

Dr. Hauschka Skin Care, Inc. 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: March 1, 2019

Basic Facts About Your HRA Benefits:

Who is eligible for reimbursement?	Employees, IRS-defined dependents, and domestic partners enrolled in the Blue Cross Blue Shield HMO Blue New England group health plan.
What types of expenses are reimbursed?	Deductible as defined by the Blue Cross Blue Shield Plan.
What is the coverage period?	The coverage period is a plan year from March 1 to February 28.
When do I submit a request for reimbursement?	Submit your request upon receipt of a Summary of Health Plan Payments from Blue Cross Blue Shield.
What documentation do I need to request a reimbursement?	Submit the Summary of Health Plan Payments that Blue Cross Blue Shield sent you 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 60 days after February 28 to submit requests. If your coverage terminates mid-year, then you have 60 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.qdynamic.com to view all account transactions.
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 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: \$1500	\$750	\$750
Family: \$3000*	\$1500*	\$1500*

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

**Dr. Hauschka Skin Care, Inc.
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 Blue Cross Blue Shield.
2. Provide clear copies of the Summary of Health Plan Payments. These statements are mailed to you after your medical services have been processed by Blue Cross Blue Shield. 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: 207-518-5200
 - 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 select 'Participants' from the Log In menu;
 - 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
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Questions?

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

See Reverse for Important Information

Getting to Know Your Summary of Health Plan Payments

This is a sample of what you'll receive from us after every doctor visit. The Summary of Health Plan Payments is not a bill. It simply shows you the breakdown of the billing process for the medical services you received. If you owe money, your doctor will send you a separate bill.

How the Payment Process Works

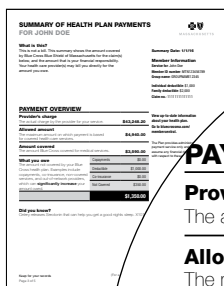
When you visit a doctor, you pay a copay.¹ (Learn how financial accounts can cover costs below)



The doctor submits a bill for services to Blue Cross. This is called a claim.



After the claim is processed, we'll send you a letter called **Summary of Health Plan Payments** that explains the billing breakdown for your service.



PAYMENT OVERVIEW

Provider's charge The actual charge by the provider for your service.	\$43,248.22
Allowed amount The maximum amount on which payment is based for covered health care services.	\$4,940.00
Amount covered The amount Blue Cross covered for medical services.	\$3,590.00
What you owe The amount not covered by your Blue Cross health plan. Examples include copayments, co-insurance, non-covered services, and out-of-network providers, which can significantly increase your amount owed.	
	Copayments \$0.00
	Deductible \$1,000.00
	Co-insurance \$0.00
	Not Covered \$350.00
Amount you owe (if any)	\$1,350.00

This is not a bill.

Copay

Your copayments are the fixed dollar amount you pay each time you see a doctor¹ or fill a prescription. Look for your copay amount on your member ID card.

Deductible

This is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Financial accounts help cover costs

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses, and dental services.

1. Except for preventive services, which are fully covered by your plan.

The doctor sends you a bill.
(if you owe money)



You pay your doctor.
(Look to the left to learn how financial accounts can cover costs)



Questions? Call us at the number on your ID card or log in to your account at bluecrossma.com/myaccount, click **Contact Us**, then enter your question using the **secure inquiry form** in the Member Service section.



MASSACHUSETTS

A quick guide to your Summary of Health Plan Payments.

SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

MASSACHUSETTS

What is this?

This is not a bill. This summary shows the amount covered by Blue Cross Blue Shield of Massachusetts for the claim(s) below, and the amount that is your financial responsibility. Your health care provider(s) may bill you directly for the amount you owe.

Summary Date: 1/1/16

Member Information

Service for: John Doe

Member ID number: MTN123456789

Group name: GROUPNAME12345

Individual deductible: \$1,000

Family deductible: \$2,000

Claim no.: 11111111111111

A

PAYMENT OVERVIEW

Provider's charge

The actual charge by the provider for your service.

\$43,248.20

Allowed amount

The maximum amount on which payment is based for covered health care services.

\$4,940.00

Amount covered

The amount Blue Cross covered for medical services.

\$3,590.00

What you owe

The amount not covered by your Blue Cross health plan. Examples include copayments, co-insurance, non-covered services, and out-of-network providers, which can **significantly increase** your amount owed.

Copayments **\$0.00**

Deductible **\$1,000.00**

Co-insurance **\$0.00**

Not Covered **\$350.00**

\$1,350.00

B

View up-to-date information about your health plan.

Go to bluecrossma.com/membercentral.

C

The Plan provides administrative claims payment service only and does not assume any financial risk or obligation with respect to these claims.

Did you know?

Celery releases Serotonin that can help you get a good nights sleep. X101


Keep for your records
Page 3 of 5

(For a detailed breakdown of your payments, please see next page) ▶

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

A The front of your Summary of Health Plan Payments gives you a payment overview, including the charges billed to Blue Cross, the amount we cover, and what you owe your doctor (if anything).

B Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.

 You can always view
your most current plan
information at
**[www.bluecrossma.com/
membercentral](http://www.bluecrossma.com/membercentral)**.



MASSACHUSETTS

Summary of Health Plan Payments

[BACK](#)

D

HEALTH PLAN PAYMENT DETAILS

Service date	Service type	Amount your provider charged	Blue Cross discount	Allowed amount	Amount covered	What you owe
Dr. Josephine Smith, ABC Hospital		Patient Name: John Doe		Claim #: 11111111111111 (Provider: In-network)		
10/12/12	Routine Services	\$400.00	-\$180.00	\$220.00	\$220.00	\$0.00
Subtotal		\$5,930.35	-\$1,340.35	\$4,590.00	\$3,590.00	\$1,000.00
Dr. Josephine Smith, ABC Hospital		Patient Name: John Doe		Claim #: 11111111111111 (Provider: Out-of-network)		
10/12/12	Routine Services	\$400.00	-\$180.00	\$220.00	\$220.00	\$0.00
Subtotal		\$5,930.35	-\$1,340.35	\$4,590.00	\$3,590.00	\$1,000.00
Grand total		\$6,280.35	-\$1,340.35	\$4,940.00	\$3,590.00	\$1,350.00

E

What you owe

F

Breakdown of what you owe

Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	See notes
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	A
\$0.00	\$1,000.00	\$0.00		\$1,000.00	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	A
\$0.00	\$1,000.00	\$0.00			
\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	

G

See notes

H

This doctor or medical facility will bill you this amount.

I

Deductible

Allowed amount as of 8/15/11*

\$0\$1,000

Individual: Met (\$1,000 of \$1,000)

\$0\$2,000

Family: \$1,000 of \$2,000

Out-of-pocket maximum

Amount applied as of 8/15/11*

\$0\$5,000

Individual: \$1,000 of \$5,000

\$0\$10,000

Family: \$1,000 of \$10,000

HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at [bluecrossma.com/membercentral](#)

For TTY, call 1-800-522-1254

* Includes charges from this plan year only.

Log in to your account at [www.bluecrossma.com/membercentral](#) for your plan effective date.

On the back of your Summary of Health Plan Payments, you'll find:

- | | |
|--|--|
| <p>D Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.</p> <p>E The amount you owe for each service.</p> <p>F How we determined what you owe, including copayments, deductible, and co-insurance.</p> | <p>G Additional information on how we processed your claims.</p> <p>H The final amount you'll owe your doctor for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.</p> <p>I A detailed breakdown of your deductible, including the amount you've previously paid towards it.</p> |
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