

Dear IVC Retiree,

July 26, 2010

Welcome to the Imperial Valley College Retirees' Rx Prescription Reimbursement Program. West Coast Administrators, Inc. is pleased to have been chosen to administer your program. We are a California licensed Third Party Administrator for dental, vision, and prescription drug programs, such as yours. We have coordinated a meeting with the IVC benefits coordinator to introduce ourselves and discuss our reimbursement services on campus as follows:

When: Weds, August 11, 2010 @ 10:00-11:00am

Where: Imperial Valley College, new science building auditorium, room 2734

The claims process is quite simple. Included with this letter are two blank claim forms which you may complete and mail or fax to West Coast for reimbursement of your out-of-pocket prescription drug expenses. You must attach your legible receipts to the completed form. The form must also be dated and signed. Once West Coast receives the form and confirms your eligibility, we will send a reimbursement check directly to you. Reimbursable claims include amounts paid by you for your \$150 per calendar year prescription drug deductible, along with any *excess* co-payments paid by you.

Your first plan year runs from July 1, 2010, through December 31, 2010. Subsequent plan years will be from January 1 through December 31. Your deductible occurs each calendar year which means that you will be reimbursed \$150 for out-of-pocket expenses incurred from July 1 through December 31, 2010, and then \$150 for out-of-pocket expenses incurred from January 1 through December 31, 2011. In addition, *after* your deductible has been satisfied and reimbursed to you, the following reimbursement schedule will apply:

Type of Drug	The Hartford Co-Payment	VEBA Co-Payment	Sample Drug Cost	Reimbursement Amount
Generic	\$ 5	\$ 5	\$15	\$ 0
Brand Name	\$25	\$20	\$50	\$ 5
Non-Formulary	\$40	\$35	\$80	\$ 5
Mail-Order Generic	\$10	\$ 5	\$15	\$ 5
Mail-Order Brand Name	\$50	\$20	\$75	\$30
Mail-Order Non-Formulary	\$80	\$35	\$95	\$45

Reimbursement checks will be issued quarterly for any and all claims under \$100 which are properly submitted during the quarter. If your combined claims exceed \$100, a check will be issued within five business days. The first quarterly reimbursements will be issued on September 15th. Thereafter, reimbursements will be issued on December 15th, March 15th, and June 15th. Please allow an additional five business days for mailing as we are aware that it can sometimes take that period of time before you will actually receive your check

For claims submission, our mailing address is:

West Coast Administrators, Inc.
444 West C Street, Suite 350
San Diego, CA 92101-3582

(Mailing labels included for your convenience)

Or if you prefer, our fax number is:

619.232.4440

We look forward to working with the Imperial Valley College in the administration of this program. Should you have any questions, please feel free to contact us at 619.232.4441. Our team will be pleased to assist you.

Best Regards,

Tamara D. DeHaan
Trust Manager