



## City of Presque Isle 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: January 1, 2023**

Basic Facts about your HRA Benefits:	
<b>Who is eligible for reimbursement?</b>	Employees and IRS-defined dependents enrolled in the Anthem PPO 1500 - Patrol Unit, PPO 1500 - Non Union, PPO 1500 Teamster Local 340 group health plan through the Maine Municipal Employees Health Trust.
<b>What types of expenses are reimbursed?</b>	Deductible and Coinsurance as defined by the Anthem plan.
<b>What is the coverage period?</b>	The coverage period is a calendar year from January 1 to December 31.
<b>How do I submit a request for reimbursement?</b>	You do not need to submit requests. Anthem 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.
<b>How can I check the status of a reimbursement request?</b>	Access the Participant Portal from GDI's website at <a href="http://www.gdynamic.com">www.gdynamic.com</a> to view all account transactions.
<b>What happens if my coverage ends mid-year?</b>	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 60 days after your coverage end date.
<b>May I waive HRA coverage?</b>	Yes, any eligible employee may opt-out of HRA coverage. Please contact your employer.
<b>Who is NOT eligible for HRA Reimbursements?</b>	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 & Coinsurance:	You Pay the First:	HRA Pays Next:
<b>Single: \$4000</b>	<b>\$400</b>	<b>\$3600</b>
<b>Family: \$8000*</b>	<b>\$800*</b>	<b>\$7200*</b>

\*Health Plan and 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 Anthem.
2. Anthem 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 Anthem.
3. We encourage you to use Anthem's website ([www.anthem.com](http://www.anthem.com)) 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](http://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](http://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**

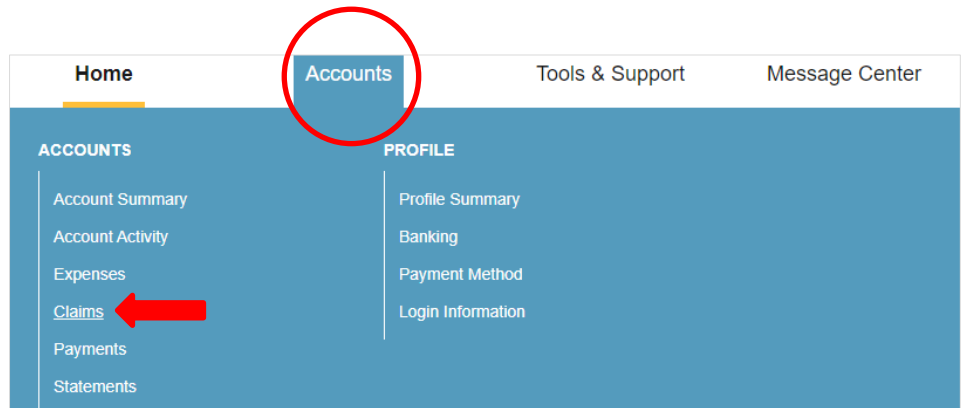
Existing User?  
Login to your account

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><b>Claim Details</b></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 DOS:05/21/2020</p> </div> </div>				

Don't worry, this is not a bill.

Hi Jane — Here's your  
**Health Care Summary**  
March 24, 2019.

**Jane Q. Member**  
123 Main Street, Apt #2  
Indianapolis, IN 46268

Also called an Explanation of Benefits (EOB), it's a quick and easy way to see the care you and your family got, and who pays what. Plus ways to save money and stay healthy.

**Need help in a different language? Call us.**  
¿Necesita ayuda en español? Llámenos.  
**1-800-123-4567**

### Helpful resources

#### Message us

Log in to **anthem.com**  
Choose support> Message center> Compose message

#### Call

1-800-123-4567 (TTY/TDD: #711)

#### Go online

Download the Sydney app or visit **anthem.com**.

 **Look for 2 savings opportunities inside!**

### Claims summary

Doctor/facility charges:	<b>\$983.00</b>
Your discounts:	<b>– 584.03</b>
Due to your doctor/facility (max allowed):	<b>\$398.97</b>
Anthem paid:	<b>– 0.00</b>

**What you pay: \$398.97**

### Preventive care reminders\*

#### For Jane

- Breast cancer screening
- Colon cancer screening
- Diabetes check

#### For Tom

- Child well-care visit
- Flu shot

#### For Ben

- Child well-care visit
- Flu shot

\*Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. Been to the doctor recently? It may not reflect your most recent services.

### Tips and tools



#### Want us to email you instead?

Sign up to get EOBs by email instead of mail. It's easy!  
Log in to **anthem.com**. Select the Profile, then Communication Preferences.

#### Urgent care without the urgent cost

If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. **UrgentCare Indy** is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

## 2019 year-to-date summary

**Jane Q. Member**    **Member ID:** WWW900W90909    **Coverage:** Individual + Child(ren)  
**Group ID:** 000123 - ABCDEFG Corporation

Plan deductible	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
<b>Individual</b>						
Jane Q. Member	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$750.00	\$1,750.00
Tom F. Dependent	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$100.00	\$2,400.00
<b>Family</b>	\$4,000.00	-\$1,000.00	\$3,000.00	\$6,000.00	-\$1,000.00	\$5,000.00

Out-of-pocket (OOP) maximum	In-network OOP max	Applied to date	Remaining OOP max	Out-of-network OOP max	Applied to date	Remaining OOP max
<b>Individual</b>						
Jane Q. Member	\$4,000.00	-\$1,000.00	\$3,000.00	\$8,000.00	-\$1,060.00	\$6,940.00
Tom F. Dependent	\$4,000.00	-\$750.00	\$3,250.00	\$8,000.00	-\$1,000.00	\$7,000.00
<b>Family</b>	\$6,000.00	-\$2,000.00	\$4,000.00	\$10,000.00	-\$3,000.00	\$7,000.00



**Copay** is the flat-dollar amount you may pay for health care, such as doctor visits.

**Deductible** is the amount you pay for health care before we start sharing the cost.

**Out-of-pocket maximum** is the most you'll pay for covered health care in your plan year. After that, we'll pay for all your covered health care.

Need more info? Go to [anthem.com/glossary](https://www.anthem.com/glossary).

# Claims details

Don't recognize these services?  
Call the Fraud Hotline at 1-800-987-6543


**Jane Q. Member** | Claim number: 1234567891255 | Received: 3/6/19 | Doctor: Jennifer Jones, MD (Not in your plan)

Going to this doctor uses out-of-network benefits — if your plan has them.

You pay **\$175.00**.  
Here's how it breaks down.

Your total cost

Service date	Service	Reason code	Doctor charges	Your discounts	Due to your doctor (max allowed)	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
				-	=	-	+	+	+	+	
1/26/19	Special services		175.00	0.00	175.00	0.00	0.00	175.00	0.00	0.00	= 175.00
<b>Totals:</b>			<b>175.00</b>	<b>0.00</b>	<b>175.00</b>	<b>0.00</b>	<b>0.00</b>	<b>175.00</b>	<b>0.00</b>	<b>0.00</b>	<b>= \$175.00</b>

 **Savings Opportunity** Did you know our members save an average of \$123.25 by seeing a doctor in their plan? Download the Sydney app or visit [anthem.com](http://anthem.com) to find doctors in your plan.

**Tom Dependent** | Claim number: 1234567891255 | Received: 3/17/19 | Hospital: Methodist Hospital (In your plan)


Going to this hospital uses in-network benefits. That's your best value.

You pay **\$223.97**.  
Here's how it breaks down.

Your total cost

Service date	Service	Reason code*	Hospital charges	Your discounts	Due to your hospital (max allowed)	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
				-	=	-	+	+	+	+	
2/14/19	ER Visit	066	808.00	584.03	223.97	0.00	0.00	223.97	0.00	0.00	= 223.97
<b>Totals:</b>			<b>808.00</b>	<b>584.03</b>	<b>223.97</b>	<b>0.00</b>	<b>0.00</b>	<b>223.97</b>	<b>0.00</b>	<b>0.00</b>	<b>= \$223.97</b>

\*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

 **Savings Opportunity** You should always go to the ER or call 911 if you think you're in danger. For less serious situations, try urgent care. It could save you time and money. UrgentCare Indy is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

## Not happy? Here are your appeal rights.

Any time you pay for a portion of your care, you have the right to question whether we calculated it right. We call that your appeal rights.

Call us at 1-800-123-4567

- Get help understanding this notice.
- Talk through your portion and our portion of these service costs, including any denials.

If you think something should have been covered (in whole or in part), but it wasn't, or it wasn't covered in the way you think it should be — you can appeal it and we'll take another look.

**Here's how you file an appeal.** Check your plan benefits for how long you have to file an appeal. Usually it's within 180 days of when we told you our decision. You or someone acting for you can send us a note saying you want to appeal. You can do this by secure message on **anthem.com**. Make sure to select Grievances/Appeals as the subject of your message.

Or send us a note in the mail to:

**Grievances and Appeals**  
**P.O. Box 105568**  
**Atlanta, GA 30348-5568**

Be sure your appeal includes:

- Patient info: name, member ID, address, phone number, date of birth
- Claim info: date(s) of the service, your doctor's name/address/phone number
- Any other info about your claim that you think is important

**Do it online or in writing** if you can. Or check your benefits booklet or plan documents to see if you can file an appeal by phone.

Do your claims in this document look correct?



**If you need a decision fast**, call us. You can ask for an "expedited appeal," and get an answer in about 72 hours, unless your benefits booklet or plan documents states otherwise. Use this option if:

- Your life or health is in danger.
- In your doctor's opinion, your pain can't be adequately controlled while you wait.
- You had emergency services, but haven't been discharged from the facility

To ask for an expedited appeal or expedited review by someone outside our company — you, your doctor or someone acting for you can call the Member Services number on your ID Card or by mailing to the address provided for appeals.

**Get more info on your claim — it's free.** You can get billing, diagnosis or treatment codes and their meanings, or any other info we used to decide your claim, anytime. This includes any new or additional evidence or reasons for the decision on your claim. If we decided that any of the services aren't medically necessary or experimental, or used a guideline, criteria or clinical rationale in making our decision, you can get a copy of it free of charge. Just give us a call.

If you appeal, we'll review and give you a written decision within 30 calendar days from the date we received your appeal request. Check your benefits booklet to see if it gives a different time limit. If you still don't feel our response is right, or if you don't hear back from us in time, you may be able to ask for a review from someone outside our company, an independent third party. Their decision then is final.

Your health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). Once you have used all your mandatory appeal rights, you have one year from our appeal decision to bring an action in federal court under section 502(a)(1)(B) of ERISA, unless your plan provides for a longer period. Check your benefits booklet or plan documents to see if you have more time.

For questions about your rights or for help, call Employee Benefits Security Administration at **1-866-444-EBSA (3272)**.