

# 2022 RETIREE PLAN RATES

Faculty and nonunion retirees hired or rehired before 1/1/2014 and meeting post-retirement health eligibility between 1/1/2019 and 12/31/2023

## Monthly Medical Plan Rates for Retirees and Eligible Dependents Age 65 and Over

|                  | BCBS Medex   |         |               | HPHC Medicare Enhance |         |               | Tufts Medicare Preferred HMO |         |               |
|------------------|--------------|---------|---------------|-----------------------|---------|---------------|------------------------------|---------|---------------|
| Total Rate       | \$458        |         |               | \$471                 |         |               | \$500                        |         |               |
| Years of Service | Contribution |         | Retiree Share | Contribution          |         | Retiree Share | Contribution                 |         | Retiree Share |
|                  | Harvard      | Retiree |               | Harvard               | Retiree |               | Harvard                      | Retiree |               |
| 20+              | \$321        | \$137   | 30%           | \$321                 | \$150   | 32%           | \$321                        | \$179   | 36%           |
| 19               | \$307        | \$151   | 33%           | \$307                 | \$164   | 35%           | \$307                        | \$193   | 39%           |
| 18               | \$293        | \$165   | 36%           | \$293                 | \$178   | 38%           | \$293                        | \$207   | 41%           |
| 17               | \$279        | \$179   | 39%           | \$279                 | \$192   | 41%           | \$279                        | \$221   | 44%           |
| 16               | \$266        | \$192   | 42%           | \$266                 | \$205   | 44%           | \$266                        | \$234   | 47%           |
| 15               | \$252        | \$206   | 45%           | \$252                 | \$219   | 46%           | \$252                        | \$248   | 50%           |
| 14               | \$238        | \$220   | 48%           | \$238                 | \$233   | 49%           | \$238                        | \$262   | 52%           |
| 13               | \$224        | \$234   | 51%           | \$224                 | \$247   | 52%           | \$224                        | \$276   | 55%           |
| 12               | \$211        | \$247   | 54%           | \$211                 | \$260   | 55%           | \$211                        | \$289   | 58%           |
| 11               | \$197        | \$261   | 57%           | \$197                 | \$274   | 58%           | \$197                        | \$303   | 61%           |
| 10               | \$183        | \$275   | 60%           | \$183                 | \$288   | 61%           | \$183                        | \$317   | 63%           |

**How to read the chart above:** Along the top of the chart are the three Senior Medical Plan options and below is the total monthly rate for each plan. Down the left side, find your years of pensionable service, then follow this across to the option of your choice to see the monthly amount Harvard will contribute for each individual plan, what your monthly cost will be, and what percent your cost is of the total monthly rate. Costs are rounded to the nearest dollar; retiree contribution reflects actual retiree cost for 2022.

### Cost of Senior Medical Plan Coverage

The University contributes a percentage of the Harvard group BCBS Medex rate, and applies that dollar amount toward the individual cost of the senior medical plan option you choose, as shown above. Harvard's subsidy currently ranges from 40% to 70%, depending on your years of pensionable service.

The per person cost of medical coverage for you and your eligible spouse/domestic partner under the three senior medical plan options listed above is based on the date you retired from Harvard and your years of pensionable service. Each year Harvard recalculates the University subsidy amount. At 20 years of pensionable service, the subsidy reaches the 70% maximum. If you select one of the other senior medical plan options, the amount of the BCBS Medex subsidy is applied toward the cost of that option. Senior plans are all individual plans; if you cover an eligible spouse/domestic partner, you pay the same amount for each individual.

For more information on post-retirement eligibility requirements, costs and subsidies, please see [hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf](http://hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf)

## Retirees and Eligible Dependents Under Age 65

Rates are based on your salary at the time of your retirement

| Monthly Cost  | Tier 1<br>Less than \$60,000 |                          |                           |        | Tier 2<br>\$60,000 - \$79,999 |                          |                           |        |
|---|------------------------------|--------------------------|---------------------------|--------|-------------------------------|--------------------------|---------------------------|--------|
|   | Individual                   | Individual+<br>Spouse/DP | Individual+<br>Child(ren) | Family | Individual                    | Individual+<br>Spouse/DP | Individual+<br>Child(ren) | Family |
| <b>HMO</b>  |                              |                          |                           |        |                               |                          |                           |        |
| <b>HUGHP*</b>   | \$89                         | \$229                    | \$222                     | \$247  | \$103                         | \$266                    | \$257                     | \$286  |
| <b>BCBSMA</b>   | \$110                        | \$284                    | \$275                     | \$305  | \$124                         | \$321                    | \$310                     | \$344  |
| <b>POS (BCBSMA PPO if you live outside New England)</b>           |                              |                          |                           |        |                               |                          |                           |        |
| <b>HUGHP**</b>  | \$129                        | \$329                    | \$319                     | \$356  | \$143                         | \$366                    | \$354                     | \$395  |
| <b>BCBSMA</b>   | \$150                        | \$384                    | \$372                     | \$414  | \$164                         | \$421                    | \$407                     | \$453  |
| <b>POS Plus (BCBSMA PPO Plus if you live outside New England)</b> |                              |                          |                           |        |                               |                          |                           |        |
| <b>HUGHP**</b>  | \$144                        | \$370                    | \$358                     | \$400  | \$158                         | \$407                    | \$393                     | \$439  |
| <b>BCBSMA</b>   | \$166                        | \$424                    | \$410                     | \$458  | \$180                         | \$461                    | \$445                     | \$497  |
| <b>HDHP</b>   |                              |                          |                           |        |                               |                          |                           |        |
| <b>BCBSMA</b>   | \$50                         | \$132                    | \$128                     | \$143  | \$64                          | \$169                    | \$163                     | \$182  |

| Monthly Cost  | Tier 3<br>\$80,000 - \$99,999 |                          |                           |        | Tier 4<br>\$100,000 and above |                          |                           |        |
|---|-------------------------------|--------------------------|---------------------------|--------|-------------------------------|--------------------------|---------------------------|--------|
|   | Individual                    | Individual+<br>Spouse/DP | Individual+<br>Child(ren) | Family | Individual                    | Individual+<br>Spouse/DP | Individual+<br>Child(ren) | Family |
| <b>HMO</b>  |                               |                          |                           |        |                               |                          |                           |        |
| <b>HUGHP*</b>   | \$158                         | \$407                    | \$394                     | \$438  | \$203                         | \$521                    | \$504                     | \$561  |
| <b>BCBSMA</b>   | \$179                         | \$462                    | \$447                     | \$496  | \$224                         | \$576                    | \$557                     | \$619  |
| <b>POS (BCBSMA PPO if you live outside New England)</b>           |                               |                          |                           |        |                               |                          |                           |        |
| <b>HUGHP**</b>  | \$198                         | \$507                    | \$491                     | \$547  | \$243                         | \$621                    | \$601                     | \$670  |
| <b>BCBSMA</b>   | \$219                         | \$562                    | \$544                     | \$605  | \$264                         | \$676                    | \$654                     | \$728  |
| <b>POS Plus (BCBSMA PPO Plus if you live outside New England)</b> |                               |                          |                           |        |                               |                          |                           |        |
| <b>HUGHP**</b>  | \$213                         | \$548                    | \$530                     | \$591  | \$258                         | \$662                    | \$640                     | \$714  |
| <b>BCBSMA</b>   | \$235                         | \$602                    | \$582                     | \$649  | \$280                         | \$716                    | \$692                     | \$772  |
| <b>HDHP</b>   |                               |                          |                           |        |                               |                          |                           |        |
| <b>BCBSMA</b>   | \$119                         | \$310                    | \$300                     | \$334  | \$164                         | \$424                    | \$410                     | \$457  |

\*HUGHP HMO is available only to retirees who reside in Massachusetts

\*\*Though you can live anywhere, in-network providers are located primarily in Eastern Massachusetts

For more information on post-retirement eligibility requirements, costs and subsidies, please see [hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf](http://hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf)

## Retiree Delta Dental Monthly Rates

| Individual | Individual + Spouse/Domestic Partner | Individual + Child(ren) | Family   |
|------------|--------------------------------------|-------------------------|----------|
| \$59.44    | \$106.45                             | \$103.03                | \$114.50 |

## Supplemental Life Insurance Rates

| Age   | Monthly Cost per \$1,000 of Insurance |
|-------|---------------------------------------|
| 55-59 | \$ 0.144                              |
| 60-64 | \$ 0.184                              |
| 65-69 | \$ 0.336                              |
| 70    | \$ 0.535                              |

**PLEASE NOTE:** Total amount of life insurance coverage reduces by 35% on the July 1st following your 66th birthday, except retired hourly employees whose total amount of life insurance coverage reduces by 35% on the July 1st following your 65th birthday. Your group coverage with Harvard ends on the July 1st following your 70th birthday. You will be offered the option to continue your coverage with an individual plan at the time of reduction and/or termination.