

# REIMBURSEMENT PROGRAMS

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

## REIMBURSEMENT PROGRAM (FACULTY AND NONUNION STAFF)

Harvard's Reimbursement Program provides financial assistance for faculty and nonunion staff who earn less than \$110,000 annually (FTE salary\*) and experience high medical costs. The program provides reimbursement for in-network, out-of-pocket medical expenses above certain thresholds for those enrolled in a Harvard HMO, POS or PPO plan. (HDHP participants are not eligible.) You do not need to enroll in the program, but you do need to file a claim form in order to be reimbursed. Eligible expenses must be incurred in the Plan Year (January 1–December 31).

All in-network, out-of-pocket medical expenses (except premiums) count toward the thresholds and amounts over the threshold will be eligible for reimbursement. This includes office visits, emergency room and pharmacy copayments, deductibles and coinsurance. You may not be reimbursed for the same expenses from both a Health Flexible Spending Account (FSA) and the Reimbursement Program, but you may 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)
< \$30,000	\$600	\$600
\$30,000–\$39,999	\$800	\$900
\$40,000–\$49,999	\$900	\$1,200
\$50,000–\$59,999	\$900	\$1,600
\$60,000–\$69,999	\$900	\$1,900
\$70,000–\$79,999	\$1,250	\$2,300
\$80,000–\$89,999	\$1,250	\$2,800
\$90,000–\$99,999	\$1,500	\$3,300
\$100,000–\$109,999	\$1,500	\$4,000

\* 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 in-network copayments for office visits and prescription drugs, as well as hospital copayments for some unions, above certain thresholds. This program is available to employees with 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 in order 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, HPAC and Dumbarton Oaks (except those covered by HUCTW)\*

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.

† 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 may cover expenses up to the thresholds shown above with money saved in your FSA without affecting your eligibility for the Copayment Reimbursement Program.

# 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 in order 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 claims for 2023 copayments must be postmarked by January 31, 2024. See the [Supplemental Health Care Fund FAQ and Claim Form](#) for more information and to file a reimbursement claim.

## 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 receipts 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 receipts for additional family members, you will not receive further reimbursements for any family member until the full family threshold is met.

## REQUESTING REIMBURSEMENT

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

To be reimbursed, you must submit a reimbursement request form along with original receipts and other supporting documentation, as described on the request form. Submission deadline for the Reimbursement Program and Copayment Reimbursement Program: 2023 claims must be submitted by March 31, 2024. Submission deadline for the Supplemental Health Care Fund for Local 26 Members for 2023 is January 31, 2024.

You can find forms by going to HARVie [Forms & Documents](#) > Reimbursement Programs; or on [Voya's website](#).

Submit the form to:

Harvard University Reimbursement Program  
OR Harvard University Copayment Reimbursement Program  
c/o Voya Financial  
P.O. Box 1300  
Manchester, NH 03105-1300  
Fax: 603-232-1854  
Email: [hvdflex@voya.com](mailto:hvdflex@voya.com)  
Online: [benstrat.com](https://benstrat.com)  
Phone: 855-483-3539

