



AT A GLANCE

2021 PROGRAMS AND PREMIUMS

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



HARVARD
Human Resources

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.

COMPARE YOUR MEDICAL PLANS

IN-NETWORK		
OUT-OF-POCKET MAXIMUM	INDIVIDUAL	OTHER COVERAGE LEVELS
Medical	\$2,000	\$6,000
Prescription Drug	\$4,600	\$7,200
MEMBER COSTS	HMO	POS (PPO*)
Inpatient Hospital	\$100 copayment	\$100 copayment
Outpatient Hospital	\$100 copayment	\$100 copayment
Emergency Room	\$100 copayment	\$100 copayment
Preventive Care as Defined by Affordable Care Act	Covered in full	Covered in full
Office Visits—PCP and Specialist	\$25 copayment	\$25 copayment
Physical/Occupational Therapy (limited to 60 visits per type of therapy per calendar year)	\$25 copayment	\$25 copayment
Chiropractic Care (limited to 18 visits per calendar year)	\$25 copayment	\$25 copayment
Acupuncture (limited to 20 visits per calendar year)	\$25 copayment	\$25 copayment
High-Tech Imaging (e.g., MRI, PET scan, CT scan)	\$50 copayment	\$50 copayment
Mental Health/Substance Abuse	Inpatient: \$100 copayment per admission Outpatient: \$25 copayment	Inpatient: \$100 copayment per admission Outpatient: \$25 copayment
Outpatient Diagnostic Labs/X-rays	Covered in full	Covered in full
OUT-OF-NETWORK		
	POS (PPO*)	
DEDUCTIBLE		
Per Individual	\$750	
Family Maximum	\$2,500	
OUT-OF-POCKET MAXIMUM		
Per Individual	\$2,500	
Family Maximum	\$7,500	
MEMBER COSTS		
Office Visits and Hospital Services	30% after out-of-network deductible	
Mental Health/Substance Abuse	Inpatient: deductible, then 30% coinsurance / Outpatient: 20% coinsurance, no deductible	

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

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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 AND PPO ONLY)	Submit receipt to be reimbursed for discounted in-network cost minus applicable in-network copayment.		

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.

MONTHLY COST BY SALARY TIER	TIER 1 LESS THAN \$55,000				TIER 2 \$55,000–\$74,999			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO								
HUGHP*	\$92	\$236	\$228	\$253	\$106	\$273	\$264	\$293
BCBSMA	\$113	\$290	\$280	\$311	\$127	\$327	\$316	\$351
POS								
HUGHP	\$129	\$330	\$319	\$355	\$143	\$367	\$355	\$395
BCBSMA	\$150	\$384	\$371	\$412	\$164	\$421	\$407	\$452
PPO (Available only to employees who reside outside of New England)								
BCBSMA	\$150	\$384	\$371	\$412	\$164	\$421	\$407	\$452
MONTHLY COST BY SALARY TIER	TIER 3 \$75,000–\$99,999				TIER 4 \$100,000 AND ABOVE			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO								
HUGHP*	\$142	\$365	\$353	\$393	\$179	\$458	\$443	\$493
BCBSMA	\$163	\$419	\$405	\$451	\$200	\$512	\$495	\$551
POS								
HUGHP	\$179	\$459	\$444	\$495	\$216	\$552	\$534	\$595
BCBSMA	\$200	\$513	\$496	\$552	\$237	\$606	\$586	\$652
PPO (Available only to employees who reside outside of New England)								
BCBSMA	\$200	\$513	\$496	\$552	\$237	\$606	\$586	\$652

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

DENTAL PLAN PREMIUMS

MONTHLY COST	
EMPLOYEE	\$21
EMPLOYEE + SPOUSE/DP	\$53
EMPLOYEE + CHILD(REN)	\$51
FAMILY	\$57

VISION PLAN PREMIUMS

MONTHLY COST	
EMPLOYEE	\$6.03
EMPLOYEE + SPOUSE/DP	\$14.72
EMPLOYEE + CHILD(REN)	\$13.70
FAMILY	\$17.08

METLIFE LEGAL PLANS

MONTHLY COST OF COVERAGE
\$16.50

IDENTITY THEFT PROTECTION

MONTHLY COST OF COVERAGE
Individual \$9.95/Family* \$17.95

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

LONG TERM DISABILITY INSURANCE 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

SUPPLEMENTAL LIFE INSURANCE PREMIUMS

COST PER COVERED INDIVIDUAL (EMPLOYEE, SPOUSE/DOMESTIC PARTNER)	
AGE*	MONTHLY COST PER \$1,000 OF INSURANCE
< 25	\$0.020
25-29	\$0.023
30-34	\$0.027
35-39	\$0.032
40-44	\$0.040
45-49	\$0.059
50-54	\$0.092
55-59	\$0.144
60-64	\$0.184
65-69	\$0.336
70-74	\$0.535
75-79	\$0.982
80+	\$1.406

* 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.

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 and Long Term	Lincoln Financial Group	844-600-3978 (toll-free Harvard-dedicated line)	MyLincolnPortal.com
Flexible Spending Accounts—Health Care and Dependent Care	Benefit Strategies	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	benstrat.com hvdflex@benstrat.com
Legal Coverage	MetLife Legal Plans	800-821-6400	info.legalplans.com Access code: 9260452
Life Insurance	MetLife	800-638-6420 (Prompt 1)	metlife.com
Long Term Care Insurance	Genworth Life Insurance Company	800-416-3624	genworth.com/harvard
Identity Theft Protection	Allstate	800-789-2720	allstateidentityprotection.com
Medical Coverage Questions: Service Areas, Costs, Provider Networks, Emergency Coverage, and Referrals	HUGHHP: HMO and POS	617-495-2008	hughp.harvard.edu
	BCBSMA: HMO, POS, and PPO	888-389-7732	bluecrossma.com
Prescription Drug Coverage	Express Scripts	877-787-8684	express-scripts.com
Copayment Reimbursement Program	Benefit Strategies	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	benstrat.com hvdflex@benstrat.com
Tax-Deferred Annuity Plan and Retirement Programs	Harvard University Retirement Center	800-527-1398	hr.harvard.edu/retirement
	TIAA (including financial/retirement planning, one-on-one appointments, and planning tools)	800-527-1398 Appointments: 800-732-8353	tiaa-cref.org tiaa.org/schedulenow
Tuition Assistance Program (TAP) and Tuition Reimbursement Program	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	EyeMed	866-804-0982	eyemed.com