

# Voya Health Account Solutions

Living today, planning for tomorrow

## Harvard University Reimbursement Program (RP) FAQ and Reimbursement Request Form

For faculty or non-union staff members

### What is the RP?

Harvard University provides a unique reimbursement program to assist employees who face high medical costs during the plan year. You do not have 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 cannot exceed your insurance plan's total out-of-pocket maximum amount.

### Who is eligible for the RP?

You must be a faculty or non-union staff member, have an annual full-time equivalent (FTE) salary\* of less than \$110,000, and be enrolled in a Harvard University sponsored medical plan other than the High Deductible Health Plan.

### What are qualifying RP expenses?

The RP reimburses plan-covered in-network medical plan expenses including deductible, co-insurance, emergency room copayments, office visit copayments, and prescription drug copayments. 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 RP expenses.

### 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:

Full Time Equivalent (FTE) Salary*	REIMBURSEMENT PROGRAM THRESHOLDS	
	In-Network out-of-pocket expenses including deductible, coinsurance, emergency room copayments, office visit copayments, and prescription drug copayments	
	Individual <sup>†</sup> or family coverage and submitting expenses for one family member only for the plan year	Family Coverage <sup>†</sup> and submitting expenses for more than one family member at any point during the plan year
Less Than \$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

\*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.

<sup>†</sup> 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.

## How does the RP work?

You incur Qualifying RP Expenses → You submit for reimbursement → Once threshold is met, Voya Financial reimburses you amounts over the threshold.

**Please note:** You cannot be reimbursed for the same expenses through the RP 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 RP for the costs above the threshold.

## How do I submit for reimbursement?

You will need to submit a completed RP Reimbursement Request form and supporting documentation to Voya Financial via fax, mail, or secure email (see contact information at the bottom of the 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 RP 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 any eligible expenses above the family threshold.

## What is supporting documentation?

Explanations of Benefits (EOB) from your medical plan carrier and 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](https://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 claims:

- Log in to your secure account with Voya Financial by visiting [myhealthaccountsolutions.voya.com](https://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) Monday - Thursday from 8:00 AM to 6:00 PM EST; Fridays 8:00 AM to 5:00 PM EST
- **Email:** [hvdflex@voyacom](mailto:hvdflex@voyacom)
- **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.

## Reimbursement Program (RP) and Health Flexible Spending Accounts (FSA):

The RP is separate from the Health FSA, and you need not elect to contribute to a Health FSA to take advantage of the RP. You cannot be reimbursed for the same expenses through the RP and your Health FSA; however, you may choose to use funds from your Health FSA to cover the thresholds. Once you have met the applicable threshold, you should submit receipts for additional eligible expenses to the RP (not to your Health FSA), and you will be reimbursed in full for eligible expenses above the threshold. You will need to submit supporting documentation for all deductibles, coinsurance, and copayments, including the threshold amounts, with the RP reimbursement form.

## Qualifying RP expenses:

In-network office visit, out-of-pocket medical expenses including deductible, coinsurance, and emergency room, office visit and prescription 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. 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 RP 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](http://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 HUD:
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 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.

Date of Service	Full Name of Covered Person	Service Provided By	Expense Amount
/ /			\$ .
/ /			\$ .
/ /			\$ .
/ /			\$ .
/ /			\$ .
/ /			\$ .

**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 FAQ and Important Information sections.

**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 of 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 RP FAQ and understand that I can request a copy of the Program from Harvard University if I do not currently have a copy.**

<b>SIGN HERE:</b>	<b>Date:</b>
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**Form Submission:**

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

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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.

