

HRA CLAIM FORM

Pleasant Point Passamaquoddy School Committee
HRA Claim Year: July 1 through December 31, 2011
Health Plan Renewal Date: July 1

For GDI Use Only

Auditor:

Claim #:

EMPLOYEE INFORMATION

Employee Name : _____ **SS #** _____

PLAN PARAMETERS

Maximum Reimbursement: \$750

Eligible Expenses: Deductible

Eligible Participants: Employee and IRS-defined dependents enrolled in the Aetna Group Health Plan

Claim Reimbursement Submit: HRA Claim Form with Aetna 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 above. I certify that I incurred these expenses as a participant in the HRA 105 plan established by the employer named above and that these expenses must qualify for reimbursement under the terms of my employer's plan expenses 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 105 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 - NE

*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





Aetna Life Insurance Company
 P.O. BOX 1204
 EL PASO, TX 79998-1204

018455 J280EVDB 4498 7904

EXPLANATION OF BENEFITS

SAMPLE

THIS IS NOT A BILL

Please Retain for Future Reference

Date Printed: 11/29/07

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QUESTIONS? Contact us at aetnnavigator.com

1-888-802-386

Or write to the address shown above

Notes:

Member:
 Group Name:

Member ID:
 Group Number:

All Remarks Appear After Final Claim

Claim Activity for

DATE AND TYPE OF SERVICE	QUANTIFIED CHARGES	NEGOTIATED OR ALLOWED	PENDING OR NOT PAYABLE	SEE REMARKS	Patient Responsibility (shaded columns)					Total Patient Responsibility
					YOUR CO-PAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	
	A	B	C		D	E	F	G	H	I

This is the claim detail for the bills received on 11/16/07 Claim ID: _____

JAMIE SAULTER 11/13/07 Manipulation	35.00	29.08				29.08				29.08
Column Totals	35.00	29.08				29.08				29.08

This is the claim detail for the bills received on 11/22/07 Claim ID: _____

JAMIE SAULTER 11/20/07 Manipulation	35.00	29.08				29.08				29.08
Column Totals	35.00	29.08				29.08				29.08

This is the claim detail for the bills received on 11/27/07 Claim ID: _____

JOSEPH R WAX 11/23/07 Inpatient X-Ray or Lab	272.00		272.00	1						
Inpatient X-Ray or Lab	245.00		245.00	1						
Inpatient X-Ray or Lab	278.00	55.49		2		55.49				55.49
Inpatient X-Ray or Lab	359.00	70.35		2		70.35				70.35
Column Totals	1,154.00	125.84	517.00			125.84				125.84

This is the claim detail for the bills received on 11/28/07 Claim ID: _____

HUGH D MCGOWAN 11/15/07 Medical Services	1,000.00					983.79	16.21	90%	14.59	1.62	985.41
Column Totals	1,000.00					983.79	16.21		14.59	1.62	985.41

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HRA Overview for Pleasant Point Passamaquoddy School Committee

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 Aetna.** 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 Aetna Group Health Plan.	
What types of expenses are reimbursed?	Deductible expenses as defined by the Aetna 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 Aetna Deductible:	HRA Pays First:	Participant Pays Last:
Single Plan: \$1500	\$750	\$750
Family Plan: \$3000*	\$750	\$2,250
NOTE: One benefit amount of \$750 is available to participants enrolled as single or enrolled with dependents.		

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 Explanation of Benefits ("EOB") that come to you in the mail after your claims have been processed.
3. **THREE EASY WAYS TO SUBMIT A CLAIM:**
 - Scan & Email to: 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.

Direct Deposit Authorization

This agreement is required to allow GDI to deposit reimbursement payments directly into your bank account (provided your employer and GDI have made this option available).

*Please see the instructions and mailing information on the reverse side of this form.
Incomplete information will delay or prevent the direct deposit authorization.*

► **Personal information**

Your Employer: _____

Your Name: _____

Last 4 digits of SSN/Alternate ID: _____

Daytime Telephone Number: _____

Email Address: _____

► **Banking information**

Bank Name: _____

Bank Phone Number: _____

Bank City: _____ State: _____

Bank Routing Number (9 digits): _____

Bank Account Number: _____

Account type: Checking or Savings

This is a: New Authorization Account Change Cancellation Request

I authorize Group Dynamic, Inc. to initiate deposits to the bank account indicated above. I authorize credit entries and, if necessary, debit entries for the sole purpose of adjusting any credit entries made in error to my account.

I understand I will receive a paper check until the banking pre-note process has been successfully completed (approximately two weeks).

Signature (as on your check/savings account)

Date