Benefits Open Enrollment for Harvard Staff Members in the Bargaining Units of HUCTW, ATC, HUPA, HUSPMGU, and SEIU Custodians is October 25–November 8, 2017.

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  • Dental
  • Vision
  • Long Term Disability Insurance
  • Supplemental Life Insurance
  • NEW Dependent Life Insurance
  • NEW Hyatt Legal Plan

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MAKE YOUR BENEFIT ELECTIONS
BY 11:59 P.M. ET ON
WEDNESDAY, NOVEMBER 8, 2017.

PREPARE

☑ Visit hr.harvard.edu/open-enrollment-2018 to learn more about your options.

☑ Attend a Benefits Fair, where you can meet representatives from Harvard’s plans (see page 18 for more information).

☑ Have questions? Email benefits@harvard.edu or call 617-496-4001 any business day between 9:00 a.m. and 5:00 p.m. ET.

REVIEW

☑ Review your medical, dental, and/or vision coverage.

☑ Consider additional life insurance (including the new Dependent Life Insurance), Long Term Disability Insurance, and/or the new Hyatt Legal Plan.

☑ Estimate your out-of-pocket costs if you want to contribute to a Health Care or Dependent Care Flexible Spending Account (FSA).

ACT

☑ Make any changes to your medical, dental, and/or vision care coverage.

☑ Enroll in the FSA that suits your needs: Health Care and/or Dependent Care.
Harvard Benefits Open Enrollment is your opportunity to review and make changes to your health and welfare benefit elections for 2018. From medical plans to tax-advantaged medical reimbursement accounts, you can select the benefits that best meet the needs of yourself and your family.

Please take the time to read through this brochure to make sure you understand the full spectrum of benefits available to you.

WHAT’S NEW:

Effective January 1, 2018

FOR ALL MEMBERS

1. The Health Maintenance Organization (HMO) and Point-of-Service (POS) plans will have new copayments for office visits and therapies (chiropractic, acupuncture, physical therapy, etc.).

2. Dependent Life Insurance will be available for your spouse/domestic partner and/or dependent child(ren). Employee must be enrolled in Supplemental Life Insurance to elect Dependent Life Insurance. See page 14 for more details.

3. The Hyatt Legal Plan provides fully covered legal services from attorneys who specialize in estate planning, civil suits, adoption, identity theft issues, and much more. See page 15 for more details.

4. Changes will be made to the Copayment Reimbursement Program to reflect new plan copayments.

5. Effective January 1, 2018, you will be able to get up to a 90-day prescription filled at any CVS pharmacy.

FOR MEMBERS OF HUPA, HUSPMGU, and SEIU CUSTODIANS

1. The Harvard Pilgrim Health Care (HPHC) Preferred Provider Organization (PPO) plan is being eliminated. Participants can elect another plan during Open Enrollment. If you are in the PPO and do not make another choice, you will automatically be enrolled in the HPHC POS plan for 2018.

2. The HMO and POS plans will have new copayments for hospital services and high-tech imaging.

3. The dental plan will offer an additional level of benefits.

4. A fourth salary tier for monthly premium contributions for those with a full-time equivalent salary of less than $55,000 will be added, providing additional financial support for some lower-paid employees.
Remember! Open Enrollment is your chance to:

• Change, elect, or drop medical, dental, and/or vision coverage.
• Update your medical, dental, and/or vision coverage to add or remove a dependent.
• Contribute to a Health Care FSA and/or Dependent Care FSA. **Note: 2017 FSA elections do not carry over to 2018.**
• Elect Long Term Disability Insurance (requires evidence of insurability).
• Elect or increase Supplemental Life Insurance coverage for yourself (requires evidence of insurability).
• Elect new Dependent Life Insurance for your spouse/domestic partner and/or dependent child(ren) (spouse/domestic partner coverage above $50,000 requires evidence of insurability). **Employee must be enrolled in Supplemental Life Insurance to elect Dependent Life Insurance.** For more information, see page 14.
• Enroll in the new Hyatt Legal Plan.

If you do not make any changes, your 2017 elections will carry over to 2018—with the following exceptions:

• Participants in the HPHC PPO plan will be enrolled in the HPHC POS plan effective January 1, 2018.
• You must enroll in the FSA every year. Your 2017 elections will not carry over to 2018.
COMPARE YOUR MEDICAL PLANS

Harvard offers you a choice of several medical plans, listed below. For more information, visit your health plan’s website.

YOUR MEDICAL PLAN OPTIONS

Harvard offers subsidized medical coverage from Harvard University Group Health Plan (HUGHP) and Harvard Pilgrim Health Care (HPHC). You may select individual or family coverage from the following types of plans:

- **Health Maintenance Organization (HMO)** – With an HMO, you select a primary care physician (PCP), who coordinates your care and can provide you with referrals to in-network specialists. Out-of-network care is not covered except in certain emergency situations.

- **Point-of-Service (POS)** – As with an HMO, you designate a PCP. However, you have the flexibility to use out-of-network providers with higher out-of-pocket costs.

There are no deductibles or coinsurance for in-network care in any of the health plans.

As a reminder, participants in the HPHC Preferred Provider Organization (PPO) plan who do not choose another option will be enrolled in the HPHC POS plan effective January 1, 2018.

**HUCTW MEMBERS ONLY**

If you elect to switch from HPHC to HUGHP or newly elect HUGHP during Open Enrollment, you will receive a reimbursement of your first two months of premiums. The reimbursement will appear in one of your February 2018 paychecks.

**SEIU CUSTODIANS MEMBERS ONLY**

Your union also offers you the option of combined medical, dental, and vision coverage for yourself and your eligible dependents (registered domestic partners are not eligible for this coverage) at no cost. If you waive coverage in the Harvard-sponsored HMO or POS plan or the SEIU plan, you will be required to complete a form to show evidence of other health coverage. Harvard Benefits will send you this form at the end of the Open Enrollment period. Note: If you enroll in the SEIU plan, you cannot also be enrolled in Harvard’s dental or vision plans.

**HUSPMGU MEMBERS ONLY**

If you enroll or continue coverage in the one of the Harvard-sponsored HMO or POS plans for 2018, you will receive a $275 contribution to a Health Care FSA to help pay for eligible out-of-pocket medical, dental, and vision care expenses for yourself and your eligible dependent(s). You must elect the FSA during the Open Enrollment period in order to receive Harvard’s tax-free contribution, even if you do not wish to make your own contributions. Simply make an election of $0. See page 11 for more information.
### 2018 Medical Plan Overview

<table>
<thead>
<tr>
<th>IN-NETWORK OUT-OF-POCKET MAXIMUM</th>
<th>INDIVIDUAL</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$2,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>$4,600</td>
<td>$7,200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN-NETWORK MEMBER COSTS</th>
<th>HMO</th>
<th>POS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td>Preventive Care as Defined by Affordable Care Act</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Office Visits—PCP and Specialist</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Physical/Occupational Therapy (Physical and/or occupational therapy visits are limited to 60 visits per calendar year.)</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Chiropractic Care (Chiropractic visits are limited to 18 visits per calendar year.)</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Acupuncture (Acupuncture visits are limited to 20 visits per calendar year.)</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>High-Tech Imaging (MRI, PET scan, CT scan, etc.)</td>
<td>$50 copayment</td>
<td>$50 copayment</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>Inpatient: $100 copayment per admission Outpatient: $25 copayment</td>
<td>Inpatient: $100 copayment per admission Outpatient: $25 copayment</td>
</tr>
<tr>
<td>Outpatient Diagnostic Labs/X-Rays</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

For more information, visit hr.harvard.edu/open-enrollment-2018
## Benefits Open Enrollment for Harvard Staff Members in the Bargaining Units of HUCTW, ATC, HUPA, HUSPMGU, and SEIU Custodians is October 25–November 8, 2017.

### Prescription drug costs

<table>
<thead>
<tr>
<th>Prescription Drug Costs</th>
<th>Generic</th>
<th>Preferred Brand</th>
<th>Non-Preferred Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail at participating pharmacy (up to 30-day supply)</td>
<td>$7</td>
<td>$20</td>
<td>$45</td>
</tr>
<tr>
<td>Mail order through OptumRx (up to 90-day supply)</td>
<td>$14</td>
<td>$50</td>
<td>$110</td>
</tr>
<tr>
<td>Out-of-network (POS only)</td>
<td>Submit receipt to be reimbursed cost minus applicable in-network copayment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Out-of-network POS (All Plans)

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Individual</td>
<td>$750</td>
<td></td>
</tr>
<tr>
<td>Family Maximum</td>
<td>$2,500</td>
<td></td>
</tr>
<tr>
<td><strong>OUT-OF-POCKET MAXIMUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Individual</td>
<td>$2,500</td>
<td></td>
</tr>
<tr>
<td>Family Maximum</td>
<td>$7,500</td>
<td></td>
</tr>
<tr>
<td><strong>MEMBER PAYS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member-Paid Coinsurance</td>
<td>30% after out-of-network deductible</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Inpatient: deductible, then 30% coinsurance Outpatient: 20% coinsurance, no deductible</td>
<td></td>
</tr>
</tbody>
</table>

### Have questions for your health plan?

Call **Harvard University Group Health Plan** at **617-495-2008** or visit **hughp.harvard.edu**.

Call **Harvard Pilgrim Health Care** at **888-333-4742** or visit **harvardpilgrim.org**.

SEIU members can call their plan at **800-551-3225**.
Harvard will continue its progressive practice of using salary tiers to make premiums more affordable for those who earn less. Salary tiers are based on full-time equivalent (FTE) salary. If you work part-time, your salary tier and deductions are based on your FTE salary.

<table>
<thead>
<tr>
<th>MONTHLY COST BY SALARY TIER</th>
<th>TIER 1 LESS THAN $55,000</th>
<th>TIER 2 $55,000–$74,999</th>
<th>TIER 3 $75,000–$99,999</th>
<th>TIER 4 $100,000 AND ABOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INDIVIDUAL</td>
<td>FAMILY</td>
<td>INDIVIDUAL</td>
<td>FAMILY</td>
</tr>
<tr>
<td>HMO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvard University Group Health Plan (HUGHP)</td>
<td>$85</td>
<td>$230</td>
<td>$98</td>
<td>$265</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care (HPHC)</td>
<td>$98</td>
<td>$266</td>
<td>$111</td>
<td>$301</td>
</tr>
<tr>
<td>POS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUGHP</td>
<td>$118</td>
<td>$320</td>
<td>$131</td>
<td>$355</td>
</tr>
<tr>
<td>HPHC</td>
<td>$132</td>
<td>$359</td>
<td>$145</td>
<td>$394</td>
</tr>
</tbody>
</table>
The Copayment Reimbursement Program is a unique benefit that reimburses out-of-pocket in-network copayments above certain thresholds for office visits, prescription drugs, and hospital services. To be eligible for this program, employees must be enrolled in a Harvard-sponsored HMO or POS plan. Once you meet the appropriate threshold, there is no limit to the amount you can be reimbursed, and there is no salary limit for participation. (Out-of-network expenses are not eligible.)

Remember: You may not 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. Benefits Strategies administers the program, and claim forms are available at hr.harvard.edu/reimbursement-programs.

### LEARN ABOUT THE COPAYMENT REIMBURSEMENT PROGRAM

The Copayment Reimbursement Program is a unique benefit that reimburses out-of-pocket in-network copayments above certain thresholds for office visits, prescription drugs, and hospital services. To be eligible for this program, employees must be enrolled in a Harvard-sponsored HMO or POS plan. Once you meet the appropriate threshold, there is no limit to the amount you can be reimbursed, and there is no salary limit for participation. (Out-of-network expenses are not eligible.)

### PLEASE REVIEW THE FOLLOWING TABLE FOR THE 2018 THRESHOLDS:

<table>
<thead>
<tr>
<th>ENROLLMENT STATUS</th>
<th>FTE SALARY*</th>
<th>OFFICE VISITS THRESHOLD</th>
<th>PRESCRIPTION DRUG THRESHOLD</th>
<th>HOSPITAL COPAYMENTS** THRESHOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Enrolled in individual coverage or family coverage and submitting receipts for one family member only for the plan year)</td>
<td>&lt; $75,000</td>
<td>$225</td>
<td>$500</td>
<td>$300</td>
</tr>
<tr>
<td></td>
<td>$75,000+</td>
<td>$450</td>
<td>$1,000</td>
<td>$600</td>
</tr>
<tr>
<td><strong>FAMILY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Enrolled in family coverage and submitting receipts for more than one family member at any point throughout the plan year)</td>
<td>&lt; $75,000</td>
<td>$550</td>
<td>$1,000</td>
<td>$450</td>
</tr>
<tr>
<td></td>
<td>$75,000+</td>
<td>$1,100</td>
<td>$2,000</td>
<td>$900</td>
</tr>
</tbody>
</table>

* If you work part-time, your salary tier is based on your FTE salary.

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

Please review the following table for the 2018 thresholds:
SAVE ON ELIGIBLE EXPENSES

FSA

You can contribute to your FSA before taxes are withheld from your paycheck, thus decreasing your taxable income. With a convenient FSA debit card, you can quickly pay for eligible expenses. Plus, the full amount of your Health Care FSA is immediately available to you as of January 1. Harvard offers two types of FSAs:

1. **Health Care FSA** – Used to pay for eligible out-of-pocket medical, dental, and vision care expenses for yourself and your eligible dependent(s).

2. **Dependent Care FSA** – Used to pay for eligible expenses for the care of a dependent child under age 13 or a dependent adult. Some eligible expenses include eligible preschool, before- and after-school programs, and child or elder day care. (Dependent health care expenses are not eligible for reimbursement with this account; those expenses may be covered with a Health Care FSA.)

**HUSPMGU MEMBERS ONLY**

If you enroll or continue coverage in one of the Harvard-sponsored HMO or POS plans for 2018, you will receive a $275 contribution to a Health Care FSA to help pay for eligible out-of-pocket medical, dental, and vision care expenses for yourself and your eligible dependent(s). You are eligible to contribute an additional $2,325. You must elect the FSA in order to receive Harvard’s tax-free contribution, even if you do not wish to make your own contributions. Simply make an election of $0.

**2018 FSA LIMITS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>$2,600</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>$5,000 per family</td>
</tr>
</tbody>
</table>

* For exceptions to these limits, please refer to hr.harvard.edu/files/humanresources/files/fsa_hsa_overview.pdf.

Remember: Unused funds left in your FSA at the end of the grace period are forfeited—so be sure to carefully estimate the amount you’d like to put aside. The 2018 grace period allows you to incur expenses through March 15, 2019. Reimbursement requests must be submitted by April 1, 2019. For more information on the FSA, please visit hr.harvard.edu/flexible-spending-accounts or contact Benefit Strategies at 855-HVD-FLEX.

For more information, visit hr.harvard.edu/open-enrollment-2018
EVALUATE YOUR OTHER BENEFITS

DENTAL

Delta Dental, Harvard's dental insurance provider, offers in-network and out-of-network coverage. More than 97% of Massachusetts dentists participate in Delta Dental’s network, and participants cannot be billed for costs above Delta Dental’s negotiated rates when using in-network providers.

For more details, please visit hr.harvard.edu/dental.

NEW FOR MEMBERS OF HUPA, HUSPMGU, AND SEIU CUSTODIANS (CONTINUING FOR MEMBERS OF HUCTW AND ATC)

NEW!

DENTAL

Beginning in 2018, the dental coverage through Delta Dental will include a second level of benefits (HUCTW and ATC members already have this dental benefit). Designed to offer greater protection against exceptionally high dental expenses, this enhanced benefit provides additional coverage beyond the current Level 1 annual benefit maximum of $3,000. The Level 2 benefit replaces the rollover maximum feature, which will be discontinued as of December 31, 2017. Here’s how it works:

LEVEL 1
- For preventive services, you pay no deductible, and the service is covered at 100%.
- For basic, most restorative, and major services, you pay a deductible ($50 per person up to $150 per family), and the service is covered at 75%, up to $3,000.
- Orthodontic services are covered at 50% (with no deductible) for children under age 19, with a lifetime maximum benefit of $1,500 per person.
- Once you reach the Level 1 annual maximum benefit of $3,000, Level 2 benefits begin.

LEVEL 2
- This coverage will apply automatically—there is no need to enroll and it is included in the premium you pay.
- For preventive and diagnostic services, you pay no deductible, and the service is covered at 100%.
- For basic, most restorative, and major services, you pay an additional deductible of $500 per individual (there is no family maximum), and the service is covered at 75%, with no annual plan maximum. Orthodontic services are not included in the Level 2 benefit.

<table>
<thead>
<tr>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL</td>
</tr>
<tr>
<td>FAMILY</td>
</tr>
</tbody>
</table>
VISION
In addition to the vision benefits offered under our medical plans, Harvard offers a comprehensive vision care plan from Davis Vision. It covers vision exams, eyewear, and contact lenses as well as offering discounts on services such as laser surgery.
For more information, please visit hr.harvard.edu/vision.

LONG TERM DISABILITY (LTD) INSURANCE
Optional LTD Insurance protects your financial security if you become unable to work for more than 180 days due to illness or injury. If you elect LTD Insurance during Open Enrollment, you must provide evidence of insurability by completing a Statement of Health form, available on the PeopleSoft Open Enrollment page. Final approval comes from Liberty Mutual, the Plan Administrator.
For more information, please visit hr.harvard.edu/disability.
SUPPLEMENTAL LIFE INSURANCE

While employees of Harvard have long had the option to obtain Supplemental Life Insurance coverage, as of January 2018, you may also obtain Dependent Life Insurance coverage for your spouse/domestic partner and/or dependent child(ren). You must be enrolled in Supplemental Life Insurance in order to apply for spouse/domestic partner and/or dependent child(ren) coverage. If you are not currently enrolled in Supplemental Life, you may apply during Open Enrollment. If required, a Statement of Health form will be mailed to you in December. Final approval comes from the Metropolitan Life Insurance Company.

For more information and Statement of Health forms, please visit hr.harvard.edu/open-enrollment-2018/whats-new.

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Who’s eligible</th>
<th>Coverage choices</th>
<th>Special requirements for this Open Enrollment period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing Supplemental Life Insurance</strong></td>
<td>Faculty and Staff Members</td>
<td>1x–5x annual salary (rounded to the nearest $1,000 of coverage), up to $1.25 million</td>
<td>You can apply for or increase your coverage by completing a full Statement of Health.*</td>
</tr>
</tbody>
</table>
| **New Dependent Life Insurance** | NEW Spouse/Domestic Partner | Option 1: $25,000  
Option 2: $50,000  
Option 3: $75,000  
Option 4: $100,000 | Enroll for $25,000 or $50,000 with no Statement of Health. Apply for $75,000 or $100,000 by completing a Statement of Health for your spouse/domestic partner. |
|                                    | NEW Dependent Child(ren) (from birth to age 26) | Option 1: $5,000  
Option 2: $10,000 | No Statement of Health is required. |

* MetLife will review your information and evaluate your request for coverage based on your answers to the health questions, MetLife’s underwriting rules, and other information you authorize MetLife to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

Note: You must be actively at work on the date your coverage becomes effective, and your spouse/domestic partner and/or eligible child(ren) must not be confined to a hospital on the enrollment date, or be at home for any medical reason or receiving or entitled to receive disability income for any medical reason on the coverage effective date. Coverage will become effective on January 1, 2018, following the receipt of your completed application, for all requests that do not require additional medical information. Requests for amounts that require additional medical information and are not approved by the date listed above will be effective the next paycheck after the effective date/approval from MetLife or the date that the policy’s active at-work requirements are met, and for spouse/domestic partner and eligible child(ren) coverage, the date that they are no longer confined to a hospital or at home for any medical reason or receiving or entitled to receive disability income for any medical reason.
HYATT LEGAL PLAN

Legal matters, both planned and unplanned, are part of life. Enrolling in the Hyatt Legal Plan gives you the financial and emotional peace of mind of knowing you will be covered when expected and unexpected legal issues arise.

The Hyatt Legal Plan provides you, your spouse/domestic partner, and your dependent child(ren) with fully covered legal services from attorneys experienced in estate planning, civil suits, adoption, identity theft issues, and much more. Sign up for a convenient payroll deduction of $16.50 a month and save over typical legal fees. You’ll have no deductibles, copays, claim forms, or usage limits when you use one of the 14,000 network attorneys. Or you can choose an out-of-network attorney and be reimbursed for covered services (you pay any difference between the plan’s payment and the attorney’s charges for services).

Note that there are some excluded services under this plan, including employment-related matters, divorce, rental issues where the employee is the landlord, class action, and more; please go to hr.harvard.edu/open-enrollment-2018 for more information.

This benefit is new for 2018, and you must actively enroll during Open Enrollment if you want this coverage for 2018. For more information, call Hyatt Legal Plans at 800-821-6400, Monday–Friday from 8:00 a.m. to 8:00 p.m. ET.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Cost per $1,000 of Insurance*</th>
<th>Age</th>
<th>Monthly Cost per $1,000 of Insurance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.022</td>
<td>55–59</td>
<td>$0.160</td>
</tr>
<tr>
<td>25–29</td>
<td>$0.026</td>
<td>60–64</td>
<td>$0.204</td>
</tr>
<tr>
<td>30–34</td>
<td>$0.030</td>
<td>65–69</td>
<td>$0.373</td>
</tr>
<tr>
<td>35–39</td>
<td>$0.036</td>
<td>70–74</td>
<td>$0.594</td>
</tr>
<tr>
<td>40–44</td>
<td>$0.044</td>
<td>75–79</td>
<td>$1.091</td>
</tr>
<tr>
<td>45–49</td>
<td>$0.066</td>
<td>80+</td>
<td>$1.562</td>
</tr>
<tr>
<td>50–54</td>
<td>$0.102</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Based on age of employee, not age of spouse/domestic partner.

NEW!

One monthly premium covers all of your eligible children.

Cost per Covered Individual (Employee plus Spouse/Domestic Partner)

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Monthly Cost of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$0.50</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.00</td>
</tr>
</tbody>
</table>

For more information, visit hr.harvard.edu/open-enrollment-2018.
ENROLL ONLINE: OCTOBER 25–NOVEMBER 8

Benefits Open Enrollment is available online via PeopleSoft from **8:00 a.m. ET on Wednesday, October 25, 2017, through 11:59 p.m. ET on Wednesday, November 8, 2017.** (Due to nightly data processing, you may find it easier to make your elections between 6:00 a.m. and 9:00 p.m. ET.)

Select the PeopleSoft link at the top of any page on the HARVie website (hr.harvard.edu). Simply log in using your HarvardKey. If you do not have Internet access, please call Benefits at 617-496-4001 by November 8, 2017, to make other enrollment arrangements. Elections will be effective as of January 1, 2018, except those that require evidence of insurability (Supplemental Life and Long Term Disability elections, for example), which are effective upon approval by the specific carrier.

After you have logged into PeopleSoft, make sure you are in the **Self-Service** menu (located on the top bar of the PeopleSoft landing page), and click on the **My Benefits** panel. From there, you may do any of the following:

**Review your current coverage**
- Select **Benefits Summary** to review your current (2017) coverage.
- Here you can verify and update dependent information for your spouse/domestic partner and child(ren):
  - To update dependent information, click on the benefit plan in question.
  - If you are adding a dependent to any coverage during Open Enrollment, you must submit documentation to Benefits showing that your dependent is eligible for Harvard’s plans no later than **December 15, 2017**.

**Enroll or make changes**
- On the **Benefits Enrollment** page, click the **Select** button. You will see your benefit elections effective January 1, 2018, if you make no changes.
- If you do not want to change your elections, click **Submit** until you reach the **Submit Benefit Choices** page. *(Remember: FSA elections do not carry over from year to year, so you must actively elect these benefits.)*
- Your elections are not complete until you hit the **Submit** button on the **Submit Benefit Choices** page.
Note: To comply with federal regulations, Harvard will continue to collect Social Security numbers (SSNs) of dependents who are covered by a Harvard-provided medical plan. To update or confirm your covered dependent information, including SSN, log into PeopleSoft and go to Self-Service > My Benefits > Dependent/Beneficiary Information.

DON’T HAVE A HARVARDKEY?
If you don’t have a HarvardKey to log into PeopleSoft, you can get your HarvardKey by:
• Visiting key.harvard.edu and following the prompts to “Claim your HarvardKey.”
• Calling 617-495-7777 or emailing ithelp@harvard.edu if you have any questions.

System Requirements
Please note that PeopleSoft Self-Service is compatible with:
• Internet Explorer 9, 10, and 11
• Chrome 35.x
• Safari 6, 7, and 8
• Firefox 24ESR and 30+

Here’s a quick refresher on commonly used medical/dental terms:

ALLOWABLE CHARGE is the dollar amount typically considered payment in full by an insurance company and an associated network of health care providers.

COINSURANCE is the amount you pay, as a percentage of the allowed cost of your services, after you reach the deductible and until you reach the plan’s out-of-pocket maximum.

COPAYMENT (COPAY) is a fixed amount you pay for a health care service or prescription drug.

DEDUCTIBLE is the amount you pay before your insurance begins covering certain services, such as hospitalization or outpatient surgery.

OUT-OF-POCKET MAXIMUM is the most you pay per plan year for health care expenses, including prescription drugs. Once you reach this limit, the plan pays 100% for the remainder of the plan year.

PREMIUM is the amount you pay for insurance, using pretax or post-tax dollars via paycheck deductions. (Note: Harvard pays a portion of the premium.)
ATTEND A BENEFITS FAIR

Learn more about all your benefits and get the details on all your options—including the new Dependent Life Insurance and Hyatt Legal Plan—when you attend one of the Benefits Fairs at a location near you:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Room</th>
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</thead>
</table>
| Longwood  | October 17, 2017    | 1:00 p.m.–4:00 p.m. | TMEC Atrium  
260 Longwood Avenue  
Boston, MA |
| Allston   | October 18, 2017    | 10:30 a.m.–1:30 p.m. | Spangler Hall  
Williams Room  
HBS, 117 Western Avenue |
| Cambridge | October 23, 2017    | 11:00 a.m.–2:00 p.m. | Gutman Conference Center  
HGSE, 6 Appian Way |
| Brighton  | October 24, 2017    | 2:00 p.m.–4:00 p.m. | 20 Guest Street |

CONFIRMATION OF YOUR 2018 OPEN ENROLLMENT ELECTIONS

You will receive a confirmation of your elections from Harvard in late November, even if you made no changes. Please open and review this notification immediately, as all requested corrections must be postmarked by Friday, December 15, 2017. **No corrections, including Flexible Spending Account (FSA) elections, will be accepted after this date.**

If you change your medical, dental, or vision care elections during the Open Enrollment period, you will receive your plan ID card(s) in late December. If you elect an FSA for the first time in 2018, you will receive your Benefit Strategies FSA debit card in December.
HAVE QUESTIONS? WE CAN HELP.

Simply email benefits@harvard.edu any time, or call 617-496-4001 any business day between 9:00 a.m. and 5:00 p.m. ET.

LOOKING FOR MORE INFORMATION ABOUT YOUR BENEFITS?
Visit hr.harvard.edu

Remember: You must make your benefit elections by 11:59 P.M. ET WEDNESDAY, NOVEMBER 8, 2017!
Remember: You must make your benefit elections by 11:59 P.M. ET WEDNESDAY, NOVEMBER 8, 2017!

Harvard Staff Members in the Bargaining Units of HUCTW, ATC, HUPA, HUSPMGU, and SEIU Custodians

This brochure has been designed to acquaint you with the features of the 2018 benefit plans, and we have made every attempt to summarize these programs accurately. If there is any inconsistency between this brochure and Harvard’s formal plans and contracts, the actual provisions of each plan will govern.

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