Harvard University Copayment Reimbursement Program (CRP)
FAQ and Reimbursement Request Form
For ATC, HUCTW (including at Dumbarton Oaks), HUPA, HUSPMGU, LOCAL 26, and SEIU

What is the CRP?
Harvard University provides a unique reimbursement program to assist employees who face high medical costs during the plan year. You do not need to enroll in this coverage, but you do need to meet the eligibility requirements. If you are eligible, once you meet the thresholds described below, you may be reimbursed for qualifying expenses above the threshold amount. Reimbursements will not exceed your insurance plan's total out-of-pocket maximum.

Who is eligible for the CRP?
You must be an ATC, HUCTW (including employees of Dumbarton Oaks), HUPA, HUSPMGU, LOCAL 26, or SEIU (Arboretum and Custodian) union member and enrolled in one of Harvard University/Dumbarton Oak's medical plans.

What are qualifying CRP expenses?
The CRP reimburses plan-covered in-network office visit, prescription drug, and hospital copayments incurred through your Harvard-sponsored medical plan. For an expense to be eligible, you must meet the participant eligibility criteria at the point the expense is *incurred*. Expenses incurred for services not covered by the plan are not qualifying CRP expenses.

How does the CRP work?
You incur Qualifying CRP Expenses ➡ You submit for reimbursement ➡ Once threshold is met, Benefit Strategies reimburses you

Please note: You cannot be reimbursed for the same expenses through the CRP and your flexible spending account (FSA); however, you can use your FSA to cover out-of-pocket costs up to the threshold and still use the CRP for the costs above the threshold.

What are the thresholds?
The threshold is based on your full-time equivalent (FTE) salary* and whether you submit expenses for one eligible family member or multiple eligible family members:

Full Time Equivalent (FTE) Salary*	COPAYMENT REIMBURSEMENT PROGRAM THRESHOLDS					
	Individual** or family coverage and submitting expenses for one family member only for the plan year			Family Coverage** and submitting expenses for more than one family member at any point during the plan year		
	Office Visit Copays	Prescription Copays	Hospital Copays***	Office Visit Copays	Prescription Copays	Hospital Copays***
Less than $75,000	$225	$500	$300	$550	$1,000	$450
$75,000+	$450	$1,000	$600	$1,100	$2,000	$900

*FTE salary is your annual salary if you work full-time. If you work less than full-time, your FTE is the salary you would earn if you worked full-time at the same rate of pay. Thresholds are based on your FTE salary at the time you submit for reimbursement, not your FTE salary at the time expenses are incurred.

**If you submit expenses for more than one family member, you will be reimbursed for any expenses incurred above the family threshold. If you initially submit expenses for one family member and subsequently submit expenses for another family member, you will not receive additional reimbursements for any family member until the family threshold is met.

***Hospital copayments refer to copayments for emergency room, inpatient and outpatient hospital, and high-tech imaging.

How do I submit for reimbursement?
You will need to submit a completed CRP Reimbursement Request Form and supporting documentation to Benefit Strategies via fax, mail, or secure email (see contact information on the next page).

Benefit Strategies will apply expenses towards your threshold. Your threshold is based on your FTE salary at the time you submit for reimbursement. Eligible expenses submitted above the threshold will be reimbursed to you. As you continue to incur qualifying CRP expenses, you may submit for reimbursement in the same manner.

If you are enrolled in a family plan, you have two options:

- If you have one family member who meets the individual threshold, you can submit expenses for that one family member and be reimbursed for that family member's eligible expenses above the individual threshold. If you then submit expenses for any other family member, you will not receive reimbursements for any family member until you meet the family threshold, at which point you will be reimbursed for eligible expenses above the family threshold.
- If you do not have one family member whose expenses meet the individual threshold, but you have multiple family members whose combined expenses meet the family threshold, you can submit expenses for those family members and be reimbursed for eligible expenses above the family threshold.

What is supporting documentation?
Explanations of Benefits (EOB) from your medical plan carrier or detailed (includes date of service, type of service provided, patient name, etc.), legible receipts from in-network medical providers and pharmacies are considered supporting documentation. Cancelled checks and credit card receipts by themselves are not acceptable.

When and how will I be reimbursed?

Properly completed forms submitted with the required supporting documentation will be expedited for payment in 2-10 business days. You can choose to be reimbursed by check or direct deposit. You will need to provide direct deposit information by logging in to your secure account at www.benstrat.com, or by completing a Benefit Strategies Direct Deposit Authorization Form.

What is the plan year and deadline for submitting expenses?

The plan year runs from January 1 through December 31. Reimbursement requests for expenses *incurred during the plan year* can be sent in at any point in the plan year and no later than **March 31 of the following year.** *Please note thresholds are based on your FTE salary at the time you file for reimbursement, not your FTE salary at the time expenses are incurred.*

How do I view my submitted reimbursement requests?

There are two ways for you to view your submitted requests:

- Log in to your secure account with Benefit Strategies by visiting www.benstrat.com. Click on Client Links, located in the top right corner of home page, to access the link for Harvard University. From there, look for the Secure Account Login button. If you are a first-time user, click on the New User link to create your username and password. After you log in, you will see all plans you are enrolled in with Benefit Strategies.

- Download the Benefit Strategies mobile application, available on Apple App Store and Google Play Store.

Who administers the Harvard University CRP?

Benefit Strategies, LLC is Harvard's administrator for this benefit.

What can I expect from Benefit Strategies?

- Claims will be paid in a timely manner.

- Benefit Strategies representatives can explain how the program works and how to submit for reimbursement. For questions about your medical insurance plan, including what services are covered, you'll need to contact your medical insurance carrier directly.

How do I contact Benefit Strategies?

- **Phone:** 855-HVD-FLEX (855-483-3539) Monday - Thursday from 8:00 AM to 6:00 PM EST and Fridays 8:00 AM to 5:00 PM EST
- **Email:** hvdflex@benstrat.com
- **Web/Online Chat:** www.benstrat.com
- **Fax:** (603) 232-1854
- **Mail:** The Dunlap Building | 967 Elm Street | PO Box 1300 | Manchester, NH 03105-1300

IMPORTANT INFORMATION

> ## Claims for Qualifying Copayment Reimbursement Program expenses incurred during the plan year (January 1 – December 31) MUST BE POSTMARKED by March 31 of the following year.

PLEASE NOTE:

Nothing in this section of the form is intended to supersede or replace the provisions of the Harvard University Medical Reimbursement Plan (the "Plan"). If there is a conflict between this section of the form and the Plan, the Plan will control.

Copayment Reimbursement Program (CRP) and Health Flexible Spending Accounts (FSA):

The CRP is separate from the Health FSA, and you need not elect a Health FSA to take advantage of the CRP. You cannot be reimbursed for the same expenses through the CRP and your Health FSA; however, you may choose to use funds from a Health FSA to cover the copayment thresholds shown in the chart above. Once you have met the applicable threshold, you should submit additional eligible copayments to the CRP (not to your Health FSA), and you will be reimbursed in full for eligible copayments above the threshold. You will need to submit supporting documentation for all copayments, including the threshold amounts, with the CRP reimbursement form.

Qualifying CRP expenses:

In-network office visit, prescription drug, and hospital copayments incurred through your Harvard-sponsored medical plan. For an expense to be eligible, you must meet the participant eligibility criteria at the point the expense is incurred. Out-of-network expenses, dental and vision plan expenses, and expenses incurred for services not covered by the medical plan are not eligible.

When to Submit Your Reimbursement Requests:

Reimbursement requests must be submitted by the deadline, which is March 31 following the close of the plan year (January 1 – December 31); or if March 31 falls on a Saturday, Sunday, or holiday, the next business day. **Please note**, your threshold will be based on your FTE salary at the time you submit for reimbursement, not your FTE salary at the time expenses are incurred.

Supporting Documentation:

You must provide legible receipts from the provider for all qualifying CRP expenses, including expenses that satisfy the applicable threshold, for which you are requesting reimbursement. Receipts must clearly show:

1. Name of person receiving service
2. Nature of service or supplies
3. Name and address of care provider
4. Amount charged to patient
5. Date the service was provided

Keep copies for your records. Explanations of Benefits from the medical plan carrier are also acceptable. Canceled checks and credit card receipts by themselves are **not** acceptable. Failing to submit supporting documentation will delay (or prevent) claims processing.

Employee Information

To update your address or email, please log on to hr.harvard.edu and select the "PeopleSoft" link at the top of any HARVie page and log in. Once in PeopleSoft, click on the My Personal Details tile and make all necessary updates.

Employee Name (First, Last)**:**	**Employee HUID:**
Primary Phone (include area code):	**Email Address** (E-mail is required to receive important account notifications):

Expenses: Please list out all out-of-pocket **QUALIFYING COPAYMENT REIMBURSEMENT PROGRAM EXPENSES**. If you are submitting more than eight dates of service, you may attach a list with the required information and write "see attached" on one of the lines below.

Office Visit (OV) Prescription (RX) Hospital Copay (HC)	Date of Service	Full Name of Covered Person	Service Provided By	Expense Amount
□ OV □ RX □ HC	/ /			$.
□ OV □ RX □ HC	/ /			$.
□ OV □ RX □ HC	/ /			$.
□ OV □ RX □ HC	/ /			$.
□ OV □ RX □ HC	/ /			$.
□ OV □ RX □ HC	/ /			$.

Complete below if any of the above expenses were incurred by your Spouse and/or Dependent

Last four digits of Social Security #	Full Name	Date of Birth	Relationship to Employee
XXX-XX-_ _ _ _		/ /	
XXX-XX-_ _ _ _		/ /	
XXX-XX-_ _ _ _		/ /	

Supporting Documents: Include with this form all Supporting Documentation as defined in the *FAQ important information section.*

Employee Certification:

By signing below, I hereby certify the following:

- I, or my spouse or dependent, has received the services listed above on the dates indicated.
- The expenses listed above are qualifying expenses under the Harvard University Medical Reimbursement Program (the "Plan") and were incurred by me, my spouse, or my eligible dependents as defined by the Plan.
- The expenses listed above have not previously been reimbursed from the Plan or any other reimbursement program or health FSA (for example, my spouse's employer's reimbursement program, medical plan or health FSA), and I will not seek reimbursement for them from any other source, including the Harvard University Medical Plan, Dental Plan, Vision Plan, Health FSA or any other plan.
- I understand the qualifying expenses reimbursed may not be used to claim any federal income tax deduction or credit.

I have read the CRP FAQ and understand that I can request a copy of the Program from Harvard University if I do not currently have a copy.

SIGN HERE:	**Date:**

Form Submission:

E-Mail: hvdflex@benstrat.com   **Mail:** PO Box 1300, Manchester, NH 03105-1300   **FAX:** (603) 232-1854 (15 page max)