Reimbursement Programs

Harvard offers two reimbursement programs: a Reimbursement Program for Faculty, Administrative and Professional Staff, other Nonunion Staff, & the HAW union; and a Copayment Reimbursement Program for Union Staff.

REIMBURSEMENT PROGRAM (FACULTY, NONUNION STAFF, POSTDOCS, & HAW UNION MEMBERS)

Harvard's Reimbursement Program provides financial assistance for faculty, nonunion staff, postdocs, and eligible HAW union members who earn less than $120,000 annually (FTE salary*) and experience high medical costs. The program provides reimbursement for in-network, plan-approved, out-of-pocket medical expenses above certain thresholds if you are enrolled in a Harvard HMO, POS, or PPO plan, including Plus plans. (HDHP participants are not eligible.) You do not need to enroll in the program, but you do need to file a claim to be reimbursed. Eligible expenses must be incurred in the Plan Year (January 1–December 31).

All in-network, plan-approved, out-of-pocket medical expenses (except premiums) count toward the thresholds and amounts over the threshold are eligible for reimbursement. This includes office visits, emergency room and pharmacy copayments, deductibles, and coinsurance. You cannot be reimbursed for the same expenses from a Health Flexible Spending Account (FSA) and the Reimbursement Program, but you can use an FSA to cover out- of-pocket costs up to the threshold and still use the Reimbursement Program for costs above the threshold.

REIMBURSEMENT PROGRAM THRESHOLDS

IF YOUR FTE* SALARY IS...	YOU CAN BE REIMBURSED FOR COSTS ABOVE THESE AMOUNTS	
	INDIVIDUAL (SEE PAGE 3 FOR IMPORTANT DEFINITIONS)	FAMILY (SEE PAGE 3 FOR IMPORTANT DEFINITIONS)
< $40,000	$600	$600
$40,000–$49,999	$900	$1,000
$50,000–$59,999	$1,000	$1,300
$60,000–$69,999	$1,000	$1,700
$70,000–$79,999	$1,000	$2,000
$80,000–$89,999	$1,350	$2,450
$90,000–$99,999	$1,350	$2,950
$100,000–$109,999	$1,600	$3,450
$110,000–$119,999	$1,600	$4,200

* FTE (full-time equivalent) 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 request reimbursement, not at the time expenses are incurred.

COPAYMENT REIMBURSEMENT PROGRAM (UNION)

The Copayment Reimbursement Program is a unique benefit that reimburses out-of-pocket, plan-approved, in-network copayments for office visits and prescription drugs, as well as hospital copayments for some unions, above certain thresholds if you are enrolled in a Harvard-sponsored medical coverage. Out-of- network expenses are not eligible. While you do not need to enroll in this program, you will need to file a claim to get reimbursed. Eligible expenses must be incurred in the Plan Year (January 1–December 31).

Members of ATC, HUCTW,* HUPA, Local 26 and SEIU

ENROLLMENT STATUS	FTE SALARY†	OFFICE VISITS THRESHOLD	PRESCRIPTION DRUG THRESHOLD	HOSPITAL COPAYS‡ THRESHOLD
INDIVIDUAL (see page 3 for important definitions)	<$75,000	$225	$500	$300
	$75,000+	$450	$1,000	$600
FAMILY (see page 3 for important definitions)	<$75,000	$550	$1,000	$450
	$75,000+	$1,100	$2,000	$900

* D.C. employees enrolled in the high deductible health plan are not eligible for this program.

† Full-time equivalent 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 salary at the time you request reimbursement, not at the time expenses are incurred.

‡ Hospital copayments refer to copayments for emergency room care/services, inpatient and outpatient hospital care/services, and high-tech imaging.

Remember: You cannot be reimbursed for the same expenses through the Copayment Reimbursement Program and the Health Care FSA. However, you may cover expenses up to the thresholds shown above with money saved in your FSA without affecting your eligibility for the Copayment Reimbursement Program.

Washington, D.C.-based employees at The Center for Hellenic Studies, VPPAC Washington, and Dumbarton Oaks (except those covered by HUCTW, see chart above)*

ENROLLMENT STATUS	FTE SALARY†	OFFICE VISIT THRESHOLD	PRESCRIPTION DRUGS THRESHOLD
INDIVIDUAL (see page 3 for important definitions)	<$70,000	$135	$500
	$70,000–$95,000	$270	$1,000
FAMILY (see page 3 for important definitions)	<$70,000	$330	$1,000
	$70,000–$95,000	$660	$2,000

* Not eligible if enrolled in the high deductible health plan.

† FTE (full-time equivalent) 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 salary at the time you request reimbursement, not at the time expenses are incurred.

Remember: You cannot be reimbursed for the same expenses through the Copayment Reimbursement Program and the Health Care FSA. However, you can cover expenses up to the thresholds with money saved in your FSA without affecting your eligibility for the Copayment Reimbursement Program.

INDIVIDUAL AND FAMILY THRESHOLD DEFINITIONS

INDIVIDUAL: Submit under Individual thresholds if you have individual medical plan coverage, or if you have family medical coverage (including employee + spouse/domestic partner or employee + children, if eligible) but are submitting for one family member only for the year.

FAMILY: Submit under Family thresholds if you have family medical coverage (including employee + spouse/domestic partner or employee + children, if eligible) and are submitting receipts for more than one covered family member at any point throughout the year.

If you submit claims for more than one family member, you will be reimbursed for eligible expenses above the family threshold. If you initially submit for one family member under Individual threshold and receive reimbursement, and then subsequently submit claims for additional family members, you will not receive further reimbursements for any family member until the full family threshold is met.

SUPPLEMENTAL HEALTH CARE FUND FOR LOCAL 26

If you are a member of Local 26 and enrolled in one of the Harvard-sponsored HMO or POS plans, you may be reimbursed for emergency room, hospital, and high-tech imaging copayments through the Supplemental Health Care Fund. You do not need to meet any salary or expense thresholds to apply for reimbursement through this fund.

You cannot submit the same expense to both the Copayment Reimbursement Fund and the Supplemental Health Care Fund and cannot be reimbursed for expenses that have already been paid using a Flexible Spending Account (FSA). Reimbursement requests for 2026 copayments must be postmarked by January 31, 2027. See the Supplemental Health Care Fund FAQ and Claim Form for more information and to file a reimbursement claim.

REQUESTING REIMBURSEMENT

Sentinel Group is the administrator for these programs. Claims for eligible expenses paid during the calendar year must be postmarked by March 31 of the subsequent calendar year (except eligible claims under the Local 26 Supplemental Health Care Fund, which must be postmarked by January 31 of the subsequent year).

To be reimbursed, you must submit the reimbursement request form along with the original receipts and other supporting documentation, as described on the request form. You can find the forms and more information by going to Sentinel Group's Harvard Microsite.

Sentinel Group
100 Quannapowitt Parkway
P.O. Box 4010
Wakefield, MA 01880
833-562-5510
Sentinelgroup.com/Harvard-university