

# HEALTHY DOLLARS

## First Light Technologies

1/1/17 – 12/31/17

Welcome to your Healthy Dollars Benefit Card. This letter includes your funding amounts, eligible expenses, tips on using the card and instructions on accessing your account online. If you have any questions about the benefits or the card please feel free to contact us at [service@healthydollarsinc.com](mailto:service@healthydollarsinc.com) or 877-900-MYRX (6979).

### Health Reimbursement Account Funding – Must be enrolled in VT Vitality Gold HDHP

	EMPLOYEE RESPONSIBILITY ( OUT OF POCKET OR HSA)	HRA EMPLOYER FUNDED
SINGLE	\$1,300	\$1,200
EE + SPOUSE	\$2,600	\$2,400
EE + Child(ren)	\$2,600	\$2,400
FAMILY	\$2,600	\$2,400

#### ELIGIBLE EXPENSES-

- Medical Deductible Expenses
- Prescription Deductible Expenses

#### SUBMITTING A CLAIM TO YOUR HRA-

- You must provide proof that you have paid the first \$1,300/\$2,600 out of pocket by submitting an EOB (Explanation of Benefits) to Healthy Dollars showing the YTD amount applied to your deductible. You can do this by emailing ([service@healthydollarsinc.com](mailto:service@healthydollarsinc.com)) or faxing ( 877.687.6921) the EOB to Healthy Dollars. Include the name of the covered employee and the First Light Technologies, Inc. as the Group Name.
- Reimbursement requests must include a Manual Claim Form, a copy of the bill from your provider and/or the EOB your health insurance provider. Reimbursements can be made directly to providers or to the employee.

#### ONLINE ACCOUNT INSTRUCTIONS-

- To set up your account online go to [www.healthydollarsinc.com](http://www.healthydollarsinc.com).
- Click on “Check Account Balances”
- Click on Register
- Select a Username (Please note that the system is highly used, so you may need to get creative with the username you select.)
- Choose a password. Passwords must be 8-15 characters and contain at least one number, one letter and a special character.
- Enter your first and last name.
- Enter your email address
- Enter your employee ID; it is the First Light Employees’ social security number *without dashes*.
- Registration ID: Use the drop- down menu to select **Card Number** and enter the 16 digit card number of the Employee into the space provided.
- Make sure to Accept Terms of Use!
- \*Note – click on the? mark bubbles to get additional help on each field

PO Box 8592, Essex, VT 05451 (p) 877.900.MYRX (6979) (f) 877.687.6921  
[service@healthydollarsinc.com](mailto:service@healthydollarsinc.com)

# HEALTHY DOLLARS

Keep all receipts as you may be asked to substantiate your card transactions.

## HEALTHY DOLLARS

MOBILE APP NOW AVAILABLE!



*View your account balance and transaction history!*

*Submit claims and upload documents!*

*Add or edit text message alerts!*

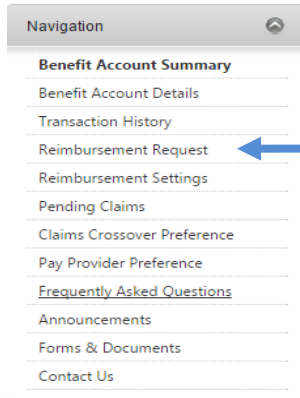


**Download the Healthy Dollars App Today!**

# HEALTHY DOLLARS

## EMPLOYEE ONLINE CLAIM SUBMISSION

- 1) Login in to your Healthy Dollars Account
- 2) Select "Reimbursement Request"




Navigation

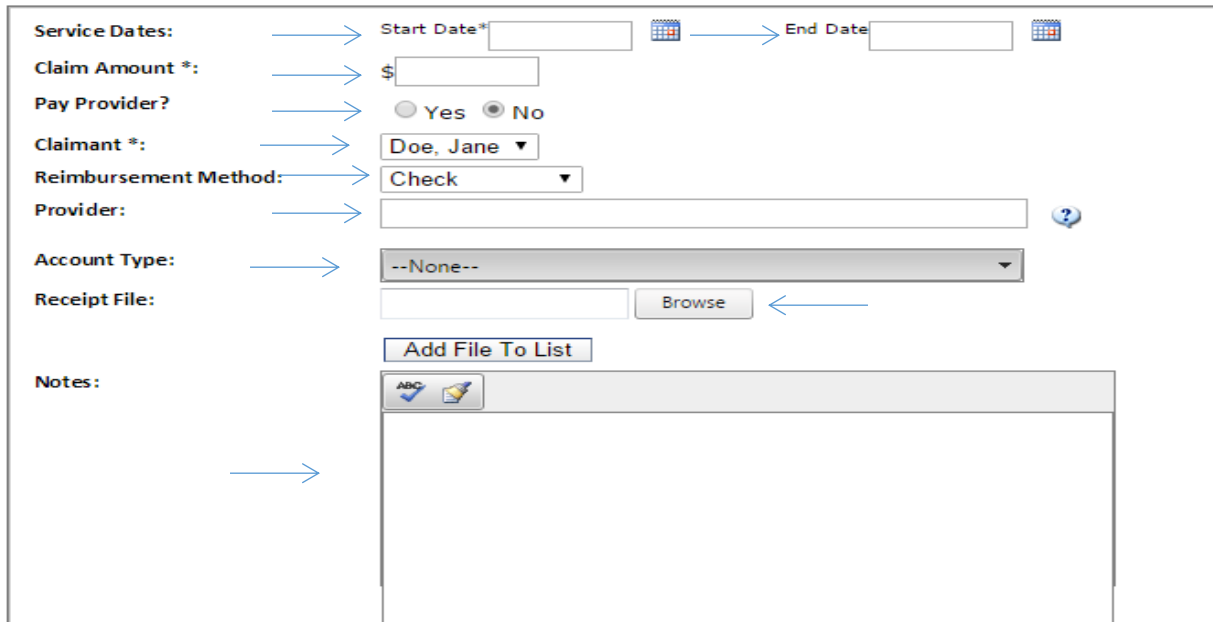
- Benefit Account Summary
- Benefit Account Details
- Transaction History
- Reimbursement Request
- Reimbursement Settings
- Pending Claims
- Claims Crossover Preference
- Pay Provider Preference
- Frequently Asked Questions
- Announcements
- Forms & Documents
- Contact Us



Don't forget to enter or update your Direct Deposit information!

You can upload your receipts too!

- 3) Select 
- 4) Enter your claim details

### Add/Edit Claim ✕




Service Dates: Start Date\*   End Date  

Claim Amount \*: \$

Pay Provider?  Yes  No

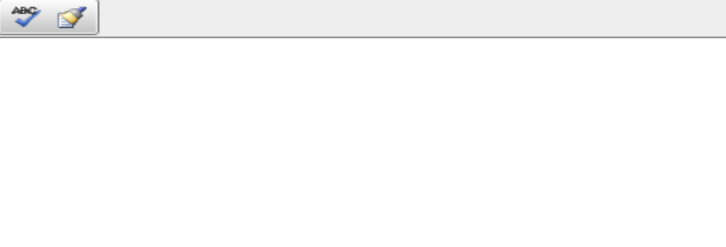
Claimant \*: Doe, Jane ▾

Reimbursement Method: Check ▾


Provider:  

Account Type: --None-- ▾

Receipt File:

Notes: 

\* = required



# HEALTHY DOLLARS

## General Flow of Claims and Benefits

Each participant will have a Healthy Dollars account.

The details of the account will include two fields:

Available Balance  
Dispersible Balance

The amount for both of these fields should be the same and this amount will be the Maximum HRA Benefit less any claims paid to date.

	Maximum HRA Benefit funded by the EMPLOYER
SINGLE	\$1,200
EE + SPOUSE	\$2,400
EE + Child(ren)	\$2,400
FAMILY	\$2,400

Account Detail will also include Account Status. For individuals that have not met their deductible or have met their deductible but have not submitted proof to Healthy Dollars, the Account Status will appear as: “Temp Inactive”

An account will not be activated until the participant submits an MVP Explanation of Benefit Statement showing that the Plan Year to Date Deductible is equal or above the amount the Participant is responsible for. No funds will be dispersed without documentation that the participant’s deductible responsibility has been met.

Once a participant’s responsibility to the deductible is met, the bills received from a healthcare providers may be manually submitted along with the MVP EOB to Healthy Dollars and Healthy Dollars will submit payment to the provider for the amount based on the details of the plan.

Alternatively, the participant may use the Healthy Dollars card to make payments. This is particularly convenient for pharmaceutical purchases. In this case, the participant will be responsible to mail supporting documentation to Healthy Dollars.

Additionally, if a participant elects to pay the provider directly, a manual claim can be submitted requesting reimbursement be made directly to the participant. Reimbursement to the participant will require proof of payment.