



# Accessing your Account-Based Benefits

[Participant Portal](#)

[Mobile App](#)

[Contact Us](#)

## CONGRATULATIONS!

Your employer is offering you access to tax-free benefits. Please be sure to review the contents of this folder in order to understand the benefits being offered to you. We've also included information on the tools available to help you manage your accounts.

## Participant Portal

Our portal gives you easy, secure access to your accounts whenever you need it.

### Get Started on the GDI Home Page

Go to **www.gdynamic.com** and click on **Participants** under the Log In menu at the top of the screen. Enter your **Username** and **Password**, or click on **Create your new username and password** if you are logging in for the first time.

The home page was designed for ease of use, providing you with instant access to your account information in one place. It's your starting point for a quick look at your balances and for more detailed account management functions.

**Group Dynamic Inc.**  
HEALTH CARE ADMINISTRATION

**Login**

Existing User?  
Login to your account  
Username  [Forgot Username?](#)  
Password  [Forgot Password?](#)  
[Login](#)

New User?  
Create your new username and password

**I Want To...**

- [File A Claim](#)
- [Make HSA Transaction](#)
- [Manage Investments](#)

**Welcome**

Looking for ways to get the most out of your FSA? Use code GDGIFT for a discount at FSA Store.  
[Click Here](#)

**Available Balance**

Health Savings Account

- Cash Account: **\$2,095.00**
- Investment Account: **\$6,395.36**
- Limited Purpose Medi...: **\$310.00**
- PPO 3000 w/HSA HRA...: **\$1,700.00**

**Message Center**

[Download Mobile App](#) [View More](#)  
To get your money faster, set up a bank account for direct deposit

**Quick View**

**HSA Contribution & Distribution Activity**

Year	Contribution	Distribution
2016	\$3,000.00	\$0.00
2015	\$2,500.00	\$500.00
2014	\$2,500.00	\$500.00

**HSA Contributions by Tax Year**

Year	Contribution	Limit
2016	\$3,000.00	of \$4,350.00
2015	\$2,620.00	of \$4,350.00
2014	\$2,410.00	of \$4,300.00

Contact Us • Call GDI's Reimbursement Team at (207) 781-6800, Toll Free at (800) 526-3539

### Portal Features

- File claims, upload receipts/statements.
- View account activity, balances, claims and payment history.
- Download the GDI Mobile App.
- Set up text message alerts and enter your email address for electronic notices about your account activity.
- Use the menu across the top of the page for additional features.

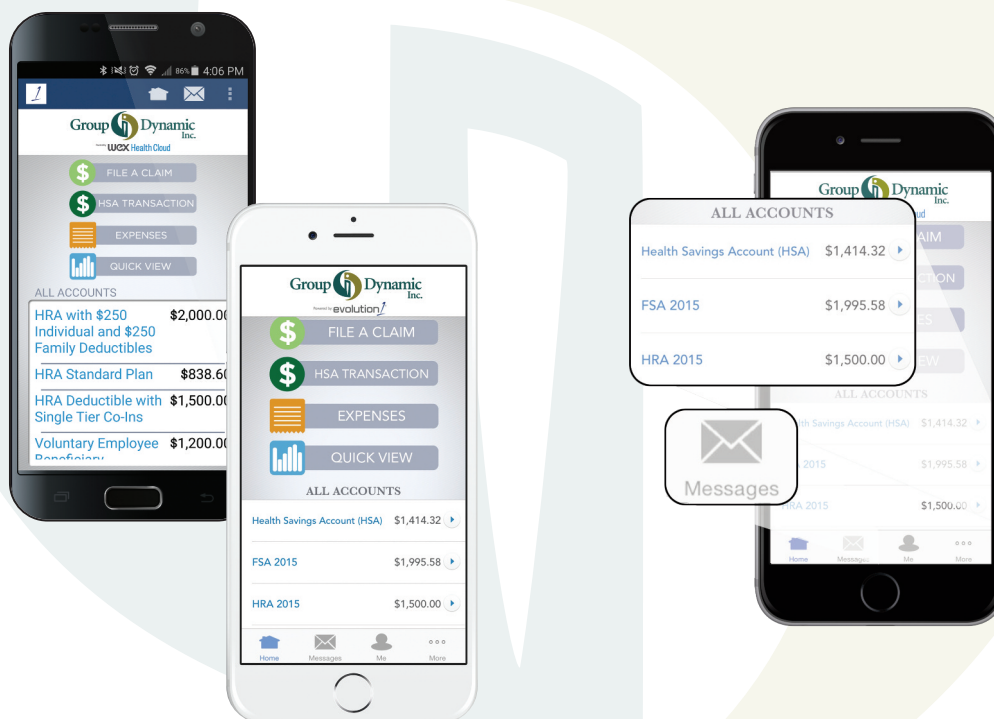
# GDI Mobile App

## Account Management at Your Fingertips

- 24/7 access to your accounts using your phone or tablet.
- Check available balances, file new claims and view account activity.
- Use your device's camera to photograph your receipts and upload the images to substantiate debit card transactions and/or portal claims.

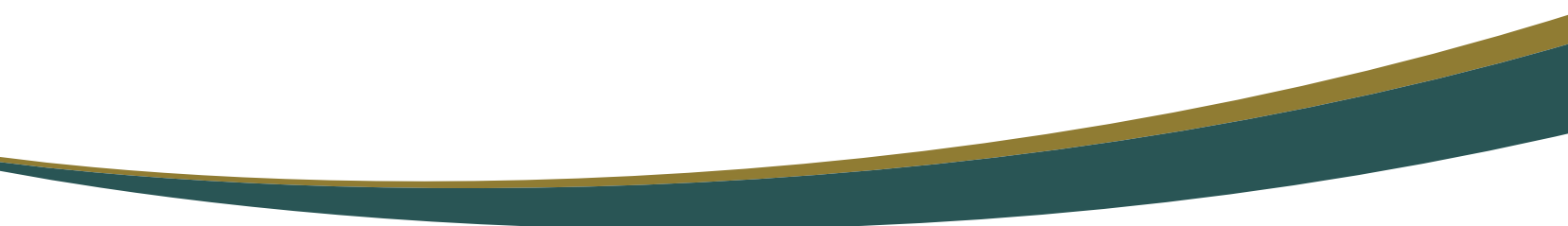
## Easy to Install

- Make sure you have logged into the Participant Portal at least once as you will need your portal username and password to open the app initially.
- Look for "GDI Mobile" in your app store or use the link on your account home page.
- Once you download the app, log in with the same username and password you use to access your account via GDI's Participant Portal.
- Create a 4-digit passcode for easier access.



## Contact Us

Our Reimbursement Team is available to assist you at 800-626-3539, Monday through Friday, 8:00 AM – 5:00 PM ET. You may leave us a message during non-business hours and your call will be returned by 10:00 AM the following business day.



## Receipts and Debit Card Substantiation

### IRS Rules Govern Substantiation Requirements

The IRS established specific guidelines that require all Flexible Spending Account (FSA) transactions — even those made using a debit card — to be substantiated (verified that the purchase was an eligible medical expense). GDI is very diligent in the execution of the substantiation process to avoid adverse tax consequences to participants.

### Common Misconceptions about Receipt Requirements

1. If the card is used for an eligible service, no further receipts or documentation are needed to support the expense.
2. Transactions at any doctor, dentist or vision provider will not require receipts.

These statements are **NOT TRUE!** Since not all services from a provider are eligible expenses, itemized receipts are required to verify eligibility. For example, a dentist may perform teeth whitening, which is not eligible for reimbursement.

### Always Save Itemized Receipts

Participants should save their itemized receipts from every card transaction. Receipts can be uploaded to the Participant Portal from GDI's App using the camera on your mobile device! Otherwise, participants should designate an envelope or folder to store documentation in their personal files. Using this process will help find documentation if requested.

An itemized receipt includes:

- Name of person who incurred the service or expense
- Name and address of the provider or merchant
- Date of service for the amount charged
- Detailed description of the service
- Amount due for the service provided

*Credit card receipts and cancelled checks are not acceptable!*

### Requests for Substantiation

If substantiation of a debit card transaction is required, participants will be notified by email or an alert on the Participant Portal home page. Card transactions that require substantiation are displayed through messages in both the Message Center on the home page and their account summary page. Employees may also see if a claim requires substantiation by logging into their online account or mobile app to check the status of the claim.



Type of Charge on Debit Card	Substantiation Required	No Follow-Up Required
Matched Co-pays		✓
Transactions at merchants who can electronically validate the expense at the point of sale		✓
Recurring Expenses	1 time only (annually)	No further substantiation required if subsequent transactions are at the same merchant for the same dollar amount
Dental Care	✓	
Vision Care	✓	
Medical Care	✓	

# Medical FSA Tax Savings & Expense Estimator

## FSA Tax Savings Estimator

	Without an Account	With Both Accounts
<b>Annual Salary</b>	\$ 36,000	\$ 36,000
<b>Weekly Gross Pay</b>	\$ 692	\$ 692
<b>FSA Account Deposits Per Week</b>	\$ 0	Healthcare \$ 25 Childcare \$ 96 Total \$ 121
<b>Taxable Wages</b>	\$ 692	\$ 571
<b>Estimated Tax Rate 32%</b> <small>FICA 7.65%, Federal 20%, State 5%</small>	\$ 226	\$ 186
<b>Expenses Paid for After Tax</b>	Healthcare \$ 25 Childcare \$ 96 Total \$ 121	\$ 0
<b>Net Pay</b>	\$ 345	\$ 385
<b>Annually</b>	<b>\$ 17,940</b>	<b>\$ 20,020</b>
<b>Total Tax Savings with FSAs → \$ 2,080</b>		

## Some Important Points...

- You can be reimbursed for expenses incurred by you, your legal spouse and children, even if you have health, dental and/or vision insurance from another source.
- The money you elect in your FSA can only be used toward eligible expenses. You will lose any money remaining in your account at the end of the plan year unless your plan includes a grace period or carryover provision.
- Once you've made your FSA election for the year, you may not change it unless you have a qualifying event.
- If you or your spouse contribute to an HSA, participation in a Medical FSA may be limited or prohibited.
- You have access to your total annual election at any time during the plan year.
- Enter your claims on-line or go to the Participant section of our website for information on how to submit a claim.



## HEALTHCARE EXPENSES

Prescription Copays	\$ _____
Office Visit Copays	\$ _____
Deductible/Coinsurance	\$ _____
Diabetic Supplies	\$ _____
Chiropractic Care	\$ _____
Mental Health Services	\$ _____
Over-the-Counter items*	\$ _____
Massage Therapy**	\$ _____
<b>HEALTHCARE TOTAL:</b>	<b>\$ _____</b>

\* A copy of your prescription may be required

\*\* A Letter of Medical Necessity is required

## DENTAL EXPENSES

Orthodontia Adult or Child	\$ _____
Bridges, Crowns, Fillings	\$ _____
Dentures & Supplies	\$ _____
Teeth Cleaning, Fluoride	\$ _____
<b>DENTAL TOTAL:</b>	<b>\$ _____</b>

## VISION EXPENSES

Eye Exams	\$ _____
Eyeglasses Lenses & Frames	\$ _____
Over-the-Counter Readers	\$ _____
Contact Lenses & Solution	\$ _____
Laser Vision Surgery	\$ _____
<b>VISION TOTAL:</b>	<b>\$ _____</b>

**GRAND TOTAL:** \$ \_\_\_\_\_

*Multiply Grand Total by 32% to estimate  
Your Total Tax Savings*

Questions? 1-800-626-3539  
[www.gdynamic.com](http://www.gdynamic.com)



# IT'S NOW EASIER TO USE YOUR FSA

## MAXIMIZE TAX SAVINGS

- Include all eligible expenses in your yearly election
- Utilize tools and resources to manage FSA deadlines all year long
- See what's eligible to get the greatest value from your account



FIRST AID



SUN CARE



BABY CARE



HOME HEALTH



EYE CARE



FOOT CARE

Visit: [gdynamic.com/fsaextras](https://gdynamic.com/fsaextras) to Claim Your Discount

# Limited Purpose Flexible Spending Accounts — **REAL SAVINGS. REAL SIMPLE.**

If you participate in a qualified high deductible health plan and contribute to a Health Savings Account (HSA) the IRS prohibits you and your spouse from enrolling in a traditional medical Flexible Spending Account (FSA).

***Maximize your tax savings by combining your HSA with a Limited Purpose FSA.***

A Limited Purpose FSA (LPFSA) offers great tax savings on eligible expenses, and does not interfere with your or your spouse's HSA eligibility. Use your LPFSA for this year's expected **Dental and Vision** expenses and allow your HSA to accumulate for future health care expenses.



## ***Here's how it works.***

### **Make your Limited Purpose FSA election at Open Enrollment**

Choose the amount to contribute to your LPFSA for the year. You may elect up to the maximum your employer allows, but be sure to limit your election to the dollar amount that you estimate you, your spouse and your dependents will spend in the upcoming plan year on eligible expenses. Payroll deductions are made on a pre-tax basis, lowering your taxable income and saving you money.

### **Eligible Expenses**

LPFSAs are primarily used for Dental and Vision expenses but may be used for post-deductible and preventive medical expenses as well. "Post-Deductible" refers to the federal minimum amount of deductible you must incur before the IRS will allow you to access LPFSA funds for medical expenses. This year, the minimum is \$1300 if you are enrolled with Single coverage or \$2600 if you are enrolled in a Family plan.

### **Reimbursements from your LPFSA**

You can submit a reimbursement request up to your total election any time during the plan year. Submit claims on-line via the Participant Portal on our website. Or you can send a paper claim via mail, fax or email. If your employer offers a GDI Debit card, you may pay for your eligible expenses with the card but **save all your receipts!** IRS guidelines require GDI to substantiate many dental and vision expenses and we may request copies of your receipts.

#### **Eligible Dental expenses include:**

- Orthodontia
- Cleanings
- Fillings

#### **Eligible Vision expenses include:**

- Eye exams, eyeglasses
- Contact lenses
- Laser vision correction surgery

Ineligible expenses include cosmetic procedures, warranties, pre-payment of services not yet rendered.

**For more information about electing a Limited Purpose Flexible Spending Account, speak with your Human Resources or Employee Benefits Department.**



# More Tax Savings! Limited Purpose FSA & HSA Combined

Maximize your tax savings; use a Limited Purpose FSA for your predictable Dental and Vision expenses.

## HSA with Limited Purpose FSA

Reduce your taxable income with pretax contributions to both HSA and LP-FSA.  
Allow your HSA funds to grow and earn interest for future medical expenses.

Annual HSA Contribution	\$3,350
Pre-Tax Savings @ 30%	\$1,005
HSA Distribution - Vision/Dental Services	\$0
Net HSA Remains	\$3,350
HSA Growth @ 10%*	\$ 335
Annual Contribution to Limited Purpose FSA	\$2,000
Pre-Tax Savings @ 30%	\$600

**Total Tax Savings** HSA+LPFSA pretax deductions

**Total Growth** Use LPFSA to pay expenses while HSA grows

**\$1,605**

**\$335**

## HSA without LP-FSA

Annual HSA Contribution	\$3,350
Pre-Tax Savings @ 30%	\$1,005
HSA Distribution - Vision/Dental Services	- \$2,000
Net HSA reduces to	\$1,350
HSA Growth @ 10%*	\$135
No Limited Purpose FSA	N/A

**Total Tax Savings** HSA pretax deductions

**Total Growth**

**\$1,005**

**\$135**

\*NOTE: 10% HSA growth is illustrative only. Investment funds have varying amounts of return.  
Interest on your HSA cash account is similar to bank account interest.

## Limited Purpose FSA Eligible Expenses

For HSA Participants

### Eligible Dental Expenses

- Orthodontia
- Crowns, Bridges, Implants
- Cleanings, Fluoride Treatments
- Dentures, Denture Adhesive
- Fillings, Extractions, X-Rays
- Dental Copays, out of pocket expenses

### Ineligible Dental Services

- Teeth whitening or bleaching
- Toothpaste, floss, mouthwash
- Electronic toothbrushes\*
- Cleaning systems\*
- Premiums for Dental insurance
- Pre-payment of future services

\*Even if recommended by a dentist

### Eligible Vision Expenses

- Eye exams
- Eyeglasses (frames & lenses)
- Prescription sunglasses, safety glasses
- Reading glasses (over-the-counter)
- Contact lenses & lens solution
- Vision correction surgery, LASIK

### Ineligible Vision Services

- Contract fees for maintenance or replacement of lenses or glasses
- Premiums for Vision insurance
- Pre-payment of future services

### Post-Deductible Medical Expenses

You may be reimbursed for all IRS Code Section 213(d) eligible medical expenses after you have incurred the statutory HSA deductible limit. An explanation of benefits or statement from your health carrier showing the statutory limit has been met is required.

## Dependent Care FSA Overview



You may use a Dependent Care Flexible Spending Account if you (or you and your spouse, if married) require dependent care so that you and your spouse can work or attend school full-time.

### Eligible Childcare Expenses

Before and after-school care  
Pre-school  
Day camps  
Day-care center  
Wages paid to a childcare provider,  
including employment taxes

### Ineligible Childcare Expenses

Tuition  
Kindergarten  
Child support payments  
Overnight camp  
Deposits on future services  
Activity fees, meals  
Babysitting

### Maximum Election

**\$5,000** Single parent or married and file a joint tax return  
**\$2,500** Married, you and your spouse file separate tax returns

### Other Important Facts

- If you or your spouse work part-time or attend school full-time, the maximum Dependent Care benefit may be limited.
- Eligible expenses include care for a child who has not yet reached their 13<sup>th</sup> birthday and who is your IRS-defined dependent.
- You may use your account for a spouse, older child or other individual who is your IRS-defined dependent who is incapable of caring for themselves.
- You may use either an FSA or the IRS “Child and Dependent Care Credit” when you file your annual tax return. For many people, the Dependent Care FSA provides greater savings.
- Your pre-tax withholdings for this account will be shown in Box 10 of your W-2. You will need to complete IRS Form 2441 with your annual tax return.
- You may only make mid-year changes to your election if you experience a qualifying event. Refer to your Summary Plan Description (SPD) for details.
- Elect an amount you are sure you’ll use during the plan year, as unused funds in the account will be forfeited, unless your plan includes a grace period provision.

### Requesting Reimbursement

Enter your claims on-line or go to the Participant section of our website for information on how to submit a claim. If you have consistent, recurring dependent care expenses, use the convenient Automatic Dependent Care process and submit only one claim, then receive scheduled reimbursements throughout the year.

Download GDI’s free **Mobile App** to manage your account and submit claims from your mobile device.



For additional details on Dependent Care Flexible Spending Accounts, please refer to your Summary Plan Description (SPD). If you do not have a copy of the SPD, please see your Human Resources Representative.

