Your employer is providing you with tax-free reimbursement for certain qualified medical expenses through a MERP – Medical Expense Reimbursement Plan. Group Dynamic, Inc. reimburses you for eligible expenses upon receipt of required documentation.

**Effective date: July 1, 2013**

### Basic Facts About Your MERP Benefits:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is eligible for reimbursement?</td>
<td>Employees and IRS-defined dependents enrolled in the Harvard Pilgrim Best Buy HMO or PPO group health plan.</td>
</tr>
<tr>
<td>What types of expenses are reimbursed?</td>
<td>Deductible as defined by the Harvard Pilgrim Plan.</td>
</tr>
<tr>
<td>What is the coverage period?</td>
<td>The coverage period is a calendar year from January 1 to December 31.</td>
</tr>
<tr>
<td>When do I submit a request for reimbursement?</td>
<td>Submit your request upon receipt of a Claims Activity Summary from Harvard Pilgrim.</td>
</tr>
<tr>
<td>What documentation do I need to request a reimbursement?</td>
<td>Submit the Explanation of Benefits that Harvard Pilgrim sent you with a signed Reimbursement Request Form to Group Dynamic (see reverse side).</td>
</tr>
<tr>
<td>How do I submit a request for reimbursement?</td>
<td>Submit your request to Group Dynamic, Inc. via e-mail, fax or mail.</td>
</tr>
<tr>
<td>How much time do I have to submit my request for reimbursement?</td>
<td>You have 90 days after December 31 to submit requests. If your coverage terminates mid-year then you have 90 days from the coverage end date to submit requests.</td>
</tr>
<tr>
<td>How can I check the status of a reimbursement request?</td>
<td>Access the Participant Portal from GDI’s website at <a href="http://www.gdynamic.com">www.gdynamic.com</a> to view all account transactions.</td>
</tr>
</tbody>
</table>

### Here is How the Plan Shares Expenses with You:

<table>
<thead>
<tr>
<th>Total Deductible</th>
<th>Out of Pocket Requirement (you pay the first):</th>
<th>MERP Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single:</td>
<td>$1000</td>
<td>$500</td>
</tr>
<tr>
<td>Two Person:</td>
<td>$2000*</td>
<td>$1000*</td>
</tr>
<tr>
<td>Family:</td>
<td>$3000*</td>
<td>$1500*</td>
</tr>
</tbody>
</table>

*Health Plan Deductible and MERP benefits are capped at the Single Plan level for individuals who are part of a Two Person Family Plan.

See Reverse for Important Information

June 5, 2013
Franklin Pierce University  
Medical Expense Reimbursement Plan  
Reimbursement Request Form

EMPLOYEE INFORMATION

Employee Name (please print):

Last 4 digits of your Social Security Number:

IMPORTANT INFORMATION FOR SUBMITTING A REQUEST FOR REIMBURSEMENT

1. Receive your medical care as you normally would. Your medical care provider will file claims with Harvard Pilgrim.

2. Provide clear copies of the Claims Activity Summary. These statements are mailed to you after your medical services have been processed by Harvard Pilgrim. You may also be able to print a copy from their web site.

   Group Dynamic Inc. cannot reimburse you without clear documentation that you incurred eligible expenses and met any out-of-pocket requirement.

3. Enter your name, last four digits of your Social Security Number and sign this Reimbursement Request Form.

4. Submit your Request using one of the following methods:
   - Scan & Email to: claims@gdynamic.com
   - Fax to: 207-781-3841
   - Mail to: Group Dynamic, Inc., 411 US Route One, Falmouth, Maine 04105.

   GDI processes reimbursements on a weekly basis for requests and supporting documentation received by noon on Tuesday.

5. View account activity, account balance and access other information on the Participant Portal:
   - Go to GDI’s website at www.gdynamic.com and click on Participant Login
   - Temporary Username: first name/state abbreviation/last 5 digits of SSN (Example: lisame12345)
   - Temporary Password: first initial/state abbreviation/zipcode Example: (lme04105)
   - You will be asked to create a new username and password after your initial login

REIMBURSEMENT REQUEST

I request reimbursement for my qualified medical expenses as indicated on the attached documentation. I certify that I incurred these expenses as a participant in the MERP established by the employer named above and that these expenses must qualify for reimbursement under the terms of my employer’s plan and the Internal Revenue Code and cannot be claimed as credits or deductions on my personal income tax return. I understand reimbursements from this plan are paid from my employer’s MERP and I acknowledge that I am responsible for paying each provider for the medical services received. I have retained copies of the documentation included with this request. I understand materials submitted will not be returned to me.

EMPLOYEE SIGNATURE AND DATE

Signature
Date

Questions?
Contact GDI’s Reimbursement Team at 800-626-3539 Monday to Friday, 8:00am – 5:00pm ET.

See Reverse for Important Information  

June 5, 2013
ABOUT YOUR
Activity Summary

We know health care can be complicated. We created our Activity Summary to help you better understand the claims we’ve processed for services you’ve received.

Your Activity Summary is not a bill. Your monthly summary provides helpful information for you to track the progress you’ve made in satisfying your financial responsibility under your plan, such as deductible, coinsurance (if applicable) and/or other out-of-pocket expenses.

HOW TO USE THIS INFORMATION

1. Review your Activity Summary.
2. Wait to receive a bill from your provider.
3. Compare your provider’s bill with the information in your Activity Summary for accuracy. Be sure that the type of service noted on the Summary is the same as the service stated on your provider’s bill.
4. Remember to check the following:
   - Your own records. You already may have paid a portion of your provider’s bill (e.g., you may have paid your copayment amount at the time you received care).
   - Explanation code. Refer to the explanation code for more details on how the claim was processed. For example, the code might indicate that we need additional information to process the claim.
   - Your provider’s bill will usually match the “Your Responsibility” column in this Activity Summary.

When will you receive your Activity Summary?

A new summary will post each month to your secure HPHConnect for Members account at www.harvardpilgrim.org. You’ll receive a monthly activity summary in the mail when you are responsible for a deductible, coinsurance or an amount not covered by your plan. If you don’t yet have an HPHConnect account, you can create one when visiting the member section of our Web site.

Need additional benefit details?

If you’re looking for specific information not included in your Activity Summary, please refer to your Schedule of Benefits or Summary of Benefits and/or your Benefit Handbook. You received these documents shortly after receiving your member ID card. They’re also available online through Hurcheon, or you can call us.

Want to talk to a Harvard Pilgrim representative? If you still have questions after talking to your provider, call Member Services at (888) 333-4742. A representative is available to take your call weekdays between 8:00 a.m. and 5:30 p.m., or until 7:30 p.m. on Monday and Wednesday evenings, at (888) 333-4742. For TYTO service, call (800) 637-8257.

This information refers to products and services offered by Harvard Pilgrim Health Care and its affiliates, including Harvard Pilgrim Health Care of New England and HPHC Insurance Company.
### Definitions

1. **Provider Charge** – The dollar amount the provider (e.g., physician, hospital or clinician) billed Harvard Pilgrim for this service.

2. **Amount Denied** – The dollar amount Harvard Pilgrim did not pay. If an amount appears in this field, refer to the Explanation Code for the reason.

3. **Explanation Code** – This code will explain whether the claim was paid or denied and the reason for the action taken.

4. **Harvard Pilgrim Negotiated Rate** – The dollar amount Harvard Pilgrim pays the provider based on our contract with that participating provider.


6. **Deductible Applied** – The dollar amount applied to the yearly deductible you must pay before your health plan begins paying for certain covered services. This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount.

7. **Coinsurance** – A percentage of the cost of covered services that you must pay, when applicable.

8. **Your Copayment** – A fixed dollar amount you pay for certain covered services. You may have already paid your copayment at the time of the visit. This field may also include any penalties a member may incur if prior approval is not received when required.

9. **Your Responsibility** – Total amount you are responsible for paying. It may include a copayment, deductible, coinsurance and/or denied amounts for services not covered by your plan. You may have already paid your copayment.

### Family Deductible Summary Year-to-Date

<table>
<thead>
<tr>
<th>Provider</th>
<th>Annual</th>
<th>IN-NETWORK</th>
<th>Remaining</th>
<th>OUT-OF-NETWORK</th>
<th>Applied</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph B.</td>
<td>$1,000.00</td>
<td>$980.48</td>
<td>$1,019.52</td>
<td>$2,000.00</td>
<td>$141.00</td>
<td>$1,559.00</td>
</tr>
<tr>
<td>Mark L.</td>
<td>$1,000.00</td>
<td>$34.56</td>
<td>$965.44</td>
<td>$2,000.00</td>
<td>$141.00</td>
<td>$1,559.00</td>
</tr>
<tr>
<td>Amy L.</td>
<td>$1,000.00</td>
<td>$141.00</td>
<td>$859.00</td>
<td>$2,000.00</td>
<td>$920.48</td>
<td>$799.52</td>
</tr>
<tr>
<td>Edward G.</td>
<td>$1,000.00</td>
<td>$0.00</td>
<td>$1000.00</td>
<td>$2,000.00</td>
<td>$34.56</td>
<td>$965.44</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$2,000.00</td>
<td>$1,296.04</td>
<td>$903.96</td>
<td>$2,000.00</td>
<td>$1,237.04</td>
<td>$762.96</td>
</tr>
</tbody>
</table>

*Your Deductible Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2013.*

### Family Out-of-Pocket Maximum Summary Year-to-Date

<table>
<thead>
<tr>
<th>Provider</th>
<th>Annual</th>
<th>IN-NETWORK</th>
<th>Remaining</th>
<th>OUT-OF-NETWORK</th>
<th>Applied</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph B.</td>
<td>$2,000.00</td>
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<td>$1,019.52</td>
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<td>$141.00</td>
<td>$859.00</td>
<td>$2,000.00</td>
<td>$920.48</td>
<td>$799.52</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$4,000.00</td>
<td>$1,296.04</td>
<td>$903.96</td>
<td>$4,000.00</td>
<td>$1,237.04</td>
<td>$762.96</td>
</tr>
</tbody>
</table>

*Your Out-of-Pocket Maximum reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2013.*

10. **Deductible** – A dollar amount you must pay yearly before certain services are covered under your health plan.

11. **Out-of-pocket Maximum** – A limit on the amount of copayments, coinsurance and deductibles that you must pay yearly for covered services. Please refer to your Benefit Handbook and Schedule of Benefits for specific information on the out-of-pocket maximum that applies to your plan.

### Pharmacy Details

#### Joseph B. Smith ACTIVITY DETAILS 2/1/2010-2/28/2010

<table>
<thead>
<tr>
<th>Date Filled</th>
<th>Rx Number</th>
<th>Drug Name</th>
<th>Prescribing Clinician</th>
<th>Pharmacy Billed Amount</th>
<th>Deductible Applied</th>
<th>Coinsurance</th>
<th>Your Copayment</th>
<th>Your Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/11/2010</td>
<td>M3313467932</td>
<td>ZIPFLO CR TAB 600MG</td>
<td>Dr. Provider</td>
<td>$388.89</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$120.00</td>
<td>$120.00</td>
</tr>
</tbody>
</table>

12. **Pharmacy Billed Amount** – The dollar amount billed by the pharmacy for this drug.
At Your Fingertips

Get HPHConnected to take full advantage of your Harvard Pilgrim membership!
Available at www.harvardpilgrim.org

Harvard Pilgrim HealthCare

Check your benefits and plan details
Change your PCP and request an I.D. card
Compare hospitals and prepare for procedures
Access tools to help manage chronic conditions
Review your Personal Health Record, including: medication and claims history, visit summary, illnesses/conditions and more.

Take control of your health with an HPHConnect for Members account.
With your secure, password-protected account, you have around-the-clock access to your plan information, plus health-improvement and decision-making tools from your home or office.

Get started today!
- Go to www.harvardpilgrim.org and select “Members”
- Under Your Account, select “Create an account”
- Enter your Harvard Pilgrim I.D. number (from your I.D. card), birth date, Zip Code and the last four digits of the subscriber’s Social Security number
- Choose a username and password to activate your account

Questions? Call Member Services at (888) 333-4742 Monday through Friday from 8:00 a.m. to 5:30 p.m., and until 7:30 p.m. on Mondays and Wednesdays.
(TDD: (800) 637-8257)

NOTE: HPHConnect accounts are available to members 18 and older. Some features are available to subscribers only.

Harvard Pilgrim HealthCare

This information refers to plans offered by Harvard Pilgrim Health Care and its affiliates, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.