



Contra Costa Community College District United Faculty Co-pay Reimbursement Request Form

Last Name	First Name	Social Security Number	
Mailing Address	City	State	Zip Code
Work Location	Phone Number	Reimbursement Amount	

Copayments are reimbursable for out-of-pocket costs in excess of \$500 for the current fiscal year. Reimbursement does not cover out-of-network PPO percentage copayments. Reimbursable copays are normally in \$5, \$15, \$50 and \$100 increments and may ONLY include the following copayments from a District medical plan:

- Office Visits
- Prescription Drugs
- Emergency Room Visits
- Hospitalization

To request a co-pay reimbursement, you must complete and submit this form.

Submit to	PENSION DYNAMICS COMPANY, LLC By Mail: 2300 Contra Costa Boulevard, Suite 400, Pleasant Hill, CA 94523-3955 Or by fax: 844-859-7309 Or by e-mail: benefits@pensiondynamics.com
Questions	Phone: 925-956-0514, any available representative
Checks	Reimbursement checks will be mailed to the employee's home address within 45 days.
Calendar Year	Reimbursements are for a fiscal year beginning July 1 st and ending June 30 th . The last day to submit a request for reimbursement for a fiscal year is 30 days after the end of the fiscal year.

Terms of Eligibility for Out-of-Pocket Medical Cost Reimbursement:

- To be eligible, an employee must be covered by a District medical plan and submit receipt showing the employee has spent in excess of \$500 in that fiscal year for copayments from a District medical plan. \$50,000 per fiscal year will be set aside to reimburse faculty employees with District paid benefits for the copayments mentioned above in excess of \$500.
- These funds will be used on a first-come, first-served basis until the money is exhausted.
- Eligible employees who are interested in participating in this program are encouraged to submit a co-pay reimbursement request including 1) form and 2) receipts to Pension Dynamics (mentioned above) throughout the fiscal year.
- Employees who are on maintenance prescriptions will be required to participate in the Anthem Blue Cross 90 day prescription mail order program or the Kaiser 100-day prescription supply program.
- Infertility out-of-pocket costs are not reimbursable by the District.

Initial	<input type="checkbox"/> Yes Yes, I have already exceeded the additional expenses paid beyond \$500 for this fiscal year. As a result, all the copayment receipts submitted at this time should be considered for reimbursement.
	<input type="checkbox"/> No No, I have NOT exceeded the additional expenses paid beyond \$500 for this fiscal year OR I will exceed the threshold of \$500 at this time. (Reimbursement Total = Copayments - \$500).

By evidence of my signature, I verify the information submitted is accurate and that I am eligible for this reimbursement under the terms described above.

_____ Employee Name (Print Clearly)	_____ Employee Signature	_____ Date
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