FAQs about Harvard Benefits for Open Enrollment 2016

Q. If I choose the High Deductible Health Plan (HDHP) for my family, how do the deductible and out-of-pocket maximums work? I understand it is different from the other plans Harvard offers.

A. With the HDHP, all services that are not for preventive care as defined by the federal Affordable Care Act are subject to the deductible, including prescription costs. You pay the cost of care until you meet the annual deductible, at which point, the plan begins sharing in the cost. If you have family coverage with the HDPH, you must meet the full family deductible of $3,000 before the plan begins paying. Costs received both in-network and out-of-network may be applied toward the deductible. (This is different from out HMO, POS and PPO plans, where there are per person deductibles even if you have family coverage as well as separate deductibles in- and out-of-network care.)

Once you reach the deductible, you will pay coinsurance (or copayments for prescriptions) until you reach the annual out-of-pocket maximum. Once you reach the out-of-pocket maximum, the plan pays 100% of additional costs for the calendar year. If you have family coverage with the HDPH, you must meet the entire family out-of-pocket maximum before the plan begins paying 100%. The family out-of-pocket maximum is $6,000 for in-network coverage and $12,000 for out-of-network coverage. In-network and out-of-network maximums accrue separately.

Q. Can you give me more information about the outpatient labs and X-rays that will no longer be subject to deductibles and coinsurance? What does that include?

A. Diagnostic lab and X-ray services performed at an in-network outpatient setting will no longer have cost sharing.

Examples include:

- Viral tests, to test for the presence of a virus (such as for chicken pox, hepatitis, influenza, rotavirus, RSV)
- Throat cultures (such as used to test for strep throat, whooping cough, or pneumonia)
- Blood and urine tests, skin prick tests, stool cultures, chemistry screens (these tests may be used to test for many things such as to detect your level of electrolytes, hormones, cholesterol or blood sugar; to detect an infection; or to identify allergies)
- All types of X-rays performed in an outpatient setting (excluding high-tech or advanced imaging such as MRIs, CT Scans, Nuclear Cardiology, and PET Scans)
- Pre-natal ultrasounds
- Diagnostic mammography
- Pre-admission testing
- Outpatient machine tests such as pulmonary function tests and holter monitors

More information about whether a specific test or procedure is covered will be available through your health plan.
Q. If I choose the new POS Plus plan to reduce out-of-pocket costs, will my premium payments be greater?

A: Yes. The POS Plus plan is designed for the Harvard community members who asked for greater predictability at the point of care. It means higher premiums but lower out-of-pocket costs. The premium for the POS Plus plan is higher because costs are shifted from point of care to premiums, with only copays at the point of care and full coverage of any hospitalization and advanced testing without deductibles or coinsurance.

Q. Why isn’t there an HMO plan without deductibles and co-insurance?

A. Our first objective was to respond to Harvard community members who asked for more predictability in costs and said that they were willing to pay higher premiums to get that greater predictability. This was the most often expressed view from those who provided feedback on the 2015 plans. The University Benefits Committee examined a number of options to reach that goal, and concluded that the new plan was best offered as a POS because that meant access to the widest range of behavioral health providers, such as psychiatrists and psychologists. The UBC will continue to monitor health benefit plans use and cost to allow the university to continue to consider how to improve coverage.

Q: Why are premiums increasing more than 7%?

A: Premiums are increasing because of medical price inflation and an increase in the cost of claims. Changes in the 2016 health benefits – including new salary tiers and more generous reimbursements – are intended to help faculty and staff with costs. And Harvard will continue to provide current benefits eligible faculty and nonunion staff an equal dollar premium subsidy by salary tier for all plans.