City College of San Francisco SEIU Prescription Drug Co-Payment Reimbursement Form

Please read the Rules & Guidelines printed on the back before completing this form (Attach original receipts/documents to the back)

Employee's Informa	ation	(Attach o	rigiriai receip	ts/ documen	its to the be	ackj			
CCSF ID		ast Name First Name			Phone Number		Campus Mailbox		
Home Address					City		State	Zip	
		oloyees working 20 or Ith plan. Prescription							
All receipts must b	e submitted	I to CCSF Benefits Ur	nit no later th	an June 30	, 2026.				
Health Plan with	District:								
Kaiser Blue Shield Trio/Access HealthNet HMO						Blue Shield PPO/UHC PPO			
Claims are for:									
	*5	pouse:							
	*D	omestic Partner:							
	*C	hildren:							
*To receive reimbur	rsement, Spo	use/Domestic Partner/C	Child must be o	covered on yo	our health pla	an with CCSF	, see elig	ibility on back.	
Date Filled		Prescription (RX) No.			Co-payment				
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
						\$			
Total						\$			
reimbursemen	t under a	r that the expens ny other plan or a	arrangeme	ent coveri	ing that e	expense.		not seek	
Pending: ☐ Need original prinformation ☐ Employee/Depe	•	ceipt printed with insura	CSF Benefits ance	Denied □ Not □ Unp	_				

☐ Unrepresented (non-union)

☐ Other:

☐ Missing your signature

☐ Other:

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Rules & Guidelines For Drug Co-Pay Reimbursement Process

Eligibility Matrix (Subject to change, please review Union & CCSF contract)

Eligibility: SEIU Classified Employees working 20 or more hours per week and enrolled with CCSF's provided Health Service System health plan.

Eligible employees may not receive reimbursement exceeding coverage per CCSF and bargaining unit contract agreement.

CLASSIFICATION	ELIGIBLE
FT Classified	Yes
FT/PT Classified School Term Only (STO) (Working 20+ hours/week)	Yes
PT Classified (Working 20+ hours/week)	Yes

Co-payments:

Eligible employees may receive prescription drug co-pay reimbursements. Eligible Employees may/may not receive the full co-pay amount. Co-pay is defined as the sharing of cost between the insurance plan and the insurance customer.

- 1. Your spouse/domestic partner and/or dependent children must be enrolled on the employee's benefits coverage plan during the effective dates of the reimbursement program, to be eligible for the prescription drug co-pay reimbursements.
- 2. Prescription drug co-pay reimbursements do not affect your payroll taxes, deductions, or your W2 totals.

Receipts/Documentation:

Eligible employee may receive prescription drug co-pay reimbursement as long as:

- 1. You submit the original receipts or summary RX report from the provider (no photocopies and no modifications);
- 2. You submit insurance provider approved prescription drug co-pay purchase;
- 3. Your original receipts/documents MUST include the employee/dependent's name and health provider's name (no photocopies and no modifications):
 - a. Kaiser
 - i. Prescription drug must be purchased through a Kaiser pharmacy.
 - b. HealthNet or Blue Shield
 - i. Receipts must show provider's name (CHealthNet or Blue Shield)
- 4. You submit the Prescription Drug Co-Pay Reimbursement Form with your original prescription receipts/documents

Processing:

Submit original receipts/documents to CCSF Human Resources: Benefits Unit.

- 1. If approved and receiving a payroll check, reimbursements will be paid to you on your paycheck. Payments will show on your paystub listed as "drgreimb";
- 2. If approved and not receiving a CCSF payroll check, you will receive a manual check;
- 3. If request is missing information and/or denied, Human Resources: Benefits Unit will notify you.

Return to: CCSF-HR: Benefits Unit 50 Frida Kahlo Way, Bungalow 702 San Francisco, CA 94112

Prescription Drug Co-pay Reimbursement Program is effective 7/1/2025– 6/30/2026. All receipts/documents must be submitted to CCSF Benefits Unit no later than June 30, 2026.