

Voya Health Account Solutions

Living today, planning for tomorrow

Harvard University Copayment Reimbursement Program (CRP) FAQ and Reimbursement Request Form

For Dumbarton Oaks (except those covered by HUCTW), Center for Hellenic Studies, and VPPAC

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 employee of Dumbarton Oaks Center for Hellenic Studies, or VPPAC in D.C., have an annual full-time equivalent (FTE) salary* of \$95,000 or less, and be enrolled in one of the Harvard University-sponsored medical plans.

What are qualifying CRP expenses?

The CRP reimburses plan-covered in-network office visit 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*. 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, Voya Financial reimburses you amounts above the threshold.

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:

COPAYMENT REIMBURSEMENT PROGRAM THRESHOLDS			
Coverage Level:*	Full-Time Equivalent (FTE) Salary:†	Threshold for In-Network Office Visit Copayments:	Threshold for In-Network Prescription Drug Copayments:
Individual or family coverage but submitting expenses for one family member only for the plan year	Less Than \$70,000	\$135	\$500
	\$70,000-\$95,000	\$270	\$1,000
Family coverage and submitting expenses for more than one family member at any point during 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 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.

How do I submit for reimbursement?

You will need to submit a completed CRP Reimbursement Request Form and supporting documentation to Voya Financial via fax, mail, or secure email (see contact information on the next page). Voya Financial 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 myhealthaccountsolutions.voya.com or by completing a Voya Financial [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 Voya Financial by visiting myhealthaccountsolutions.voya.com. From there, enter your username and password and click **Enter**. Click the **Register Now** button if you have not registered previously and follow the prompts.
- Download the Voya Financial mobile application, available on Apple App Store and Google Play Store.

What can I expect from Voya Financial?

- Claims will be paid in a timely manner.
- Voya Financial 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 will need to contact your medical insurance carrier directly.

How do I contact Voya Financial?

- **Phone:** 855-HVD-FLEX (855-483-3539) Mon. – Thur. from 8:00 AM to 6:00 PM EST and Fridays 8:00 AM to 5:00 PM EST
- **Email:** hvdflex@voya.com
- **Web:** <https://presents.voya.com/Content/Delivers/harvard/>
- **Fax:** (603) 232-1854
- **Mail:** PO Box 1168 | Minneapolis, MN 55440

Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by Voya Institutional Trust Company.

IMPORTANT INFORMATION

Claims for Qualifying 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. 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, expenses reimbursed through an FSA, 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)	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	/ /			\$.
<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 Eligible 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 FAQs and Important Information section.

Employee Certification:

By signing below, I hereby certify the following:

- I or my eligible dependent has received the service(s) listed above on the date(s) indicated.
- The expenses listed above are qualifying expenses under the Harvard University Medical Reimbursement Program (the “Plan”) and were incurred by me or my eligible dependent 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 Health Plans, 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:
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Form Submission:

E-Mail: hvdflex@voyaflex.com **Mail:** PO Box 1168, Minneapolis, MN 55440 **FAX:** (603) 232-1854 (15 page max)

Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by Voya Institutional Trust Company.

This highlights some of the benefits of these accounts. If there is a discrepancy between this material and the plan documents, the plan documents will govern. Subject to any applicable agreements, Voya and WEX Health, Inc. reserve the right to amend or modify the services at any time.

