



RITCHIE COUNTY

SCHOOL DISTRICT

James G. Brown, Superintendent of Schools
 134 South Penn Avenue, Harrisville, WV 26362-0216
 Telephone 304.643.2991 / Fax 304.643.2994

Ritchie County Schools

Health Reimbursement Arrangement Form/Voucher

Name of Employee _____

Address _____

Work Location _____

Instructions: Complete all the information requested and attach itemized copies of doctor, dental, optical, insurance statements clearly showing deductibles and co-pays, and/or pharmacy bills, sign, and submit this form accumulated \$600.00 of reimbursable expense.

Date of Expense	Patients Name	Service Provided or RX#	Total to be Reimbursed
Total			

Medical expenses which have been reimbursed under this plan are not deductible by the employee for Federal Income Tax purpose. Expenses covered under a spouses benefit plan do not qualify for reimbursement. Keep a copy of all claims submitted for your records.

 Signature of Employee

 Date

Amount Approved for Payment _____	Office Use Only	_____ Initials
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Health Cost Reimbursement Arrangement Plan

This Health Reimbursement Arrangement (HRA) plan is provided by the Ritchie County Board of Education through the Excess Levy for all regular employees.

Benefit and Eligible Expenses

An employee will be reimbursed up to \$600.00 of "out-of-pocket" eligible expenses per fiscal year for medical, dental, and optical costs and/or prescribed medicine and prescribed medical service costs paid by the employee. If both husband and wife are regular employees of the Board of Education, each is eligible for the annual \$600.00 benefit however, they are not permitted to claim the same expenses.

If any employee does not receive a portion or all of the \$600.00 benefit in a particular fiscal year, the employee may rollover the unused benefit portion into the subsequent year provided that at no time may an employee have over \$1200.00 total benefit.

Employee paid insurance premiums which are a part of 125 cafeteria plans (such as our PEIA, Dental and Vision plans) are not eligible reimbursable expenses under IRS rules.

Eligible Employees

All regular full-time or half-time employees are eligible for reimbursement. Regular employees working a portion of the fiscal year will be eligible for a prorated amount of the benefit based on a 200-day year.

Dependent Coverage

Benefits are applicable to eligible expenses incurred by an employee, his/her spouse and dependents. Dependents must be unmarried children to age nineteen (19) or a full-time student until age twenty-five (25).

Claim

A claim for the current fiscal year (July 1 – June 30), may be filed any time after July 1 when an employee has accumulated \$600.00 in eligible "out-of-pocket" expenses. Only one claim may be submitted per fiscal year and the date for eligible expenses must be between July 1st and June 30th of that current fiscal year.

Any current year claim, including employees with eligible expenses of less than \$600.00, must be submitted no later than thirty (30) days after the close of the fiscal year (June 30). Employees leaving Ritchie County Schools due to retirement, resignation, or any other reason, must submit their claim no later than thirty days after leaving regular employment.

The Ritchie County Board of Education Finance Office will process properly filed claims for payment within 30 days of receipt.

Claim Form:

The claim must be submitted on the form provided by Ritchie County Board of Education and must show an itemized listing of the medical, dental, or optical bills including the:

- Service provided
- Date service was provided
- Patient's name
- Amount of "out-of-pocket" employee has actually paid

AND/OR

Explanation of Benefits provided by Insurance Company

Prescribed medication and prescribed medical service receipts including:

- Patient's name
- Prescription number
- Date of purchase
- Amount of "out-of-pocket" employee has actually paid

Copies of supporting documentation must be attached to the claim form and may include copies of bills, receipts, and insurance statements clearly showing deductibles and/or co-pays for which employees, spouse, or eligible dependents are responsible.