      Employee/Retiree/Spouse/Dependent of employee or retiree

**Union Affiliation**

Circle One:      39      1021      PFT      Confidential      Management      Trustee

### Eligibility Criteria

Use this form if you meet the following criteria:

- You are a pre-July 1, 2004 retiree and have paid more than \$1 for your office co-pays or prescriptions
- You are an active LU 1021, PFT, Confidential, Management employee, or Trustee at the time of service and paid more than \$5 for mail order prescriptions
- You are an active LU 39 employee/retiree post 7/1/12 at the time of service and paid more than \$30 for brand name formulary mail order prescriptions
- You are submitting expenses incurred within 12 months of the date of service

### Guidelines

**\*\*\* Use one form for each dependent**

**\*\*\* Reproduce form as necessary**

**\*\*\* Attach receipts**

#### **RETIREED EMPLOYEES:**

##### **Pre July 1, 2004 retirees**

\*\* If you are a pre-July 1, 2004 retiree and have paid more than \$1 for prescriptions and office co-pays, then the District will reimburse your eligible expenses, less \$1 for each prescription and/or office visit.

##### **Post July 1, 2004 retirees**

\*\* If you are a Confidential, Management or Trustee member, or an active member of Collective Bargaining Agreements 1021, local 39 or PFT then the District will reimburse your expense less \$5 for each mail order expense incurred by you and your eligible dependents.

##### **Post July 1, 2012 retirees**

\*\* If you are an retired member Collective Bargaining Agreement 39, then the District will reimburse only your expense less \$30 for each brand name formulary mail order expense incurred by you and your eligible dependents.

#### **ACTIVE EMPLOYEES:**

\*\*Effective July 1, 2004, if you are a Confidential, Management or Trustee member, or an active member of Collective Bargaining Agreements 1021, or PFT then the District will reimburse your expense less \$5 for each mail order expense incurred by you and your eligible dependents.

\*\*Effective July 1, 2012, if you are an active or retired member of **Collective Bargaining Agreement 39**, then the District will reimburse only your expense less \$30 for each brand name formulary mail order expense incurred by you and your eligible dependents.

### Frequency

Reimbursements are processed semi-annually. All requests received by June 30, will be processed in July. Reimbursement requests received on or after July 1, will be processed the following January.



# PCCD Medical Expense Reimbursement Form For Eligible Kaiser Expenses

Name \_\_\_\_\_

**RETIRED EMPLOYEES:**

**Pre July 1, 2004 retirees**

\*\* If you are a pre-July 1, 2004 retiree and have paid more than \$1 for prescriptions and office co-pays, then the District will reimburse your eligible expenses, less \$1 for each prescription and/or office visit.

**Post July 1, 2004 retirees**

\*\* If you are a Confidential, Management or Trustee member, or an active member of Collective Bargaining Agreements 1021 ,local 39 or PFT then the District will reimburse your expense less \$5 for each mail order expense incurred by you and your eligible dependents.

**Post July 1, 2012 retirees**

\*\* If you are an retired member Collective Bargaining Agreement 39, then the District will reimburse only your expense less \$30 for each brand name formulary mail order expense incurred by you and your eligible dependents.

**ACTIVE EMPLOYEES:**

\*\*Effective July 1, 2004, if you are a Confidential, Management or Trustee member, or an active member of Collective Bargaining Agreements 1021, or PFT then the District will reimburse your expense less \$5 for each mail order expense incurred by you and your eligible dependents.

\*\*Effective July 1, 2012, if you are an active or retired member of **Collective Bargaining Agreement 39**, then the District will reimburse only your expense less \$30 for each brand name formulary mail order expense incurred by you and your eligible dependents.

To be completed by  
Benefits Office

	Indicate Service Type (Office Visit, Mail Order Prescription)	Date of Service	Receipt Attached?	Your Expense	Amount to Reimburse
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
<b>Total Cost/This Page</b>					<b>\$</b>

Signature Line – “I am claiming reimbursement for the above-referenced prescription expenses.”