Autumn 2010

Ventura County Community College District Retirees' Association

The Monitor

Reimbursement application deadline is September 30

BY RENÉ G. RODRIGUEZ

The deadline is fast approaching for retirees to claim reimbursement for the first year of the health benefit settlement agreement with the District.

Eligible retirees are those who retired as classified, confidential, supervisor or management employees on or before August 31, 2007 .

Those who wish to file a claim for reimbursement for the benefit year July 1, 2009, to June 30, 2010, **must deliver a completed reimbursement form (Exhibit C of the settlement agreement) and proof(s) of payment to the District by Sept. 30, 2010.**

These items can be mailed but must be postmarked by Sept. 30, 2010.

A request for reimbursement may be made only once per health benefit year.

The form, titled "VCCCD Retiree Application for Reimbursement of Medical Costs Above Baseline Plan," is reproduced on pages 3 and 4 of this *Monitor* so that retirees may make copies to suit their needs. The form is also available for download at http://www.vcccdra.org on the "Forms" page. A copy of the settlement agreement may also be viewed and printed from this site.

Each form allows for claims by the retiree and up to two dependents.

The form may also be obtained by calling Shelley Signor at 805-652-5514, by emailing her at ssignor@vcccd.edu or by writing her at the Department of Human Resources, Employee Benefits, VCCCD, 255 W. Stanley Ave., Suite 150, Ventura, CA 93001.

Each form allows for claims by the retiree and up to two dependents. Each retiree and each dependent who has a reimbursement claim must file a separate copy of the second page titled "Inventory of Medical/Prescription Costs Above Baseline Plan."

The proofs of payment should include both bills showing charges and receipts showing that the bills were paid during the health benefit year.

Proof of payment could be a receipt showing the bill was paid, or a copy of a cancelled check, or a credit card bill. Be sure to keep a copy of all materials you submit to the District. To the best of our knowledge, faculty health plans remain unchanged from the 2007/2008 Anthem Blue Cross baseline plan, and therefore do not trigger any reimbursement.

As for classified, confidential, management and supervisor employees, two changes took place effective July 1, 2009, which **do** trigger a reimbursement to these retirees.

First, the co-pay for doctor visits changed from $15 to $20. Thus, **$5 is reimbursable** for each doctor visit**.**

Second, the new co-pay for hospital emergency room visits if not admitted for an overnight stay has changed from zero to $100, so **$100 is reimbursable** for each visit**.**

(See APPLY, page 2)

Annual meeting: The rest of the story

BY HARRY CULOTTA

VCCCD Retirees' Association annual meeting attendees on March 3, 2010, heard presentations by Past President René Rodriguez and Benefits Committee chair Gary Johnson explaining the lawsuit settlement and reimbursement process that is a product of the settlement.

René noted that the "baseline" insurance plans for each group of employees are the plans that were in effect when the settlement was approved by the VCCCD Board of Trustees. He stressed that the most important element of the settlement is the $500 annual limit on out-of-pocket costs for prescription medications for retirees who use the mail-in prescription service.

Gary stressed the importance of keeping good records throughout each insurance year (July 1 to June 30) and copying receipts and other documents to submit with the annual claim. The reimbursement form for claims is reproduced on pages 3 and 4 of this *Monitor* and can be copied. It is also available at http://www.vcccdra.org/html/forms.html. Both pages must be filled out and submitted with copies of the appropriate documents.

Gary Johnson also noted that the late George McNeely donated $25,000 to the Legal Fund to be used both as a match for member donations and as a "reserve" if additional legal services are ever needed. The Association had pledged pro-rata refunds after the lawsuit provided there was a sufficient Legal Fund balance. But since the Legal Fund will be below the $25,000 "reserve" threshold after all obligations are paid, there will be no money available for pro-rata refunds.



Marie Soo Hoo



Pat Gage



Larry Manson

New faces on the 2010-2011 Executive Committee are, left to right, Marie Soo Hoo (Secretary), Pat Gage (Treasurer), and Larry Manson (Political Committee Chair.

Apply now for reimbursement

(From page 1)

Direct any questions regarding the form or the reimbursement process to Shelley Signor.

The VCCCD Retirees' Association recommends that you send your reimbursement form and proof(s) of payment by Certified Mail (return receipt requested) to the District at the address shown on the form.

By October 31, the District will acknowledge receipt of your reimbursement request, including the amount it anticipates reimbursing.

If you have not received District notification of receipt of your request for reimbursement by November 15, you must send a written notification to the District on or before November 30. Your communication with the District must contain proof that your request was filed in a timely manner (a copy of your Certified Mail receipt or a District receipt acknowledging that it had been personally delivered).

In this instance, we suggest that you re-submit copies of the materials you sent originally, but retain evidence that you have filed the request for reimbursement and made this resubmission in a timely manner (either a receipt of delivery signed by the District or a Certified Mail receipt).

In Memoriam

José de la Peña

Gil Putnam

VCCCD Retiree Application for Reimbursement of Medical Costs Above Baseline Plan

Retiree Information			Dependent Information (if claim(s) submitted)
Retiree Social Security # Retiree Date of Birth: Age 75-79 ☐ 80 or over: ☐			Last Name, First Name
Last Name, First Name			Relationship to Subscriber: Spouse/Domestic Partner ☐ Child ☐
Address			Last Name, First Name
City	State	Zip Code	Relationship to Subscriber: Spouse/Domestic Partner ☐ Child ☐
Grand Total for Amount Above Baseline Plan $			Retiree Phone Number ( )
Retiree's Signature			Date
Designee (In the event of retiree's death prior to payment) Name Address City State Zip Code			

Instructions

1. Complete application form.
2. Proof of payment of costs above baseline plan **must** be included for reimbursement
3. Only one reimbursement form may be filed per health benefit year (July 1 – June 30)
4. Keep copies of all for your file, and return the application and proof of payment on or before September 30th of the immediate preceding health benefit year (July 1 – June 30) to:

Ventura County Community College District
Employee Benefits
255 W. Stanley Ave., Suite 150
Ventura, CA 93001

(Complete back of form and attach proof of payment)

Inventory of Medical/Prescription Costs Above Baseline Plan

USE A SEPARATE INVENTORY PAGE FOR EACH MEMBER OF THE FAMILY SUBMITTING A REQUEST FOR REIMBURSEMENT; USE ADDITIONAL PAGES FOR EACH MEMBER IF NECESSARY **PAGE____ OF ____**

Medical, Dental, Vision Expense Copy of Explanation of Benefits must be attached	**Retail Pharmacy Prescription** Copy of prescription co-pay invoice that includes the patient name must be attached (Cash register receipt only will not be accepted)	**Mail Order Prescription** Copy of prescription co-pay invoice that includes the patient name must be attached
Patient Name:	**Patient Name:**	**Patient Name:**
Date of Service:	Date of Service:	Date of Service:
Amount Paid Above Baseline:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Service Performed:	**Patient Name:**	**Patient Name:**
Patient Name:	Date of Service:	Date of Service:
Date of Service:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Amount Paid Above Baseline:	**Patient Name:**	**Patient Name:**
Service Performed:	Date of Service:	Date of Service:
Patient Name:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Date of Service:	**Patient Name:**	**Patient Name:**
Amount Paid Above Baseline:	Date of Service:	Date of Service:
Service Performed:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Patient Name:	**Patient Name:**	**Patient Name:**
Date of Service:	Date of Service:	Date of Service:
Amount Paid Above Baseline:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Service Performed:	**Patient Name:**	**Patient Name:**
Patient Name:	Date of Service:	Date of Service:
Date of Service:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Amount Paid Above Baseline:	**Patient Name:**	**Patient Name:**
Service Performed:	Date of Service:	Date of Service:
Patient Name:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Date of Service:	**Patient Name:**	**Patient Name:**
Amount Paid Above Baseline:	Date of Service:	Date of Service:
Service Performed:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Patient Name:	**Patient Name:**	**Patient Name:**
Date of Service:	Date of Service:	Date of Service:
Amount Paid Above Baseline:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Service Performed:	**Patient Name:**	**Patient Name:**
Patient Name:	Date of Service:	Date of Service:
Date of Service:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Amount Paid Above Baseline:	**Patient Name:**	**Patient Name:**
Service Performed:	Date of Service:	Date of Service:
Patient Name:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Date of Service:	**Patient Name:**	**Patient Name:**
Amount Paid Above Baseline:	Date of Service:	Date of Service:
Service Performed:	Co-Pay Above Baseline:	Co-Pay Above Baseline:
Total Medical $ _____	**Total Retail Pharmacy $ _____**	**Total Mail Order Rx $ _____**

~ Employer Use Only ~

$_____ _____ _____

Amount Approved for Reimbursement **Date** **Signature of Authorized Person**

Notes:

Membership Report by Don Medley

IF YOU RECEIVE A PRINTED COPY OF THIS, AND IF THE ADDRESS HAND-WRITTEN, IT MEANS IT WAS ADDRESSED BY THE DISTRICT, WHICH CANNOT SUPPLY US THE ADDRESS. IF YOU DO NOT SEND US YOUR ADDRESS WE WILL REMOVE YOU FROM OUR LABEL FILE AND YOU WILL RECEIVE NO MONITORS IN THE FUTURE.

WE NEED ADDRESSES! THERE ARE MANY NEW RETIREES!

WE NEED ADDRESSES/PHONE NUMBERS/EMAIL ADDRESSES FOR THE FOLLOWING PEOPLE. If you can help, call Don Medley at 805-482-8761 or email to don.medley@verizon.net. Thank you for your help.

Robert Anderson	Beverly Barker	Margaret Boles	James Botting	Elizabeth Bowker
Donald Brockett	Vincent Campo	Susan Carter	Linda K. Chapman	Paul Conley
Christy Corbett	Jeanette Cortez	Aseneth Cota	James Crowley	Patricia Earl
Katherine Felter	Ruby Filar	Dallas Flanigan	Ron Halleran	Lucia Haro
Juan Hernandez	Teri Hernandez	Marge Imbach	Erlinda Tuyor Ispahani	Deborah Jacobson
Achla Jinda	Norma Letinsky	Michael McGann	Carolyn McKinney	Michael Munoz
Norlene Neal	James Owen	Barbara Partee	Arthur Preston	Steve Price
John Roach	Emile Robb	Mary Ruiz	Joe Sabedra	Larry Smithson
Mark Thomas Spragins	Nancy Stewart	Diane Sukiennk	Art Szylewicz	E. Burns Taft
Joan Thompson	Neriman Urkmez	Florencia Wallace	Dora Washington	Phillip Westin
Ernest Williams	Janice Wiley			

Please correct your roster with the following changes:

Carole Frick	Margarita Corral	Sara Essa Gallaway	Virginia L. George
Frances E. Hughes	Morris Husted	Cathy Kriss	Deborah McDaniels
Patricia Olson	Donna Santschi	Isaiah (Zeke) Simmons	Sharon Starr
Mary Taylor-Parr	George Wymer		

Telephone number Adds/Changes: Shirley Tucker: 250-592-4551

New Email Addresses:

Kim Fuhrmann	James Peddie
Tom Roe	Harry Rosemond
Linda Rubenstein	Alice Slaton
Dr. Burns Taft	

Email Address changes needed: All these emails were returned as undeliverable.

Dave & Jean Abraham	Rita Beahan	Alberto Beron	Armando R. Castillo	Tom Everton
Hitoshi Kajihara	Marilyn Kauffman	Eliza Thomas	Mary (Jean) Kauffman	Clara Kimbrough
Virginia Lawler	Clara Lawson	Norman Mallory	Tom McDannold	Michael Meeks
Shelton Mehr	Johnna L. Morton	Mary Taylor-Parr	Susan van Marian	Susan Webster
Beverly Pearson	Robert Reynolds	William Thieman	**And anyone else who does not get emails from us.**	

The Monitor, Autumn2010

Privacy Policy

The VCCCDRA does not give out member addresses, phones, or email addresses without the individual's permission. Nor does the VCCCDRA sell its mailing list.

Look for us on the Web at

http://www.vcccdra.org

2010-2011 Executive Board

Harry Culotta, President
René G. Rodriguez, Past President
Gary B. Morgan, Vice President
Marie Soo Hoo, Secretary
Pat Gage, Treasurer
Gary Johnson, Benefits Committee Chair
Don Medley, Membership Committee Chair
Larry Manson, Political Committee Chair

VCCCD Retirees' Association
P.O. Box 6216
Ventura, CA 93006-6216

Place 44¢ postage here