



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.

Where current coverage overall is as good as or better than that provided to the retiree or qualifying dependent at the time of the retiree's retirement from the District (or upon eligibility for Medicare, where applicable), both improvements and losses must be balanced before an impairment/reimbursement can be claimed.

For additional information, please refer to the Chancellor's letter that was shared with retirees:

[Chancellor's Letter Regarding Retiree Health Care](#)

Claims must be submitted within one-hundred-eight (180) calendar days from the service date.

1. The retiree will collect all healthcare-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.
2. Before submitting a claim, the retiree will review their current health insurance plan (and that of their qualifying dependent, if applicable) to understand what services are covered.
3. The retiree will accurately 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 adjudicate complete claims, which include all relevant information and documentation. Incomplete claims will be returned to the retiree.
6. If the District Benefits Office approves full or partial reimbursement of a claim, reimbursement will be mailed to the retiree no later than sixty (60) calendar days following receipt of the claim.
7. The District Benefits Office will notify the retiree in writing of a denied claim within sixty (60) 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 the Vice Chancellor of Human Resources.
 - 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 Vice-Chancellor 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 Vice Chancellor is final.