

## HRA Overview for Franklin Pierce University

Your employer is providing you with tax-free reimbursement for certain health care expenses through an HRA - Health Reimbursement Arrangement (details below).

- **Your Group Health Insurance Carrier is Harvard Pilgrim Health Plan.** Your carrier processes your medical insurance claims prior to your submission of your claim to the HRA. Please see information below for documentation necessary for your HRA reimbursement request.
- **GDI (Group Dynamic, Inc.) provides your HRA reimbursement** after you have incurred deductible expenses. This information sheet is provided to help you manage your HRA benefits.

Who is eligible for the HRA reimbursement?	Employees and qualified dependents enrolled in the Harvard Pilgrim Best Buy HMO or PPO Group Health Plans.	
What types of expenses are reimbursed?	Deductible expenses as defined by the Harvard Pilgrim Best Buy HMO or PPO Group Health Plan.	
Is proof that you have paid the provider’s bill required before HRA reimbursement?	No	
Here is how the HRA splits deductible expenses with you:		
Total Harvard Pilgrim Health Plan Deductible	Participant Pays First:	HRA Pays Last:
Single plan: \$1000	\$500	\$500
Employee plus 1: \$2000*	\$1000*	\$1000*
Family plan: \$3000* *Capped at \$1000 per person	\$1500* *Capped at \$500 per person	\$1500* *Capped at \$500 per person

### **Important Instructions for filing an HRA claim with GDI:**

1. Obtain your medical services as you normally would. Your provider will file claims with the insurance carrier.
2. Complete a GDI HRA Reimbursement form tailored to your company. Provide clear copies of the carrier Activity Statement that comes to you in the mail after your claims have been processed. IT IS IMPORTANT THAT GDI BE ABLE TO SEE THAT YOU HAVE INCURRED YOUR OUT-OF-POCKET EXPENSE AS DEFINED ABOVE BEFORE WE CAN REIMBURSE YOU.
3. **THREE EASY WAYS TO SUBMIT A CLAIM:**
  - Scan & Email to: [claims@gdynamic.com](mailto:claims@gdynamic.com);
  - Fax to: 207-781-3841; or
  - Mail to: Group Dynamic, Inc., 411 US Route One, Falmouth, Maine 04105.
4. **GDI will mail reimbursement checks to your home** on a weekly basis provided we have received your request and applicable documentation by noon on Tuesday.
5. **RESOURCES FOR YOU:**  
If you have questions regarding your HRA benefit, please feel free to contact GDI at 1-800-626-3539 or 207-781-8800. Mention your employer name and ask to be directed to Customer Service.

## HRA CLAIM FORM

Franklin Pierce University

HRA Claim Year: January 1 through December 31, 2013

Health Plan Renewal Date: July 1

For GDI Use Only

Auditor:

Claim #:

### EMPLOYEE INFORMATION

Employee Name : SS #

### PLAN PARAMETERS

**Maximum Reimbursement:** \$500 Single / \$1000 Ee + 1/ \$1500 Family  
AFTER single incurs \$500 / ee + 1 \$1000 / family incurs \$1500

**Eligible Expenses:** Deductible

**Eligible Participants:** Employee and IRS-defined dependents enrolled in the Harvard Pilgrim HMO or PPO Group Health Plans

**Claim Reimbursement Submit:** HRA Claim Form with Harvard Pilgrim Explanation of Benefits (EOB)

**Submit Claims to:** Group Dynamic, Inc.  
**Address:** 411 U.S. Route One, Falmouth, ME 04105  
**Email:** Claims@gdynamic.com **Fax:** 207-781-3841

I request reimbursement for my qualified medical expenses as itemized on the attached substantiation.  
I certify that I incurred these expenses as a participant in the HRA Plan 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.  
I understand that reimbursements from this plan are paid from my employer's HRA Plan and I acknowledge that I am responsible for paying each provider for the medical services received. I have retained copies of the documentation enclosed with this request. I understand that materials submitted will not be returned to me.

**SIGNATURE:**

**DATE:**

GDI Use Only - E

Reimbursement requests received before 12 Noon (ET) on Tuesday will be processed that week.

Requests received after 12 Noon on Tuesday will be processed the following week.

**PHONE:** 207-781-8800 or 800-626-3539

**Website:** www.gdynamic.com



# At Your Fingertips

Get **HPHConnected** to take full advantage of your Harvard Pilgrim membership! Available at [www.harvardpilgrim.org](http://www.harvardpilgrim.org)



Harvard Pilgrim  
Health Care

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.

- ▶ 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](http://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.



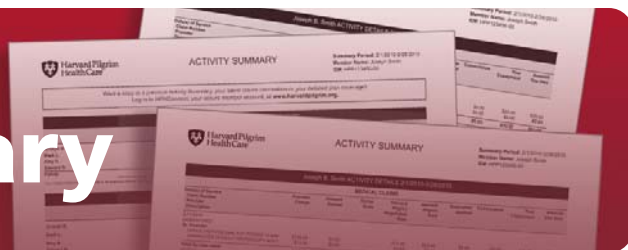
Harvard Pilgrim  
Health Care

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.

cc2303 9\_10



# 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.

[See reverse for helpful definitions >](#)

## 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](http://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.



Harvard Pilgrim  
HealthCare

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.

## Key Words in Your Activity Summary

MEDICAL CLAIMS									
Date(s) of Service Claim Number Provider Description	Provider Charge	Amount Denied	Explanation Code	Harvard Pilgrim Negotiated	Harvard Pilgrim Paid	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility
	1	2	3	4	5	6	7	8	9

### 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.

#### 5 Harvard Pilgrim Paid –

The dollar amount Harvard Pilgrim paid for each service.

#### 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

	Annual	IN-NETWORK		Annual	OUT-OF-NETWORK	
		Applied	Remaining		Applied	Remaining
Joseph B.	\$1,000.00	\$920.48	\$79.52	\$1,000.00	\$141.00	\$859.00
Mark L.	\$1,000.00	\$34.56	\$965.44	\$1,000.00	\$141.00	\$859.00
Amy R.	\$1,000.00	\$141.00	\$859.00	\$1,000.00	\$920.48	\$79.52
Edward G.	\$1,000.00	\$0.00	\$1000.00	\$1,000.00	\$34.56	\$965.44
Family	\$2,000.00	\$1,096.04	\$903.96	\$2,000.00	\$1,237.04	\$762.96

Your Deductible Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2010.

### FAMILY OUT-OF-POCKET MAXIMUM SUMMARY YEAR-TO-DATE

	Annual	IN-NETWORK		Annual	OUT-OF-NETWORK	
		Applied	Remaining		Applied	Remaining
Joseph B.	\$2,000.00	\$980.48	\$1,019.52	\$2,000.00	\$141.00	\$1,859.00
Mark L.	\$2,000.00	\$34.56	\$1,965.44	\$2,000.00	\$141.00	\$1,859.00
Amy R.	\$2,000.00	\$141.00	\$1,859.00	\$2,000.00	\$920.48	\$79.52
Edward G.	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$34.56	\$1,965.44
Family	\$2,000.00	\$1,096.04	\$903.96	\$2,000.00	\$1,237.04	\$762.96

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

This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount.

**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.

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

PHARMACY CLAIMS					
Date Filled Rx Number Drug Name Prescribing Clinician Pharmacy	Pharmacy Billed Amount	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility
2/11/2010 M33134476302 ZYFLO CR TAB 600MG Dr. Provider	\$389.89	\$0.00	\$0.00	\$120.00	\$120.00

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