

# Harvard University Copayment Reimbursement Program (CRP) FAQ

For Local 26 and SEIU Arboretum



## What is the CRP?

Harvard University provides a unique reimbursement program to assist employees who face high medical costs in a plan year. You do not have to enroll in this coverage. If you are eligible, once you meet the thresholds described below, you may be reimbursed for covered medical costs.

## Who is eligible for the CRP?

You must be an active employee covered under Local 26, HUPA, HUSPMGU, or SEIU; a nonunion Employee of Dumbarton Oaks or Hellenic Center; or a Global Benefit Plan participant; have an annual FTE\* salary of \$95,000 or less; and be enrolled in one of Harvard University's Medical Plans.

## How does this benefit work?

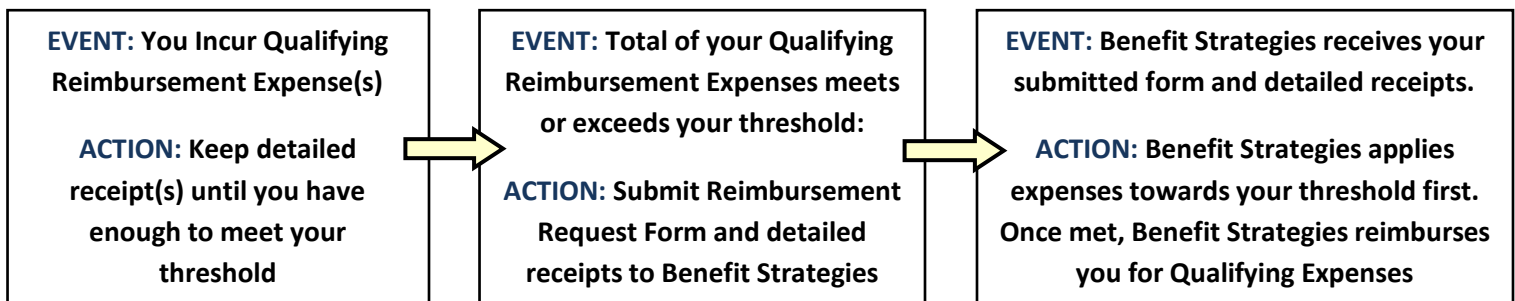
A certain threshold in Qualifying Reimbursement Expenses must be met before reimbursement will be made. The threshold is determined by your FTE salary\*, whether you have individual or family coverage in a Harvard medical plan and, if enrolled in a family plan, whether you submit receipts for one family member or multiple family members:

### COPAYMENT REIMBURSEMENT PROGRAM THRESHOLDS

If My Medical Plan Enrollment Status Is:	And My Full Time Equivalent (FTE) Salary* Is:	My Threshold For In-Network Office Visit Copayments Is:	My Threshold For In-Network Prescription Drug Copayments Is:
Individual; or family but submitting receipts for one family member only** for the plan year	Less Than \$70,000	\$135	\$500
	\$70,000-\$95,000	\$270	\$1,000
Family** and submitting receipts for more than one family member at any point throughout the plan year	Less Than \$70,000	\$330	\$1,000
	\$70,000-\$95,000	\$660	\$2,000

\*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 at the time you submit for reimbursement, not your FTE salary at the time expenses are incurred.

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



## What are Qualifying Copayment Reimbursement Expenses?

The CRP reimburses in-network office visit copayments and prescription drug 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* and at the point the request for reimbursement is received for processing.

## Who administers the Harvard University Medical Copayment Reimbursement Program?

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

## How do I submit for reimbursement?

If you are enrolled in an individual plan, once you have incurred expenses sufficient to meet your threshold amount, submit detailed and legible receipts with a completed CRP Reimbursement Request Form to Benefit Strategies. Benefit Strategies will first apply expenses towards your threshold. Your threshold is based on your FTE salary at the time you submit for reimbursement. Amounts submitted above the threshold will be reimbursed to you. As you continue to incur Qualifying Reimbursement 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 receipts for that one family member and be reimbursed any of that family member's eligible expenses above the individual threshold. Please note, you cannot submit receipts for any other family member(s) for the remainder of the plan year. If you do, you will not receive any additional reimbursements for any family member(s) until you meet the family threshold, at which point you will be reimbursed any 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 who combined meet the family threshold, you can submit receipts for those family members and be reimbursed for any eligible expenses above the family threshold.

## What is Supporting Documentation/Detailed Receipt?

Detailed, legible receipts from in-network medical providers and pharmacy and mail-order pharmacy providers are considered Supporting Documentation. Cancelled checks and credit card receipts by themselves are not acceptable.

## How do I obtain a CRP Reimbursement Request Form?

There are several ways to obtain this form:

- Go to [www.benstrat.com](http://www.benstrat.com). Click on the Harvard University link on the home page and then click on the link for the CRP Reimbursement Request form.
- Go to the [HARVie Forms page](#)
- Request a form be sent to you by contacting Benefit Strategies at 855-HVD-FLEX (855-483-3539) or [hvdflex@benstrat.com](mailto:hvdflex@benstrat.com).

## How do I submit the CRP Reimbursement Request Form?

You may submit forms and supporting documentation to Benefit Strategies via fax, mail or secure email (see contact information at the bottom of the page).

## When and how will I be reimbursed?

Properly completed forms, including all required supporting documentation, received at Benefit Strategies will be expedited for payment as quickly as 2-7 business days and take no longer than 7-10 business days. Participants can choose to be reimbursed by check or direct deposit. You can provide direct deposit information by logging in to your secure account at [www.benstrat.com](http://www.benstrat.com) or by completing a Benefit Strategies Direct Deposit Authorization Form.

## What is my plan year and deadline for submitting expenses?

**Your plan year runs from January 1, 2018 – December 31, 2018.** Reimbursement requests for expenses *incurred during the plan year* can be sent in at any point in the plan year but no later than **March 31, 2019**. 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 several methods available to you:

- Log in to your secure account with Benefit Strategies by visiting [www.benstrat.com](http://www.benstrat.com). Click on the Harvard University link on the home page. 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 login you will see all plans you are enrolled in with Benefit Strategies.
- Download the Benefit Strategies mobile application, available on iTunes and Google Play Store.

## What can I expect from Benefit Strategies?

- Claims will be paid in a timely manner.
- Benefit Strategies representatives will be able to provide information regarding your Harvard University Copayment Reimbursement Program. We can explain how the program works and how to submit for reimbursement. However, for any questions regarding your medical insurance plan and what constitutes covered expenses, please contact your medical insurance carrier directly.
- Our Customer Service Representatives are available Monday through Thursday from 8:00 AM to 6:00 PM (Eastern Time) and on Friday from 8:00 AM – 5:00 PM (Eastern Time) via telephone at 855HVD-FLEX, online chat at [benstrat.com](http://benstrat.com), and email at [hvdflex@benstrat.com](mailto:hvdflex@benstrat.com). Language translators are available, please call for details.



**HARVARD UNIVERSITY COPAYMENT REIMBURSEMENT PROGRAM**

**Copayment Reimbursement Request Form**

For Local 26, SEIU Arboretum, & Global Benefit Plan participants

FAX: (603) 232-1854 (Max of 15 pages)

Address: PO Box 1300, Manchester, NH 03105-1300

E-Mail: hvdflex@benstrat.com

**Employee Information**

To update your address or email, please log into [hr.harvard.edu](http://hr.harvard.edu), and select "PeopleSoft Login" at the top of any HARVie page. Once in PeopleSoft, click on Self-Service>Personal Information and make all necessary updates.

<b>Employee Name</b> (First, Last):		<b>Last 4 digits of SSN:</b>					
		<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
<b>Primary Phone</b> (include area code):		<b>Email Address</b> (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 required information and write "see attached" on one of the lines below.

Office Visit (OV) Prescription (RX)	Date of Service	Full Name of Covered Person	Service Provided By	Expense Amount
<input type="checkbox"/> OV <input type="checkbox"/> RX	/ /			\$ .
<input type="checkbox"/> OV <input type="checkbox"/> RX	/ /			\$ .
<input type="checkbox"/> OV <input type="checkbox"/> RX	/ /			\$ .
<input type="checkbox"/> OV <input type="checkbox"/> RX	/ /			\$ .
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<input type="checkbox"/> OV <input type="checkbox"/> RX	/ /			\$ .
<input type="checkbox"/> OV <input type="checkbox"/> RX	/ /			\$ .
<input type="checkbox"/> OV <input type="checkbox"/> RX	/ /			\$ .

*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 important information section on the reverse side.

**EMPLOYEE CERTIFICATION: By signing below, I hereby certify the following:**

- I or my Spouse or eligible Dependent have received the service(s) listed above on the date(s) indicated.
- The expenses listed above are "Qualifying Copayment Reimbursement Expenses" under the Harvard University Medical Reimbursement Program (the "Plan") and were incurred by me, my "Spouse" or one or more of my eligible "Dependents" as defined in 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 Copayment Reimbursement Expenses reimbursed may not be used to claim any federal income tax deduction or credit.

I have read both the FAQs and the information on the reverse side of this form and understand that I can request a copy of the Program from Harvard University if I do not currently have a copy.

<b>PLEASE SIGN HERE:</b>	<b>Date:</b>
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## 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.

**Eligibility** You must be an active Harvard employee enrolled in the Global Benefit plan; or a Local 26 or SEIU Arboretum union member, have an annual FTE\* salary of \$95,000 or less, and be enrolled in one of Harvard University’s Medical Plans. You can be reimbursed for eligible expenses incurred within the plan year in excess of the following amounts:

Full Time Equivalent (FTE) Salary*	Thresholds (based on your FTE salary at the time you submit for reimbursement)			
	Individual Coverage , or family coverage but submitting receipts for the plan year for one family member only**		Family Coverage submitting receipts for the plan year for two or more family members	
	Office Visit Copays	Prescription Copays	Office Visit Copays	Prescription Copays
Less than \$70,000	\$135	\$500	\$330	\$1,000
\$70,000 - \$95,000	\$270	\$1,000	\$660	\$2,000

\* FTE salary is your annual salary if you work full-time or, for those who work less than full-time, the salary that would be earned working 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 receipts for more than one family member, you will be reimbursed for any expenses incurred above the family threshold. If you initially submit receipts for one family member and receive reimbursement for expenses above the individual threshold, but subsequently submit expenses for another family member, you will not receive additional reimbursements for any family member until the family threshold is met.

**Copayment Reimbursements and Health Flexible Spending Accounts (FSA)** The Copayment Reimbursement Program is separate from the Health FSA, and you need not elect to contribute to a Health FSA to take advantage of the Copayment Reimbursement Program. However, you may choose to use funds from your Health FSA to cover the required copayment thresholds shown in the chart above. Once you have met the applicable required copayment threshold, you should submit all additional eligible copayments to the Copayment Reimbursement Program (not to your Health FSA), and you will be reimbursed in full for those eligible copayment above the threshold. Note that you may not receive reimbursement for the same copayment from both your Health FSA and the Copayment Reimbursement Program. You will need to submit supporting documentation for all copayments.

**Qualifying Copayment Reimbursement Expenses** include in-network office visit and prescription drug copayments incurred through your Harvard-sponsored medical plan. In order for an expense to be eligible, you must meet the participant eligibility criteria at the point the expense is incurred and at the point the request for reimbursement is received for processing. Dental, emergency room copayments and out-of-network expenses are not eligible.

**When To Submit Your Reimbursement Requests** Reimbursement requests not received during the plan year (January 1 – December 31) must be submitted by the end of the run-out period, which is the March 31 following the close of the plan year; 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 Copayment Reimbursement Expenses, including expenses that satisfy the applicable Copayment Reimbursement 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. Canceled checks and credit card receipts by themselves are **not** acceptable. Failing to submit Supporting Documentation will delay (or prevent) claims processing.

**How to Submit Your Reimbursement Requests** You may submit your reimbursement request (this form and all Supporting Documentation) to Benefit Strategies, LLC by fax, mail, or secure email. If your reimbursement request is denied, written notification will be mailed to you. In some cases, you may be allowed to resubmit expenses with proper documentation.