

REIMBURSABLE	AMOUNT	DUE DATE	REQUIRED DOCUMENTS
Prescription Co-Pay ****	\$5.00/Prescription Non Maintenance Only Unless Exempted by Physician	School Year (July- June) Any time during school year with the exception of June- Final yearly claim due by June 30	Completed claim form with invoices attached Register receipts are not acceptable
Deductible Claim ****	\$75.00 / Individual/Year \$225/Family/Year	Calendar Year Jan-Dec Anytime during calendar year that deductible is met. Final claim by January 31	Completed Claim form with copy of your Medicare statement.
Medicare Part B	Base Amount – Only what is deducted from your monthly Social Security check and not reimbursed to you from any other entity	Calendar Year Due to Business Office on date listed on Letter sent from District Office	Completed claim form with copy of your Medicare card and SSA-1099

*** This reimbursement option ONLY pertains to teachers that retired prior to July 1, 2007