

# Wyoming County Schools

## Dental/Optical/Medical Reimbursement Program

The Wyoming County Board of Education Reimbursement Program is funded through the special levy for the benefit of Board employees. Costs of allowable services performed will be reimbursed under a payment plan set forth by the Wyoming County Board of Education. This Program is not insurance; it is a reimbursable benefit.

### Definitions

**Coverage** - Each employee is eligible for the Dental/Optical/Medical (D/O/M) Program administered under the guidelines of the Wyoming County Board of Education.

**Employees** - Persons hired and assigned duties on a full-time or half-time basis at the start of school are eligible to receive \$1,300 a year in reimbursements. Those hired after the start of school will receive benefits on a prorated basis.

**Eligible Dependents** - Any person or immediate family member (spouse, son, daughter, and/or minor child assigned to the employee by a court) is eligible. Married children are not eligible.

**Age** - All dependents until their twenty-sixth birthday are eligible, unless married. Dependents must be listed on your enrollment form in order to be eligible.

**Plan Year** - The Plan Year begins on July 1 and ends the following June 30. Date of service is used to determine which plan year an expense would fall under. The deadline for submitting reimbursements at the end of a Plan Year is July 31.

### Requesting Reimbursement

To receive reimbursement, the eligible individual receives D/O/M services and the employee submits proof of such to the Business Office, including a signed and dated D/O/M Reimbursement Form. Invoice(s) submitted should total at least \$100. Only the final reimbursement claim, submitted by July 31 at the end of a Plan Year, can be less than \$100. No reimbursement can be made for any pre-payments; any services must be performed before the reimbursement is made.

**Proof of Service Requirements**-Documentation provided to the Business Office to prove service and receive reimbursement must include the following:

1. **Patient Name**
2. **Date of Service**
3. **List of Services Received**
4. **Amount owed by employee after all insurance payments have been made; insurance payment estimates are not acceptable for proof of insurance payment.**

For those with PEIA health insurance, Health Smart EOB (Explanation of Benefits) forms have all required information and are almost always sufficient to prove service and receive **medical** reimbursement. These EOB forms are mailed to you after a medical visit and can also be printed at the following website after creating an account: <https://myhealth.healthsmart.com>

No expenses incurred in one Plan Year can be carried over to the next Plan Year, with the exception of braces. If you receive dental or optical services that are eligible for PEIA coverage, such as impacted teeth, you must wait until you receive notification of the amount PEIA has paid for this service before filing a claim for reimbursement.

If you or your eligible dependents are covered by a private dental, optical, or medical insurance plan, apart from any PEIA coverage, **you must submit your claim to that insurance plan prior to claiming benefits from this program.**

### **Allowable Services**

**Medical:** Any medically necessary service provided by a licensed medical professional and covered by the employee's health insurance is eligible for reimbursement. Prescriptions written by a doctor and filled by a pharmacist are also eligible.

**Dental:** Polishing, fillings, fluoride, extractions, x-rays, root canals, crowns, oral surgery, dentures, bleaching, and braces.

Braces are the only service eligible to for reimbursement over multiple Plan Years. To be eligible, submit a copy of the signed contract between you and the orthodontist showing how much is owed. You may then request a reimbursement at the beginning of each year that is applied toward the braces.

**Optical:** Refractions, ophthalmoscopy, tonometry, eyeglass frames, lenses, contacts, and laser eye surgery.

### **Non-Allowable Services**

Cosmetic surgery, otc medicine or supplies, non-prescription sunglasses, and any services not furnished by authorized professional personnel are not eligible for reimbursement. If you have a question regarding the reimbursement eligibility of a specific service, please call the business office.

### **\*\*Tips for Submitting a Successful Claim\*\***

1. Ensure all four Proof of Service Requirements are accounted for on the documents you are submitting. If submitting multiple documents for a single visit to satisfy the Proof of Service Requirements, please staple those documents together and highlight each Proof of Service.
2. If you have PEIA health insurance, Health Smart EOB forms are preferred for medical reimbursement claims and have all required information. They are mailed after each medical visit and can also be printed at the website on the previous page.
3. Ensure any insurance(s) have paid their portion before submitting a reimbursement claim; an insurance estimate is not sufficient, it must be the actual insurance payment.



## How to File for Reimbursement

1. Receive your EOBs or invoices to establish proof of service and ensure they include all four Proof of Service Requirements. If they do not, please gather additional documentation.
2. Obtain a Reimbursement Form and fill it out, making sure it is legible and has been signed and dated at the bottom.
3. Submit the Reimbursement Form along with any EOBs, invoices and supporting documentation to the Business Office through the inter-office mail or at:

Wyoming County Board of Education  
Dental/Optical/Medical Plan  
PO Box 69  
Pineville, WV 24874-0069

## Questions and Answers

**Q. When does the reimbursement program begin?**

A. The beginning date is July 1 of each year.

**Q. How long must I wait for my reimbursement check?**

A. Reimbursements are processed and mailed once a month, between the 15<sup>th</sup> and 20<sup>th</sup>.

**Q. When should I submit a reimbursement claim?**

A. Once you have accumulated at least \$100 in charges you may submit a reimbursement claim. Only the final claim made at the end of a Plan Year can be less than \$100. Claims must be in the Business Office by the 10<sup>th</sup> of a given month to guarantee it is processed the same month. You may submit a claim after the 10<sup>th</sup>, but it might not be processed until the following month.

**Q. How many Reimbursement Forms do I need to fill out?**

A. Only one Reimburse Form is required when making a claim. Multiple dependents and multiple doctor visits may all be listed on the same Reimbursement Form.

**Q. What if there is a problem with my submission?**

A. Incomplete submissions will be mailed back to the employee with a note explaining the problem. You may then gather any additional documentation needed and re-submit the claim.

**Q. Must I pay the bill before I can receive my benefits?**

A. No, as long as services have been rendered and you have submitted proof for these services, you will be reimbursed.

**Q. What if I can't meet the Proof of Service Requirements from a single document?**

A. You may submit multiple documents covering the same visit to meet the requirements. However, please staple the pages together and highlight each Proof of Service Requirement. Additional documents submitted for proof of a single visit increase the chance a submission will have to be returned to the employee for further clarification. A single document is always preferred if all Proof of Service Requirements are met.