

## **COUNTY OF SANTA CLARA - BENEFITS ADMINISTRATION PROCEDURES FOR KAISER CO-PAYMENT REIMBURSEMENT**

### Employees & Retirees:

- Your application for reimbursement and receipts must be received in the Benefits Administration Office no later than 90 calendar days from the date your co-payments were paid.
- Complete the application on the reverse side and submit with original Kaiser receipts. County
- Accounting/Auditing policies and procedures require original documents for reimbursement to minimize the occurrence of duplicate payments.
- You may attach more than one receipt to an application.
- Receipts must clearly show the name of the patient, date of occurrence, and amount paid. You may ink out or remove any part of the receipt that contains medical information, reason for visit or the name of a prescription drug.
- Requests for reimbursement must be for enrolled members of the County's Kaiser Group Health Plan.
- Receipts from non-Kaiser facilities or from other Kaiser Group Health Plans are not acceptable.
- You may not apply for reimbursements for over the counter drugs purchased at a Kaiser facility or for any other service not covered by the County's Kaiser Group Health Plan.
- You are encouraged to retain copies of your receipts and application for reimbursement for your future reference.

### Santa Clara County's Responsibilities:

- Reimbursement of eligible co-payments will occur no later than 90 calendar days from the date of receipt in the Benefits Administration Office.
- Employees will receive reimbursement through their payroll checks. Retirees will receive reimbursement checks through the U.S. Mail.
- For co-payments made to Kaiser for each Office Visit, reimbursement will be up to \$5.00.
- For co-payments made to Kaiser for each Prescription, reimbursement will be up to \$4.00.
- Co-payment reimbursements are not subject to Federal, State or FICA taxes.
- The County reserves the right to request additional information from the employee and/or Kaiser in order to validate eligibility for reimbursement of Kaiser co-payments.

If you have questions please contact:

- FOR RETIREES: Esmeralda Carrillo-Espinoza, 299-5887
- FOR EMPLOYEES: Cora Punongbayan, 299-5868
- Toll Free Number (800) 541-7749