



Maine Media College Health Reimbursement Arrangement Benefit Overview

Your employer is providing you with tax-free reimbursement for certain qualified medical expenses through an HRA – Health Reimbursement Arrangement. Group Dynamic, Inc. reimburses you for eligible expenses upon receipt of required documentation.

Effective Date: December 1, 2020

Basic Facts about your HRA Benefits:	
Who is eligible for reimbursement?	Employees and IRS-defined dependents enrolled in the Harvard Pilgrim Health Care Maine's Choice HMO HSA group health plan.
What types of expenses are reimbursed?	Deductible including Prescriptions as defined by the Harvard Pilgrim Health Care plan.
What is the coverage period?	The coverage period is a calendar year from January 1 to December 31.
How do I submit a request for reimbursement?	You do not need to submit requests. Harvard Pilgrim Health Care will electronically feed claim data to GDI. We process your reimbursements based on the data they provide according to the plan parameters set by your employer.
How can I check the status of a reimbursement request?	Access the Participant Portal from GDI's website at www.gdynamic.com to view all account transactions.
What happens if my coverage ends mid-year?	If your coverage ends mid-year (due to termination of employment or change in eligibility status), claims incurred during your coverage period will continue to be processed for 90 days after your coverage end date.
May I waive HRA coverage?	Yes, any eligible employee may opt-out of HRA coverage. Please contact your employer.
Who is NOT eligible for HRA Reimbursements?	Company shareholders, domestic partners or participants with secondary medical coverage may be required by the IRS to waive HRA coverage. See your employer for more information.

Here is How the Plan Shares Expenses with You:			
Deductible:	You Pay the First:	HRA Pays 67% of Claims	Your % Share of Claims:
Single: \$4000	\$1000	\$2010	\$990
Family: \$8000*	\$2000*	\$4020*	\$1980*

**Health Plan Deductible & HRA benefits are capped at the Single Plan level for individuals who are part of a Family Plan.*

1. Receive your medical care as you normally would. Your medical care provider will file claims with Harvard Pilgrim Health Care.
2. Harvard Pilgrim Health Care will send Group Dynamic, Inc. an electronic report of eligible expenses on a regular basis. This data will go into our claims system. Claim payment is in the form of a check from Group Dynamic, Inc. to you at your home address, or a direct deposit to your bank account. The payment from GDI will be based upon the application of your company's Health Reimbursement Arrangement design to the actual claims sent to us by Harvard Pilgrim Health Care.
3. We encourage you to use Harvard Pilgrim Health Care's website (www.HarvardPilgrim.org) to see the details of each claim that may have been processed for you. This will help you to identify the amount received from Group Dynamic, Inc.
4. View account activity, account balance and access other information on the Participant Portal:
 - Go to GDI's website at www.gdynamic.com and select 'Participants' from the Log In menu;
 - Are you a New User? Click the link to create a new username and password.

Questions?

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

Use the Participant Portal to View HRA Claim History

Data Feed HRA Plans that Reimburse Participants

Get Started at the GDI Home Page

- Go to www.gdynamic.com
- Click **Log In** at the top right side of the screen, select **Participants**
- Enter your Username and Password
- If you are a **New User**, create your **Username** and **Password**

Login

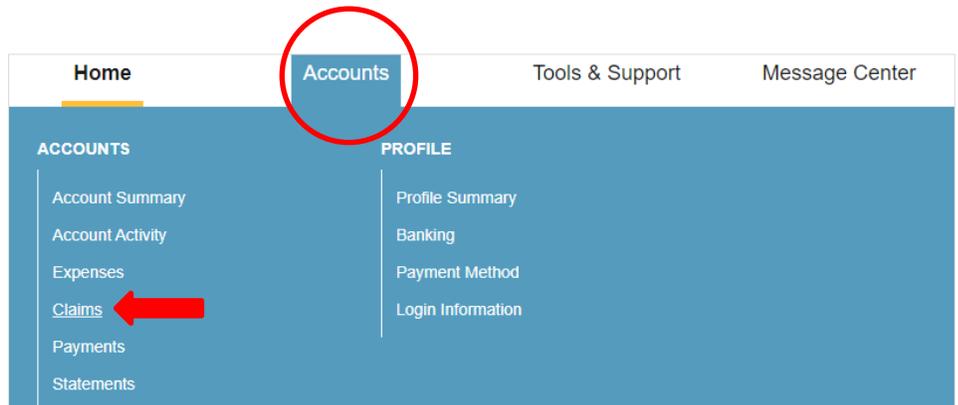
Existing User?
Login to your account

Username [Forgot Username?](#)

Password [Forgot Password?](#)

Once you have logged in to the Participant Portal, select **Accounts** and choose **Claims**:

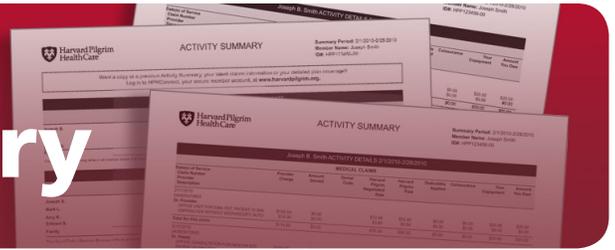
The **Claims** feature allows you to view all HRA claims that GDI received and processed, along with details about each claim.



Click on any claim to expand the view to include **Claim Details**. Use this information to track and compare your HRA reimbursements with your provider statements and health insurance carrier's explanation of benefits:

DATE OF SERVICE ▾	ACCOUNT	MERCHANT/PROVIDER	CLAIM STATUS	AMOUNT
05/22/2020	HRA 2019	Massachusetts General	Paid	\$32.09
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Claim Details</p> </div> <div style="width: 35%;"> <p>Claim Number: 265700200605E0000301</p> <p>Recipient: Anna Fontana</p> <p>Payee: Anna Fontana</p> <p>Source: Health Plan</p> <p>Receipt Status: Not Needed</p> </div> <div style="width: 30%;"> <p>Date(s) of Service: 05/21/2020</p> <p>Paid: \$32.09</p> <p>Carrier: Blue Cross Blue Shield</p> <p>Company ID: 53859000</p> <p>CXC ID: 11265196</p> <p>EOB: 0647AHKV01</p> <p>Patient: ANNA FONTANA</p> <p>Rendering Provider: FREDERICK JONES</p> <p>DOS: 05/21/2020</p> </div> </div>				

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 note. Refer to the explanation note for more details on how the claim was processed. For example, the note 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 member 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 a member account, you can create one when visiting the member section of our website.

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*. These documents are available in your secure member account, 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 Monday, Tuesday and Thursday 8 a.m. to 6 p.m., Wednesday 10 a.m. to 6 p.m. and Friday 8 a.m. to 5:30 p.m. at (888) 333-4742. For TTY service, call 711.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company.

Key Words in Your Activity Summary (also called a Summary of Payment)

MEDICAL CLAIMS									
Date(s) of Service Claim Number Provider Description	Provider Charge	Amount Denied	Explanation Note	Allowed Amount	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 Note for the reason.
- 3 Explanation Note** – This note will explain whether the claim was paid or denied and the reason for the action taken.

4 Allowed Amount – The maximum amount that Harvard Pilgrim will pay a provider for covered services. If Medicare is the primary payor, this field will show the amount allowed under Medicare. If you have a POS or a PPO plan and you see a non-participating provider, it's possible that the provider will charge more than the allowed amount for the care you received. In that case, you would be responsible for paying the difference. This is sometimes called "balance billing."

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. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments do not count toward your deductible.

7 Coinsurance – A fixed percentage of costs that you pay for certain covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

8 Your Copayment – A flat dollar amount you pay for certain covered services. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs).

Copayments are normally due when you have your appointment or when you pick up prescriptions from the pharmacy.

9 Your Responsibility – The 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.

10 FAMILY DEDUCTIBLE SUMMARY YEAR-TO-DATE

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
John 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 2/28/201

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

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
John 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 – 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. If you have a \$2,000 annual deductible, for example,

you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments do not count toward your deductible.

11 Out-of-Pocket Maximum – The total amount of cost sharing you have to pay annually for covered services. This generally includes

copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

MARY BROWN ACTIVITY DETAILS 1/1/2018-1/31/2018

PHARMACY CLAIMS							
Date Filled RX Number Drug Name Prescribing Clinician Pharmacy	Pharmacy Billed Amount	Discount Rate	Harvard Pilgrim Paid	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility
1/9/2017 123456 MESALAMINE 800MG DR TABLET DOE, JOHN ABC PHARMACY	12 \$640.99	\$524.42	\$499.42	\$0.00	\$0.00	\$25.00	\$25.00

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