



OFFICE OF HUMAN RESOURCES

FACULTY ASSOCIATION AGREEMENT
ARTICLE 10.2 SUPPLEMENTAL BENEFIT
REIMBURSEMENT CLAIM FORM
2018 PLAN YEAR

Copies to:

- Employee
HR
Fiscal

* Per Article 10.2.1 of the SMCFA-SMCCD Agreement: "The...provision shall apply to: (a) any faculty member who switches coverage from PERSCare to PERS Choice during the 2012 open enrollment period; (b) any faculty member who had PERSCare in 2012 and switches to PERS Choice in a subsequent year; (c) any faculty member who had PERS Choice in 2012; and (d) to any retired faculty member receiving early retiree supplemental benefits as of January 01, 2013."

PART 1: FACULTY MEMBER CONTACT INFORMATION

Last, First Name (Please Print or type): Tel. No.:
Discipline/Department: Email Address:
Mailing Address: City: State: Zip Code:

PART 2: OUT-OF-POCKET MEDICALLY ELIGIBLE EXPENSES:

Table with 7 columns: Date of Service (dd/mm/yy), Patient Name, Provider Name, Description of Service, Out-of-Pocket Amount, Amount Approved By SMC. Includes rows 1-8 and a Total Claim row.

IMPORTANT INFORMATION

- 1. Documentation must be submitted to prove out-of-pocket expenses and that such expenses were paid. Documentation includes:
- Explanation of Benefits (EOB) statement from insurance carrier; AND
- Itemized statement from your provider that indicates the name of provider, patient name, cost, date of service, description of service, and your amount paid to provider OR Proof of Payment Receipt - receipt of out-of-pocket expenses you paid to the provider.
2. If additional space is needed to explain expenses listed above, please use Page 2.
3. District may request additional information as needed.

In signing my name below, I am requesting reimbursement for items listed above in accordance with Article 10.2 of the SMCFA-SMCCD Agreement and hereby certify that the amounts claimed on this form are monies I actually expended for eligible out-of-pocket medical services per Article 10.2 and are not covered by my PERS Choice coverage. I understand that fraudulent claims for reimbursement may result in disciplinary and/or legal action.

SIGNATURE OF CLAIMANT (or designee): DATE:

Submit Claim Form and Supporting Documentation To:
Office of Human Resources
By Mail - 1900 Pico Blvd., Santa Monica, CA 90405
In-Person - 2714 Pico Blvd. 2nd Floor, Santa Monica, CA 90405

SUPPLEMENTAL BENEFIT REIMBURSEMENT CLAIM FORM

Use this page if additional space is required for explanation of request.

HUMAN RESOURCES USE ONLY		
PERSCARE OR PERSCHOICE MEMBER DURING PLAN YEAR 2012 <input type="checkbox"/> YES <input type="checkbox"/> NO		
CURRENTLY PERSCHOICE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CURRENT REIMBURSEMENT REQUESTED:	\$	
ELIGIBLE: <input type="checkbox"/>	NOT ELIGIBLE: <input type="checkbox"/>	REASON FOR INELIGIBILITY:
HUMAN RESOURCES AUTHORIZING SIGNATURE:	PRINTED NAME:	APPROVED AMOUNT: \$

ACCOUNT NUMBER:	REQUESTED BY:	DATE:
	APPROVED BY:	DATE:
AP NUMBER:	APPROVED BY FISCAL:	DATE:



SUPPLEMENTAL BENEFIT REIMBURSEMENT CLAIM FORM GUIDELINES



Source: Agreement between Santa Monica College Faculty Association and Santa Monica Community College District, Article 10.2

WHO IS ELIGIBLE FOR A REIMBURSEMENT?

- Any faculty member who switches coverage from PERSCare to PERS Choice during the 2012 open enrollment period;
- Any faculty member who had PERSCare in 2012 and switches to PERS Choice in a subsequent year;
- Any faculty member who had PERS Choice in 2012;
- Any retired faculty member receiving early retiree supplemental benefits as of January 01, 2013.

WHAT IS ELIGIBLE FOR REIMBURSEMENT?

- The District shall reimburse the faculty member for eligible out-of-pocket expenses **in any calendar year in excess of \$250.00**; expenses incurred by the faculty member and his/her eligible dependents must result from exceeding a maximum coverage level imposed by PERSChoice that is more restrictive than that provided under PERSCare.
- The District shall be liable only for the amount that would have been incurred had the services been provided under the PERSCare plan and by an in-network PPO provider.
- Eligible out-of-pocket medical expenses* are
 - Expenses incurred as out-of-pocket expenses under PERSChoice but would have been covered by PERSCare;
- Eligible out-of-pocket expenses can be found on the "Comparison of PERSCare and PERSChoice" chart.

WHAT IS **NOT** ELIGIBLE FOR REIMBURSEMENT?



- Copayments
- Deductibles
- Out-of-pocket maximums
- Where services are provided by a non-PPO provider, the District shall be liable for only that portion that would have been paid had the service been provided by a PPO provider in the PERS plan.

IS THERE A MAXIMUM REIMBURSEMENT?

- Yes. The maximum amount varies depending on the category of expenditure.*
- Coverage differences between PERS plans may be found in the Health Benefit Summary for the calendar year in question on the SMC Human Resources website, Medical Plans (PPO Plans).

**These categories may change in future years as determined by PERS.*

HOW DO I GET A REIMBURSEMENT?

- **Step 1:** Complete the **FACULTY ASSOCIATION AGREEMENT ARTICLE 10.2 SUPPLEMENTAL BENEFIT REIMBURSEMENT CLAIM FORM**
 - Claim Form must be submitted to the Office of Human Resources no later than one (1) calendar year following the **date of service** for an eligible faculty member and/or eligible dependents. **Note:** If a faculty member is incapacitated and unable to file a claim timely, a request for an extension may be granted up to two (2) calendar years following the date of service.
- **Step 2:** Submit Claim Form and supporting documents to:
Office of Human Resources, by mail to 1900 Pico Blvd., Santa Monica, CA 90405, or in-person to 2714 Pico Blvd., 2nd Floor, Santa Monica, CA 90405.
- **Step 3:** Claimant shall be notified via email of decision by Office of Human Resources. If there is no email address available, notification shall be sent by U.S. Mail to address on claim form.
- **Step 4:** Payment will be issued by the District to the faculty member and mailed to the address on the claim form.

Note: This information is subject to change. Go to link below for current information.
<http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/default.aspx>