



HARVARD
Human Resources

YOUR 2019 PROGRAMS AND PREMIUMS

AT A GLANCE

HARVARD BUSINESS SCHOOL PUBLISHING



BENEFITS CONTACTS

Have questions or need more information about your benefits? Here's where you can find more information and answers. Remember: You can always find the latest benefits contact information at hr.harvard.edu/vendor-contacts.

TOPIC	WHOM TO CONTACT	PHONE	ONLINE
General Benefits Questions	Harvard Benefits	617-496-4001	hr.harvard.edu/health-welfare-benefits benefits@harvard.edu
Dental Coverage	Delta Dental	800-872-0500	deltadentalma.com
Disability—Short Term (STD) and Long Term (LTD)	Lincoln Financial Group	844-600-3978 (toll-free Harvard-dedicated line)	MyLincolnPortal.com
Flexible Spending Accounts (FSAs)—Health Care, Dependent Care, Limited Purpose Health Savings Account (HSA)	Benefit Strategies	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	benstrat.com hvdflex@benstrat.com
Legal Coverage	Hyatt Legal Plan	800-821-6400	info.legalplans.com Access code: 9260452
Life Insurance	MetLife	800-638-6420 (Prompt 1)	metlife.com
Long Term Care (LTC) Insurance	Genworth Life Insurance Company	800-416-3624	genworth.com/harvard
Identity Theft Protection	InfoArmor	800-789-2720	infoarmor.com
Medical Coverage Questions: Service Areas, Costs, Provider Networks, Emergency Coverage, and Referrals	Harvard University Group Health Plan (HUGHP): HMO, POS, POS Plus, and HDHP	617-495-2008	hughp.harvard.edu
	Harvard Pilgrim Health Care (HPHC): HMO, POS, POS Plus, and HDHP	888-333-4742	harvardpilgrim.org
Prescription Drug Coverage	Express Scripts (Harvard's Pharmacy Benefit Manager)	877-787-8684	express-scripts.com
Reimbursement Program	Benefit Strategies	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	benstrat.com hvdflex@benstrat.com
Tax-Deferred Annuity (TDA) Plan and Retirement Programs	Harvard University Retirement Center (HURC)	800-527-1398	hr.harvard.edu/retirement
	Fidelity	800-343-0860	fidelity.com/atwork
	TIAA	800-527-1398 Appointments: 800-732-8353	tiaa-cref.org
	Vanguard	800-523-1188 Appointments: 800-662-0106, ext. 14500	vanguard.com meetvanguard.com
Tuition Assistance Plan (TAP) and Tuition Reimbursement Plan (TRP)	TAP Guidelines	617-496-4001	hr.harvard.edu/tuition-assistance
	Non-Harvard course reimbursements: Benefit Strategies, LLC	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	benstrat.com/harvard hvdtuition@benstrat.com
Vision Care	Davis Vision	800-448-8245	davisvision.com/members Client Code 2556

WELCOME TO YOUR HARVARD UNIVERSITY BENEFITS!

At Harvard, we are committed to offering an array of benefits that are part of your generous total rewards package. We encourage you to take the time to review your benefit options so that you can make the best choices for you and your family. And remember: You have **30 days from your date of hire or qualifying life event to make your benefit elections.**

GET TO KNOW ALEX[®] YOUR MEDICAL PLAN COMPARISON TOOL

Want help comparing your medical plan options? ALEX is an interactive, animated, and personalized online tool that takes you through a series of questions to help determine the plan that may be right for you. Use it to compare your medical plan options, review coverage details, view dental and vision premiums, and more.

ALEX uses the responses you provide—including information about your family situation, location, coverage needs, and preferences—to help you make decisions. A practical and easy-to-use resource, ALEX makes it simple to choose your benefits. Visit hr.harvard.edu/health-welfare-benefits to get started.

The image displays three overlapping screenshots of the ALEX benefits tool interface. The top-left screenshot shows the 'alex' logo and 'Harvard University' branding, with the headline 'ALEX can help you make your best benefits decisions ever.' Below this is a 'Get Started' button and a disclaimer: 'ALEX provides a summary of your benefits and is accurate to the best of our knowledge. But you should fully review all of your benefits documents before enrolling. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. This is not an application for enrollment.' A note at the bottom states: 'ALEX is only for Harvard University Faculty and Nonunion Staff. Remember to enroll via PeopleSoft at hr.harvard.edu.' The middle screenshot shows a 'Your Benefits' menu with the following items and 'GO' buttons: Medical, Dental, Vision, Tax Savings, Pharmacy Savings, New Benefits for 2018, and Enrollment. The bottom-right screenshot shows a recommendation: 'I'd recommend we start with Medical. I'll note any decisions you make, and you can take those with you when you go to enroll.'

2019 HEALTH PLANS (HUGHP AND HPHC)

Harvard offers subsidized medical coverage from top-rated Harvard Pilgrim Health Care (HPHC) and Harvard University Group Health Plan (HUGHP). 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 Plan (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.
- **POS Plus**—With the same benefits as a traditional POS, the POS Plus plan has higher premiums and a higher out-of-pocket maximum in exchange for no deductible or coinsurance for in-network services.
- **High-Deductible Health Plan (HDHP)**—Featuring lower premiums and higher deductibles than a traditional health plan, the HDHP is offered in conjunction with a health savings account (HSA). Except for in-network preventive care (for example, annual physicals and preventive screenings), **you'll pay the full cost of all services, including prescriptions, until you reach your deductible.** If you have family coverage, you need to meet the entire family deductible before the plan begins paying. In-network and out-of-network costs can be combined to satisfy the deductible.

IN-NETWORK				
	HMO	POS	POS PLUS	HDHP*
DEDUCTIBLE				
Individual	\$250	\$250	None	\$1,500
Family Maximum	\$750	\$750	None	\$3,000**
OUT-OF-POCKET (OOP) MAXIMUM				
Per Individual	\$1,500	\$1,500	\$2,000	\$3,000
Family Maximum	\$4,500	\$4,500	\$6,000	\$6,000**
MEMBER COSTS				
Inpatient Hospital	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Covered in full	Deductible, then 15% coinsurance
Emergency Room	\$100 copayment	\$100 copayment	\$100 copayment	Deductible, then 15% coinsurance
Preventive Care as Defined by Affordable Care Act	Covered in full	Covered in full	Covered in full	Covered in full
Office Visits—PCP & Specialist	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
Physical/Occupational Therapy (limited to 100 visits per calendar year)	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
Chiropractic Care (limited to 18 visits per calendar year)	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
Acupuncture (limited to 20 visits per calendar year)	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
High-Tech Imaging (e.g., MRI, PET scan, CT scan)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Covered in full	Deductible, then 15% coinsurance
Mental Health/ Substance Abuse	Inpatient: Deductible, then 10% coinsurance Outpatient: \$30 copayment	Inpatient: Deductible, then 10% coinsurance Outpatient: \$30 copayment	Inpatient: Fully covered Outpatient: \$30 copayment	Deductible, then 15% coinsurance
Outpatient Diagnostic Labs/X-rays	Covered in full	Covered in full	Covered in full	Deductible, then 15% coinsurance

* Under the HDHP, amounts paid for both in-network and out-of-network care can be combined to satisfy the deductible.

** Unlike with the HMO and POS plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual and the full family out-of-pocket maximum before the plan covers costs including prescription drugs in full for any individual.

You have 30 DAYS from your date of hire or qualifying life event to make your benefit elections.

2019 HEALTH PLANS (HUGHP AND HPHC)

OUT-OF-NETWORK			
	POS	POS PLUS	HDHP*
DEDUCTIBLE			
Individual	\$750	\$750	\$1,500
Family Maximum	\$2,500	\$2,500	\$3,000**
OUT-OF-POCKET (OOP) MAXIMUM			
Per Individual	\$2,500	\$2,500	\$6,000
Family Maximum	\$7,500	\$7,500	\$12,000**
MEMBER COSTS			
Office Visits and Hospital Services	30% after out-of-network deductible	30% after out-of-network deductible	35% after out-of-network deductible
Mental Health	Inpatient: Deductible, then 30% coinsurance Outpatient: 20% coinsurance; no deductible	Inpatient: Deductible, then 30% coinsurance Outpatient: 20% coinsurance; no deductible	Deductible, then 35% coinsurance

* Under the HDHP, amounts paid for both in-network and out-of-network care can be combined to satisfy the deductible.

** Unlike with the HMO and POS plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual and the full family out-of-pocket maximum before the plan covers costs including prescription drugs in full for any individual.

PRESCRIPTION DRUG COSTS*

	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
IN-NETWORK	Retail at participating pharmacy (up to 30-day supply)		
	\$7	\$20	\$45
	Mail order through Express Scripts (up to 90-day supply)		
	\$14	\$50	\$110
OUT-OF-NETWORK (POS ONLY)	Submit receipt to be reimbursed for discounted in-network cost minus applicable in-network copayment.		

* Unlike with the HMO and POS plans, if you enroll in HDHP coverage, you must meet the deductible before these prescription copayments apply. If you have HDHP family coverage, you must meet the full family deductible before these prescription drug copayment costs apply.

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2019 MONTHLY COST FOR MEDICAL COVERAGE

	TOTAL PREMIUM		HBSP CONTRIBUTION		EMPLOYEE CONTRIBUTION	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
HMO						
Harvard University Group Health Plan (HUGHP)	\$628.00	\$1,696.00	\$489.84	\$1,322.88	\$138.16	\$373.12
Harvard Pilgrim Health Care (HPHC)	\$647.00	\$1,747.00	\$504.66	\$1,362.66	\$142.34	\$384.34
POS						
HUGHP	\$663.00	\$1,790.00	\$517.14	\$1,396.20	\$145.86	\$393.80
HPHC	\$682.00	\$1,841.00	\$531.96	\$1,435.98	\$150.04	\$405.02
POS Plus						
HUGHP	\$677.00	\$1,828.00	\$507.75	\$1,371.00	\$169.25	\$457.00
HPHC	\$696.00	\$1,879.00	\$522.00	\$1,409.25	\$174.00	\$469.75
HDHP						
HUGHP	\$594.00	\$1,605.00	\$548.00	\$1,481.00	\$46.00	\$124.00
HPHC	\$594.00	\$1,605.00	\$463.32	\$1,251.90	\$130.68	\$353.10

VISION PLAN PREMIUMS

Monthly Cost	
INDIVIDUAL	\$6.29
FAMILY	\$14.47

LONG TERM DISABILITY (LTD) PREMIUMS

FTE Salary Tier	Annual Cost per \$100 of Salary
Less than \$15,000	\$0.229
\$15,000–\$69,999	\$0.261
\$70,000–\$94,999	\$0.563
\$95,000 and above	\$0.710

HYATT LEGAL PLAN

Monthly Cost of Coverage
\$16.50

IDENTITY THEFT PROTECTION

Monthly Cost of Coverage
Individual \$9.95/Family \$17.95

DENTAL PLAN PREMIUMS

Monthly Cost	
	EMPLOYEE CONTRIBUTION
INDIVIDUAL	\$20.00
FAMILY	\$56.00

SUPPLEMENTAL LIFE INSURANCE PREMIUMS

Cost per Covered Individual (Employee, Spouse/Domestic Partner)			
Age	Monthly Cost per \$1,000 of Insurance*	Age	Monthly Cost per \$1,000 of Insurance*
< 25	\$0.020	55–59	\$0.144
25–29	\$0.023	60–64	\$0.184
30–34	\$0.027	65–69	\$0.336
35–39	\$0.032	70–74	\$0.535
40–44	\$0.040	75–79	\$0.982
45–49	\$0.059	80+	\$1.406
50–54	\$0.092		

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

Cost of Coverage for Dependent Child(ren)	
Coverage Amount	Monthly Cost of Coverage
\$5,000	\$0.50
\$10,000	\$1.00

One monthly premium covers all of your eligible children.

You have 30 DAYS from your date of hire or qualifying life event to make your benefit elections.