

Memorandum of Understanding
Between Peralta Community College District and Peralta Federation of Teachers

The Peralta Community College District (“District”) and the Peralta Federation of Teachers (“PFT”) have met in good faith and hereby agree to the following:

1. PFT and PCCD have always agreed that it is mutually beneficial to undertake programs which do not violate PFT/PCCD contract(s) and also lower long-run costs of PCCD programs. This agreement follows from that principle. This Agreement is not intended to, nor does it annul or diminish, any previously-vested retiree health benefits. This Agreement shall also not be precedent setting for either PCCD or the PFT in regards to any other areas of disagreement that may arise in the future, nor may it be relied upon to determine the nature, scope and extent of retirees’ previously vested retiree health benefits.
2. Medicare Part D Prescription Drug Benefit Program became effective on March 22, 2005.
3. The District will reimburse retirees enrolled in Kaiser Senior Advantage, or the self-funded plan as secondary coverage, who continuously meet the eligibility requirements in A and B below for their cost for Medicare Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA).
 - A. This agreement only covers regular and contract faculty who retired from the District after May 1, 2013. It will cover Medicare Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA). This Agreement does not cover individuals no longer represented by PFT, unless said individuals consent, in writing, to this Agreement.
 - B. The retiree and eligible dependents WHO ARE CONTINUOUSLY ENROLLED IN KAISER SENIOR ADVANTAGE, or the self-funded plan as secondary coverage, and become subject to the Medicare Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA), as assessed by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) will be eligible for Medicare Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) reimbursement, if all of the following conditions are met by the retiree and/or eligible dependent:
 - * The retiree was employed by the District before July 1, 2004, and retired after May 1, 2013.
 - * The retiree and/or eligible dependent is enrolled in a Peralta group-sponsored medical plan at the time the Medicare Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) is assessed.
 - * The retiree and/or eligible dependent is not concurrently enrolled in another privately held Medicare D program.
 - * The retiree and/or eligible dependent or caregiver completes and submits the Medicare Premium Claim form [attached] and documentation of Part D-IRMAA paid to the Centers for Medicare & Medicaid Services, no later than March 30 following the calendar year in which the Part D-IRMAA was assessed. It is understood that if the District does not receive the completed


claim form and proof of premium payment, it is under no obligation to provide reimbursement.

* In order to cover retirees since May 1, 2013, reimbursement shall include 2013 Part D-IRMAA payments as long as the form for these payments is submitted by March 30, 2016, and each March 30th thereafter, or within 60 calendar days of receipt of the PART D-IRMAA charge, whichever date is later. (Any deadline falling on a weekend or Peralta holiday, shall be extended to the next Peralta business day in which the District offices are open.) To be eligible, the member must have retired on or after May 1, 2013. Expenses incurred or paid after January 1, 2015 will be eligible for reimbursement.

For Peralta Community College District:


By: 
José M. Ortiz, Chancellor

Date: 5.12.15

By: 
Trudy Largent, J.D., Vice Chancellor for
Human Resources & Employee Relations

Date: 4/29/15

For Peralta Federation of Teachers:

By: 
Matthew Goldstein, President

Date: 4/29/15

By: 
Rick Greenspan, Chief Negotiator

Date: 4.29.15



Medicare Premium Claim Form for Medicare A, B and
Request for Reimbursement D-IRMAA
on/or after January 1, 2014
Complete sections B & C



Name of Claimant _____ Relationship to PCCD Retiree _____
 Medicare or SSN Number of Claimant _____ Address Change? _____
 Daytime Phone _____ Year of Peralta Retirement _____
 Address _____ Union Affiliation at time of Peralta Retirement _____
 City, State, Zip _____ Dependent belongs to _____
(name of retiree)

A. FREQUENTLY ASKED QUESTIONS

Where shall I send my annual verification?
 Attach documentation to this form and send both to:

Benefit Dynamics
C/o Pension Dynamics
2300 Contra Costa Blvd, Suite 400
Pleasant Hill, CA 94523-3987

Why can't the District obtain Medicare premium amounts directly from the SSA or Medicare?
 Due to privacy regulations, PCCD district personnel cannot obtain information without authorization from the benefactor. SSA provides an annual benefits statement directly to you confirming premium amounts. They will also provide verification upon request by calling 800-772-1213.

Isn't the amount the same for all retirees?
 No. The premium amount is determined by Medicare and varies based on each individual taxpayer's eligibility.

When are forms due?
 Medicare Premium Claim Form and documentation should be submitted no later than March 30 after the end of the calendar year.

Where can I find the Plan Document which provides details of how the Reimbursement Plan works?
 You can download your personal copy of the Medicare SPD from the website:
<http://perallaretirees.pswbenefits.net/Portals/7/Medicare/PCCD-Medicare-SPD-Restated-2-22-2012.pdf> ← Needs new website here

B. DOCUMENTATION REQUIREMENT

Type of Documentation Attached Check One	What type of documentation is required/acceptable?	How often is documentation required?
<input type="checkbox"/>	Medicare quarterly billing statement and proof of payment	Documentation is required quarterly. Generally, those who choose to pay premiums by check or charge are billed by CMS, a Medicare agent.
<input type="checkbox"/>	Monthly STRS statement	Upon attainment of age 65 and once a year thereafter. If your amount changes, you are expected to notify us within 30 days of the effective date.
<input type="checkbox"/>	The Social Security Statement to verify the deduction amount	Upon attainment age 65 and once a year thereafter. Your premium amount is announced by the SSA/Medicare in December to affect January premium. If your amount changes, you are expected to send us notification within 30 days of the effective date.
<input type="checkbox"/>	Federal Tax form 1098 (issued annually by the Social Security Administration)	Annually, but not later than March 30 following the claim year.

C. DIRECT DEPOSIT AUTHORIZATION/PROOF OF PAYMENT & ELIGIBILITY CRITERIA

- My completed Direct Deposit Authorization Form is attached.
- I do not prefer direct deposit of my reimbursement at this time, but understand that effective March 2013, reimbursements will be processed via direct deposit to the account I designate.

CHECK appropriately /SIGN below/ATTACH this form to proof of payment

I am retired from the Peralta Community College District or am the spouse or domestic partner of a Peralta Community College District retiree.

I am not reimbursed from another employer's plan -all expenses reimbursed to me under this program will not be reimbursed to my dependents or me by any other means, per Internal Revenue Code 105.

I am attaching proof of expense to this form.

CHECK one of the following based on your Peralta medical coverage

I am enrolled in the District's Self-Funded insurance plan (currently administered by CoreSource).

Or

I am a current member of the Kaiser Permanente Senior Advantage Plan through Peralta.

I certify that the above is correct and complete and that reimbursements are scheduled for ten calendar days after the end of each month for prior month eligibility. I further understand that my **participation is subject to audit**.

Signature _____ Date _____
 Caregiver Signature _____ Date _____

Attach Proof of Expense and Send or Fax Completed Medical Premium Claim Form To:

Benefit Dynamics C/O Pension Dynamics Corporation
 2300 Contra Costa Blvd. Suite 400, Pleasant Hill, CA 94523-3987 ** Phone (925) 956-0514 ** Fax (866) 320-1931

Peralta Community College District Retiree Benefit Information Center: <http://www.perallaretirees.pswbenefits.net>

Z:\Documents\2300-Peralta\2367-retiree health benefits\PFT proposal on Medicare D
 #2116-2014-RBrev-2-01-08-15.doc
 The retiree and/or eligible dependent is enrolled in a Peralta group-sponsored medical plan at the time the Medicare Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) is assessed.