

Harvard University Copayment Reimbursement Program (CRP) FAQ

For ATC, HUCTW (including at Dumbarton Oaks), HUPA, HUSPMGU, LOCAL 26, & SEIU Custodians



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 covered medical costs.

Who is eligible for the CRP?

You must be an active ATC, HUCTW (including employees of Dumbarton Oaks), HUPA, HUSPMGU, LOCAL 26, or SEIU Custodian union member and enrolled in one of Harvard University/Dumbarton Oak'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 full-time equivalent (FTE) salary* and whether you submit expenses for one eligible family member or multiple eligible family members:

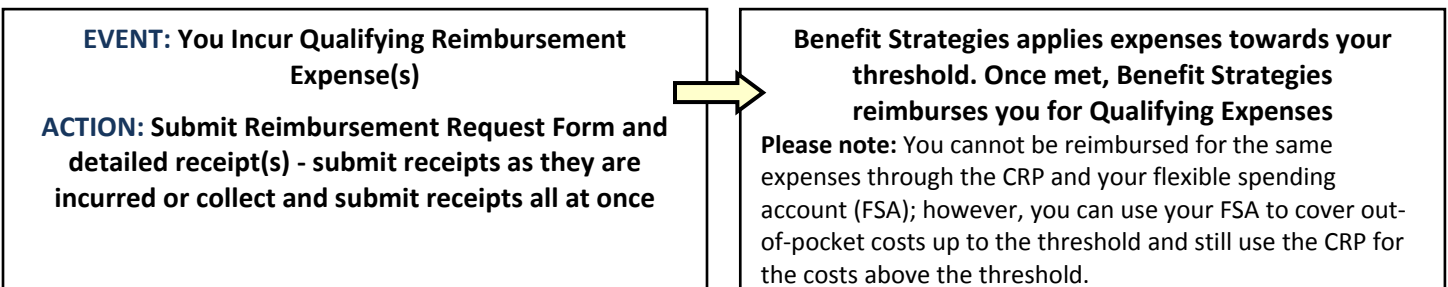
COPAYMENT REIMBURSEMENT PROGRAM THRESHOLDS

Full Time Equivalent (FTE) Salary*	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 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.

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



What are Qualifying Copayment Reimbursement Expenses?

The CRP reimburses 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.

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

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 you can submit detailed and legible receipts with a completed CRP Reimbursement Request Form to Benefit Strategies. Benefit Strategies will 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 expenses for that one family member and be reimbursed any of that family member's eligible expenses above the individual threshold. If you then submit expenses for any other family member(s) incurred during the plan year, 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 expenses 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 retail 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. Click on Client Links, located in the top right corner of the home page, to access the link for Harvard University. Under Plan Information, click on Copayment Reimbursement Plan for the Copayment Reimbursement FAQ and 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.

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 submitted with all required supporting documentation 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 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, 2019 – December 31, 2019. 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, 2020**. *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. 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 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 855-HVD-FLEX, online chat at benstrat.com, and email at hvdflex@benstrat.com. Language translators are available, please call for details.



HARVARD UNIVERSITY COPAYMENT REIMBURSEMENT PROGRAM REQUEST FORM

For ATC, HUCTW (including at Dumbarton Oaks), HUPA, HUSPMGU, LOCAL 26 & SEIU Custodian

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, and select "PeopleSoft" link at the top of any HARVie page. Once in PeopleSoft, click on Self-Service>Personal Information and make all necessary updates.

Employee Name (First, Last):	Last 4 digits of SSN: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
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
<input type="checkbox"/> OV <input type="checkbox"/> RX <input type="checkbox"/> HC	/ /			\$.
<input type="checkbox"/> OV <input type="checkbox"/> RX <input type="checkbox"/> HC	/ /			\$.
<input type="checkbox"/> OV <input type="checkbox"/> RX <input type="checkbox"/> HC	/ /			\$.
<input type="checkbox"/> OV <input type="checkbox"/> RX <input type="checkbox"/> HC	/ /			\$.
<input type="checkbox"/> OV <input type="checkbox"/> RX <input type="checkbox"/> HC	/ /			\$.
<input type="checkbox"/> OV <input type="checkbox"/> RX <input type="checkbox"/> HC	/ /			\$.
<input type="checkbox"/> OV <input type="checkbox"/> RX <input type="checkbox"/> 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 with 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 Dependent has 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.

PLEASE SIGN HERE:	Date:
--------------------------	--------------

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 covered by ATC, HUCTW union (including employees of Dumbarton Oaks who are covered by HUCTW), HUPA, HUSPMGU, Local 26, or SEIU Custodian and enrolled in a Harvard/Dumbarton Oaks medical plan. 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 expenses for the plan year for one family member only**			Family Coverage** submitting expenses for the plan year for two or more family members		
	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 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 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 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.

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

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 Copayment Reimbursement Expenses include in-network office visit, prescription drug, and hospital 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. Out-of-network expenses and dental plan and vision plan expenses are not eligible.

When To Submit Your Reimbursement Requests Reimbursement requests must be submitted by the end of the run-out period, 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. 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.