



AT A GLANCE

2021 PROGRAMS AND PREMIUMS

Harvard Faculty, Administrative and Professional Staff, and Other Nonunion Staff



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.
- **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)**—This plan is offered through BCBSMA. It features lower premiums and higher deductibles than the HMO or POS plans and is offered in conjunction with a Health Savings Account. 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. This plan does not meet the minimum medical coverage requirements for those holding J-1 visas.
- **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.
- **PPO Plus**—This plan, offered through BCBSMA, is available only to employees who reside outside New England. It offers the same benefits as a traditional PPO but has higher premiums and a higher out-of-pocket maximum in exchange for no deductible or coinsurance for in-network services.

COMPARE YOUR MEDICAL PLANS

IN-NETWORK				
	HMO	POS PPO*	POS PLUS PPO PLUS*	HDHP**
DEDUCTIBLE				
Individual	\$250	\$250	None	\$1,500
Family Maximum	\$750	\$750	None	\$3,000***
OUT-OF-POCKET 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

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

** 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.

COMPARE YOUR MEDICAL PLANS

OUT-OF-NETWORK			
	POS PPO*	POS PLUS PPO PLUS*	HDHP**
DEDUCTIBLE			
Individual	\$750	\$750	\$1,500
Family Maximum	\$2,500	\$2,500	\$3,000***
OUT-OF-POCKET 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

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

** 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 (DOES NOT APPLY TO HMO)	Submit receipt to be reimbursed for discounted in-network cost minus applicable in-network copayment.		

* Unlike with the other 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.

TIERED RATES FOR 2021

Harvard offers four salary tiers for medical premiums based on your full-time equivalent (FTE) salary. If you work part-time, your salary tier and premiums 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*	\$88	\$227	\$220	\$244	\$102	\$263	\$254	\$283
BCBSMA	\$109	\$281	\$272	\$302	\$123	\$317	\$306	\$341
POS								
HUGHP	\$128	\$326	\$316	\$352	\$142	\$362	\$350	\$391
BCBSMA	\$149	\$380	\$368	\$410	\$163	\$416	\$402	\$449
POS Plus								
HUGHP	\$143	\$366	\$354	\$395	\$157	\$402	\$388	\$434
BCBSMA	\$164	\$420	\$406	\$452	\$178	\$456	\$440	\$491
HDHP								
BCBSMA	\$50	\$131	\$127	\$141	\$64	\$167	\$161	\$180
PPO (Only available to employees who reside outside of New England)								
BCBSMA	\$149	\$380	\$368	\$410	\$163	\$416	\$402	\$449
PPO Plus (Only available to employees who reside outside of New England)								
BCBSMA	\$164	\$420	\$406	\$452	\$178	\$456	\$440	\$491
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*	\$157	\$403	\$390	\$433	\$201	\$515	\$499	\$554
BCBSMA	\$178	\$457	\$442	\$491	\$222	\$569	\$551	\$612
POS								
HUGHP	\$197	\$502	\$486	\$541	\$241	\$614	\$595	\$662
BCBSMA	\$218	\$556	\$538	\$599	\$262	\$668	\$647	\$720
POS Plus								
HUGHP	\$212	\$542	\$524	\$584	\$256	\$654	\$633	\$705
BCBSMA	\$233	\$596	\$576	\$641	\$277	\$708	\$685	\$762
HDHP								
BCBSMA	\$119	\$307	\$297	\$330	\$163	\$419	\$406	\$451
PPO (Only available to employees who reside outside of New England)								
BCBSMA	\$218	\$556	\$538	\$599	\$262	\$668	\$647	\$720
PPO Plus (Only available to employees who reside outside of New England)								
BCBSMA	\$233	\$596	\$576	\$641	\$277	\$708	\$685	\$762

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

DENTAL PLAN PREMIUMS

MONTHLY COST	
EMPLOYEE	\$21
EMPLOYEE + SPOUSE/DP	\$54
EMPLOYEE + CHILD(REN)	\$52
FAMILY	\$58

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

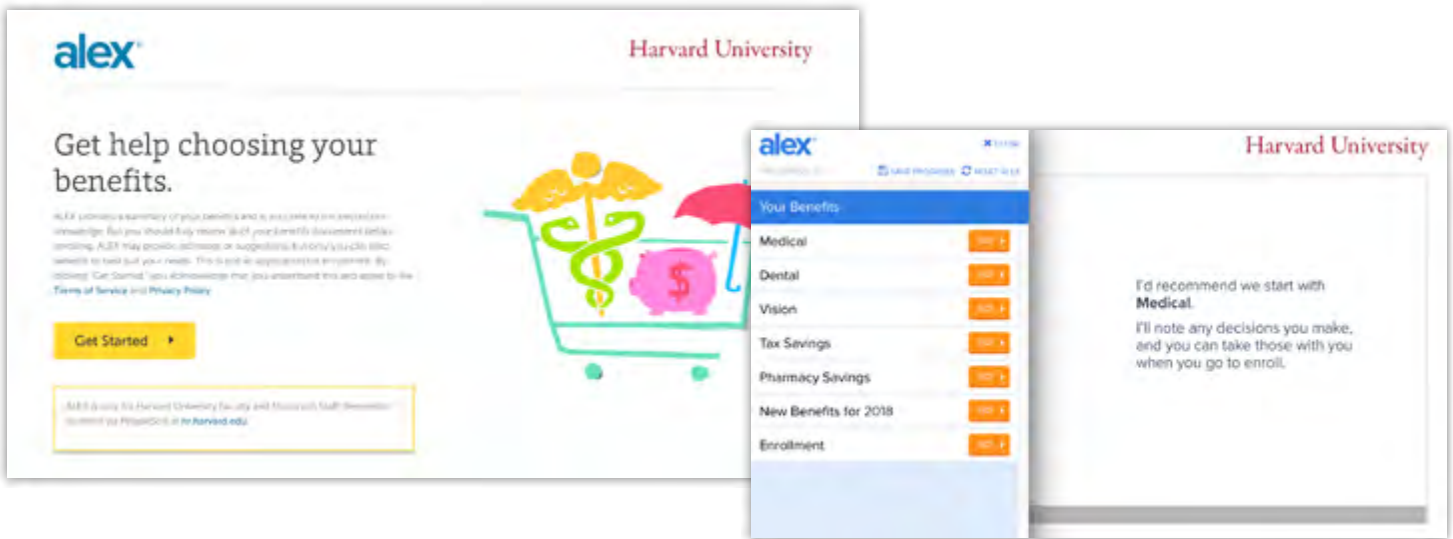
* One monthly premium covers all of your eligible children.

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.



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, Dependent Care, Limited Purpose Health Savings Account	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, POS, and POS Plus	617-495-2008	hughp.harvard.edu
	BCBSMA: HMO, POS, POS Plus, HDHP, PPO, and PPO Plus	888-389-7732	bluecrossma.com
Prescription Drug Coverage	Express Scripts	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 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