



Ledyard Board of Education 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: July 1

Basic Facts About Your HRA Benefits:

Who is eligible for reimbursement?	Employees, IRS-defined dependents, and domestic partners enrolled in the Anthem Lumenos group health plan, who are not eligible for an HSA.
What types of expenses are reimbursed?	Deductible including Prescriptions as defined by the Anthem Plan.
What is the coverage period?	The coverage period is a plan year from July 1 to June 30.
When do I submit a request for reimbursement?	Submit your request upon receipt of an Explanation of Benefits from Anthem, or upon incurring a prescription expense at the Pharmacy.
What documentation do I need to request a reimbursement?	Submit the Explanation of Benefits that Anthem sent you, or an itemized receipt from the Pharmacy, with a signed Reimbursement Request Form to Group Dynamic (see reverse side).
How do I submit a request for reimbursement?	Submit your request to Group Dynamic, Inc. via e-mail, fax or mail.
How much time do I have to submit my request for reimbursement?	You have 90 days after June 30 to submit requests. If your coverage terminates mid-year then you have 90 days from the coverage end date to submit requests.
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.
Who is NOT eligible for HRA Reimbursements?	Company shareholders 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:

Total Deductible:	HRA Pays the First:	You Pay the Last:
Single: \$2000	\$1000	\$1000
Family: \$4000	\$2000	\$2000

See Reverse for Important Information



Ledyard Board of Education Health Reimbursement Arrangement 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 Anthem.
2. Provide clear copies of the Explanation of Benefits (EOBs) or the itemized receipt from the pharmacy. The EOBs are mailed to you after your medical services have been processed by Anthem. 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
 - Are you a New User? Click on the link to create your new username and password.

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 HRA 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 HRA 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

Click

Home | **Benefits** | Claims | Health & Wellness | Customer Support

Overview | Profile | **Find / Rate a Doctor** | Estimate Your Cost | Discounts



Welcome, Charlie

Get your annual checkup

Many of our plans offer 100% coverage for preventive care!



My Messages

You have no new messages

[View Message Center](#)

Benefits

[Medical](#) | [Pharmacy](#) | [Dental](#) | [Vision](#)

[View All Benefits](#)

Active Coverage

Eligibility Start Date: 1/1/2011 Member ID: 763A73182
 Group Name: WEB CDH TEST DEMO
 Group: CDHTST

[Watch Benefits Video](#)

Your Accounts

Loading...

Recent Claims

Number	Date	For	Type	Doctor/Facility Rate Doctor	Total	Member Responsibility	Status	EOB Form
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Loading...

Your pharmacy claims data is available on the site of our pharmacy plan administrator. [Click here](#) to visit their site

Notice: Members with termed Pharmacy Benefits will be unable to access pharmacy benefit information after clicking on the above link.

WELCOME [Profile](#) | [Log out](#)

CHARLIE

Last Visit: Thu, Jan 17, 2013 at 10:07 EST

[Compose](#) | 0 Messages

0 Alerts

Currently Viewing:

MEDICAL / PHARMACY / DENTAL / VISION

Member ID: 763A73182

Group Name: WEB CDH TEST DEMO

Group: CDHTST

USEFUL TOOLS

- [FIND A DOCTOR](#)
(Dentist, Pharmacy, or Hospital)
- [ESTIMATE YOUR COST](#)
(Procedure or Treatment)
- [PRESCRIPTION BENEFITS](#)
- [CHECK CLAIM STATUS](#)

ZAGAT. Health Survey

Have something to say about your doctor?

Share your thoughts on your doctor.

[View Demo > Rate Your Doctor >](#)



Home | Benefits | Claims | Health & Wellness | Customer Support

Overview | Medical | Pharmacy | Dental | Vision | **Health Savings Account (HSA)**

Compose | 0 Messages

0 Alerts

Active Coverage

Eligibility Start Date: 1/1/2011 Member ID: 763A73182
Group Name: WEB CDH TEST DEMO
Group: CDHTST

[Watch Benefits Video](#)

Your Accounts

Your account balance cannot be viewed online. For more information contact [Customer Support](#).

Currently Viewing:

MEDICAL / PHARMACY / DENTAL / VISION

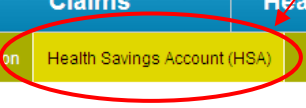
Member ID: 763A73182
Group Name: WEB CDH TEST DEMO
Group: CDHTST

- ### USEFUL TOOLS
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(Dentist, Pharmacy, or Hospital)
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(Procedure or Treatment)
 - [PRESCRIPTION BENEFITS](#)
 - [CHECK CLAIM STATUS](#)

- ### Benefits Resources
- [View My Plan Documents](#)
 - [View all Forms](#)
 - [Compare Facility Cost and Quality](#)
 - [Compare Treatment Costs](#)
 - [Compare Plan Coverage Options](#)
 - [Launch Retirement Calculator](#)

- ### Helpful Definitions / Glossary
- [Deductible](#)
 - [Out-of-Pocket Maximum](#)

Click



Account Information | [Review Your Account Spending](#)

Coverage Period: Jan 01, 2013 to Present

Plan Name: CO LUMENOS HSA PPO
Effective Date: 01/01/2013

Select the quarter and click view



Your Health Savings Account banking information is not managed by Anthem. Please contact your Human Resource Manager or Benefit Administrator to determine which bank website you should visit to access your information.

View your health statement

Select a statement date

12/31/2012

VIEW

Currently Viewing:

MEDICAL / PHARMACY / DENTAL / VISION

Member ID: 763A73182

Group Name: WEB CDH
TEST DEMO

Group: CDHTST

USEFUL TOOLS

- [FIND A DOCTOR](#)
(Dentist, Pharmacy, or Hospital)
- [ESTIMATE YOUR COST](#)
(Procedure or Treatment)
- [PRESCRIPTION BENEFITS](#)
- [CHECK CLAIM STATUS](#)

Helpful Definitions / Glossary

- [Adjudication](#)
- [Covered Services](#)
- [Internal Revenue Service \(IRS\)](#)

FAQs

- ▶ What if my spouse has an HSA, too?
- ▶ What if I have money left in my HSA at the end of each plan year?

A pop-up screen will appear with the PDF recap report

Health Savings Account

Click to decrease the magnification of the entire page

Anthem. Health. Join In. 6740 N HIGH ST
WORTHINGTON, OH 43085

Your Quarterly Health Plan Status

For the Period from 10/01/2012 to 12/31/2012

Account Holder:
CHARLIE TEST

Health Program ID:
XFW763A73182

Group:
CDHTST0002

Coverage Type:
Single

Date Prepared:
01/04/2013

You can also view this statement online.
Log on to anthem.com for more details

CHARLIE TEST
6740 N HIGH ST
COLUMBUS, OH 43085

Summary of Annual Benefit For Coverage Effective 01/01/2012

Maximum Contribution Allowed for Tax Year 2012:	\$ 3,100.00	Your Annual Deductible*:	\$ 3,000.00
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*Your deductible is the annual amount you pay before you reach the coinsurance portion of the plan.

Annual Out-of-Pocket Maximum Amounts:	
In Network:	\$ 3,000.00
Out of Network:	\$ 6,000.00

Plan Status (Benefit Year to Date)

Done Unknown Zone