AT A GLANCE

2021 PROGRAMS AND PREMIUMS

Harvard Staff Members in the Bargaining Units of ATC, HUPA, SEIU Custodians, and SEIU Arboretum
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**.

### 2021 HEALTH PLANS (HUGHP AND BCBSMA)

Harvard offers subsidized medical coverage from Harvard University Group Health Plan (HUGHP) and Blue Cross Blue Shield of MA (BCBSMA). You may select employee, employee plus spouse/domestic partner, employee plus child(ren), 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.

- **Preferred Provider Organization (PPO)**—This plan, offered through BCBSMA, is available only to employees who reside outside New England. With this plan, you can go to any health care professional you choose, in or out of the network, without a PCP referral. You will have higher out-of-pocket costs for out-of-network care.

### SEIU ARBORETUM AND SEIU CUSTODIAN MEMBERS

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, POS, or PPO plans 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. **Note:** If you enroll in the SEIU plan, you cannot also enroll in Harvard’s dental or vision plans. You must contact the union to enroll your dependents.
## IN-NETWORK

<table>
<thead>
<tr>
<th>OUT-OF-POCKET MAXIMUM</th>
<th>INDIVIDUAL</th>
<th>OTHER COVERAGE LEVELS</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>

### MEMBER COSTS

<table>
<thead>
<tr>
<th></th>
<th>HMO</th>
<th>POS (PPO*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td>Outpatient 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 (limited to 60 visits per type of therapy per calendar year)</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Chiropractic Care (limited to 18 visits per calendar year)</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Acupuncture (limited to 20 visits per calendar year)</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>High-Tech Imaging (e.g., MRI, PET scan, CT scan)</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>

## OUT-OF-NETWORK

### DEDUCTIBLE

<table>
<thead>
<tr>
<th></th>
<th>POS (PPO*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Individual</td>
<td>$750</td>
</tr>
<tr>
<td>Family Maximum</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

### OUT-OF-POCKET MAXIMUM

<table>
<thead>
<tr>
<th></th>
<th>POS (PPO*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Individual</td>
<td>$2,500</td>
</tr>
<tr>
<td>Family Maximum</td>
<td>$7,500</td>
</tr>
</tbody>
</table>

### MEMBER COSTS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits and Hospital Services</td>
<td>30% after out-of-network deductible</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>Inpatient: deductible, then 30% coinsurance / Outpatient: 20% coinsurance, no deductible</td>
</tr>
</tbody>
</table>

* Available through BCBSMA only for employees who reside outside New England.

Staff Members in the Bargaining Units of ATC, HUPA, SEIU Arboretum, and SEIU Custodians
### PRESCRIPTION DRUG COSTS

<table>
<thead>
<tr>
<th></th>
<th>GENERIC</th>
<th>PREFERRED BRAND</th>
<th>NON-PREFERRED BRAND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN-NETWORK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<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 Express Scripts (up to 90-day supply)</td>
<td>$14</td>
<td>$50</td>
<td>$110</td>
</tr>
<tr>
<td><strong>OUT-OF-NETWORK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(POS AND PPO ONLY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submit receipt to be reimbursed for discounted in-network cost minus applicable in-network copayment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RATES FOR 2021

Harvard’s progressive practice of using salary tiers makes medical 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>EMPLOYEE</td>
<td>EMPLOYEE + SPOUSE/DP</td>
<td>EMPLOYEE + CHILD(REN)</td>
<td>FAMILY</td>
</tr>
<tr>
<td>HMO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUGHP*</td>
<td>$92</td>
<td>$236</td>
<td>$228</td>
<td>$253</td>
</tr>
<tr>
<td>BCBSMA</td>
<td>$113</td>
<td>$290</td>
<td>$280</td>
<td>$311</td>
</tr>
<tr>
<td>POS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUGHP</td>
<td>$129</td>
<td>$330</td>
<td>$319</td>
<td>$355</td>
</tr>
<tr>
<td>BCBSMA</td>
<td>$150</td>
<td>$384</td>
<td>$371</td>
<td>$412</td>
</tr>
<tr>
<td>PPO (Available only to employees who reside outside of New England)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCBSMA</td>
<td>$150</td>
<td>$384</td>
<td>$371</td>
<td>$412</td>
</tr>
</tbody>
</table>

* HUGHP HMO is available only to employees who reside in Massachusetts.
**DENTAL PLAN PREMIUMS**

<table>
<thead>
<tr>
<th>MONTHLY COST</th>
<th>$21</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE</td>
<td></td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE/DP</td>
<td>$53</td>
</tr>
<tr>
<td>EMPLOYEE + CHILD(REN)</td>
<td>$51</td>
</tr>
<tr>
<td>FAMILY</td>
<td>$57</td>
</tr>
</tbody>
</table>

**VISION PLAN PREMIUMS**

<table>
<thead>
<tr>
<th>MONTHLY COST</th>
<th>$6.03</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE</td>
<td></td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE/DP</td>
<td>$14.72</td>
</tr>
<tr>
<td>EMPLOYEE + CHILD(REN)</td>
<td>$13.70</td>
</tr>
<tr>
<td>FAMILY</td>
<td>$17.08</td>
</tr>
</tbody>
</table>

**METLIFE LEGAL PLANS**

| MONTHLY COST OF COVERAGE | $16.50 |

**IDENTITY THEFT PROTECTION**

<table>
<thead>
<tr>
<th>MONTHLY COST OF COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual $9.95/Family* $17.95</td>
</tr>
</tbody>
</table>

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

* Those you financially support or who live under your roof are covered under the family plan.

**LONG TERM DISABILITY INSURANCE PREMIUMS**

<table>
<thead>
<tr>
<th>FTE SALARY TIER</th>
<th>ANNUAL COST PER $100 OF SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>$0.229</td>
</tr>
<tr>
<td>$15,000–$69,999</td>
<td>$0.261</td>
</tr>
<tr>
<td>$70,000–$94,999</td>
<td>$0.563</td>
</tr>
<tr>
<td>$95,000 and above</td>
<td>$0.710</td>
</tr>
</tbody>
</table>

**SUPPLEMENTAL LIFE INSURANCE PREMIUMS**

<table>
<thead>
<tr>
<th>COST PER COVERED INDIVIDUAL (EMPLOYEE, SPOUSE/DOMESTIC PARTNER)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong>&lt;br&gt;</td>
</tr>
<tr>
<td>&lt; 25</td>
</tr>
<tr>
<td>25–29</td>
</tr>
<tr>
<td>30–34</td>
</tr>
<tr>
<td>35–39</td>
</tr>
<tr>
<td>40–44</td>
</tr>
<tr>
<td>45–49</td>
</tr>
<tr>
<td>50–54</td>
</tr>
<tr>
<td>55–59</td>
</tr>
<tr>
<td>60–64</td>
</tr>
<tr>
<td>65–69</td>
</tr>
<tr>
<td>70–74</td>
</tr>
<tr>
<td>75–79</td>
</tr>
<tr>
<td>80+</td>
</tr>
</tbody>
</table>

* 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.
**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](http://hr.harvard.edu/vendor-contacts).

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>WHOM TO CONTACT</th>
<th>PHONE</th>
<th>ONLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Benefits Questions</td>
<td>Harvard Benefits</td>
<td>617-496-4001</td>
<td><a href="http://hr.harvard.edu/health-welfare-benefits">hr.harvard.edu/health-welfare-benefits</a> <a href="mailto:benefits@harvard.edu">benefits@harvard.edu</a></td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>Delta Dental</td>
<td>800-872-0500</td>
<td><a href="http://deltadentalma.com">deltadentalma.com</a></td>
</tr>
<tr>
<td>Disability—Short Term and Long Term</td>
<td>Lincoln Financial Group</td>
<td>844-600-3978 (toll-free Harvard-dedicated line)</td>
<td><a href="http://MyLincolnPortal.com">MyLincolnPortal.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts—Health Care and Dependent Care</td>
<td>Benefit Strategies</td>
<td>855-HVD-FLEX (855-483-3539) (F) 603-232-1854</td>
<td><a href="http://benstrat.com">benstrat.com</a> <a href="mailto:hvdflex@benstrat.com">hvdflex@benstrat.com</a></td>
</tr>
<tr>
<td>Legal Coverage</td>
<td>MetLife Legal Plans</td>
<td>800-821-6400</td>
<td><a href="http://info.legalplans.com">info.legalplans.com</a> Access code: 9260452</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>MetLife</td>
<td>800-638-6420 (Prompt 1)</td>
<td><a href="http://metlife.com">metlife.com</a></td>
</tr>
<tr>
<td>Long Term Care Insurance</td>
<td>Genworth Life Insurance Company</td>
<td>800-416-3624</td>
<td><a href="http://genworth.com">genworth.com</a> harvard</td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>Allstate</td>
<td>800-789-2720</td>
<td><a href="http://allstateidentityprotection.com">allstateidentityprotection.com</a></td>
</tr>
<tr>
<td>Medical Coverage Questions: Service Areas, Costs, Provider Networks, Emergency Coverage, and Referrals</td>
<td>HUGHP: HMO and POS</td>
<td>617-495-2008</td>
<td><a href="http://hughp.harvard.edu">hughp.harvard.edu</a></td>
</tr>
<tr>
<td></td>
<td>BCBSMA: HMO, POS, and PPO</td>
<td>888-389-7732</td>
<td><a href="http://bluecrossma.com">bluecrossma.com</a></td>
</tr>
<tr>
<td>Prescription Drug Coverage</td>
<td>Express Scripts</td>
<td>877-787-8684</td>
<td><a href="http://express-scripts.com">express-scripts.com</a></td>
</tr>
<tr>
<td>Copayment Reimbursement Program</td>
<td>Benefit Strategies</td>
<td>855-HVD-FLEX (855-483-3539) (F) 603-232-1854</td>
<td><a href="http://benstrat.com">benstrat.com</a> <a href="mailto:hvdflex@benstrat.com">hvdflex@benstrat.com</a></td>
</tr>
<tr>
<td>Tax-Deferred Annuity Plan and Retirement Programs</td>
<td>Harvard University Retirement Center</td>
<td>800-527-1398</td>
<td><a href="http://hr.harvard.edu/retirement">hr.harvard.edu/retirement</a></td>
</tr>
<tr>
<td></td>
<td>TIAA (including financial/retirement planning, one-on-one appointments, and planning tools)</td>
<td>800-527-1398 Appointments: 800-732-8353</td>
<td><a href="http://tiaa-cref.org">tiaa-cref.org</a> tiaa.org/schedulenow</td>
</tr>
<tr>
<td>Tuition Assistance Program (TAP) and Tuition Reimbursement Program</td>
<td>TAP Guidelines</td>
<td>617-496-4001</td>
<td><a href="http://hr.harvard.edu/tuition-assistance">hr.harvard.edu/tuition-assistance</a></td>
</tr>
<tr>
<td></td>
<td>Non-Harvard course reimbursements: Benefit Strategies, LLC</td>
<td>855-HVD-FLEX (855-483-3539) (F) 603-232-1854</td>
<td><a href="http://benstrat.com">benstrat.com</a>harvard <a href="mailto:hvdtuition@benstrat.com">hvdtuition@benstrat.com</a></td>
</tr>
<tr>
<td>Vision Care</td>
<td>EyeMed</td>
<td>866-804-0982</td>
<td><a href="http://eyemed.com">eyemed.com</a></td>
</tr>
</tbody>
</table>

ATC – 41, 42, 44, 45
HUPA – 12
SEIU Custodians – 1
SEIU Arboretum - Code 4