

## **Operational Policy and Procedure (OPP)**

### **APPEAL PROCESS**

#### **The purpose of this policy is to:**

- Provide a process for appealing decisions resulting in loss of coverage or participation in a benefit plan sponsored and administered by the District.
- Provide information to members about the appeal process.

#### **DISTRICT APPEAL PROCESS FOR LOSS OF COVERAGE**

This OPP applies only to plans sponsored and administered by the District. Appeals regarding loss of coverage under a CalPERS-administered plan are subject to CalPERS rules and regulations.

An employee or retiree who believes the District has wrongfully terminated his or her benefit coverage because of default may appeal the termination decision as follows:

1. An employee or retiree may, within 20 calendar days of notification of loss of coverage, appeal that loss of coverage decision to the District benefits manager. The benefits manager shall review the decision and any relevant documentation and shall notify the appellant of his or her decision without undue delay.
2. In the event the employee or retiree is not satisfied with the decision of the benefits manager, the employee or retiree may, within 20 calendar days of notification of the benefits manager decision, appeal that loss of coverage decision to the vice chancellor of human resources. The vice chancellor shall review the decision and any relevant documentation in consultation with the District benefits manager and director of human resources. The vice chancellor shall notify the appellant of his or her decision without undue delay.
3. In the event the employee or retiree is not satisfied with the decision of the vice chancellor of human resources the employee or retiree may, within 20 days of notification of the decision of the vice chancellor, appeal the termination by requesting the District to schedule and convene a Plan Compliance Committee (PCC) appeal hearing. The PCC is comprised of the vice chancellor of human resources, the director of human resources, the District benefits manager, and three members of the Joint Labor Management Benefits Council (JLMBC): the labor chair, a bargaining unit member, and an ex-officio member. The appeal hearing will be scheduled without undue delay and held during regular business hours in the District offices.

The affected employee or retiree may represent him or herself or may elect to be accompanied and represented by a member of the JLMBC who is not also on the PCC. Following the hearing, the PCC will make a recommendation to the District. If the recommendation is not unanimous, the District shall make the final determination on the case consistent with legal obligations and health plan regulations.

The District will notify the affected employee or retiree of the result of the appeal without undue delay. In the event the decision is adverse to the appellant and the PCC

recommendation was not unanimous, the notification shall include this fact and the reasons for the District's final determination on the case.

4. In the event extenuating circumstances prevent the employee or retiree from filing an appeal within the established time limits, these timelines may be extended by mutual agreement.

**CalPERS Rules and Regulations**

District-sponsored medical plans are administered through contract with CalPERS. All related rules, policies, and procedures are subject to CalPERS rules and regulations. Wherever a conflict may exist, CalPERS rules and regulations will prevail.

Established January 2014