Frequently Asked Changes
2020 Benefits Changes

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CHANGE TO BLUE CROSS BLUE SHIELD OF MASSACHUSETTS (BCBSMA)

1. Will I need to change my doctor?

Blue Cross Blue Shield of Massachusetts (BCBSMA) has the largest provider network in New England, including most providers currently used by Harvard participants in the Harvard Pilgrim Health Care Plan (HPHC) network and many more. Based on a provider analysis of the HPHC and BCBS networks, we anticipate minimal provider disruption as a result of this change.

2. How can I check if my doctor(s) is in the BCBSMA network?

Beginning September 9, you can check whether your doctor is in the BCBSMA network by calling the Harvard-dedicated BCBSMA member services call line at 888-389-7732 or going to their website. Click on “Select your network to continue [not logged in]” and choose the following networks from the dropdown menu:

- For the HMO, POS, and POS+ select “HMO Blue New England”
- For the PPO, PPO+, and HDHP select “PPO or EPO”
You may also check directly with your provider(s), referring to the plan names above.

3. **What if one of my doctors isn’t in the BCBSMA network. What happens then?**

For certain conditions, BCBSMA may provide a transition period through its Temporary Transition of Care program for anyone in active treatment with a non-network provider; [you can learn more here](#). The length of the transition period will depend upon the nature of the treatment, and, if applicable, you will have the opportunity to work directly with a dedicated BCBSMA representative during the transition period.

POS plan members may use an out-of-network provider, but will be subject to higher out-of-pocket costs.

4. **Why is this change being made?**

Harvard continuously evaluates the health care coverage it provides to faculty and staff to ensure they remain comprehensive, competitive, and financially sustainable. This decision was made after extensive review by the University Benefits Committee (UBC) and Harvard Benefits, in consultation with the Office of the Provost.

BCBSMA is currently the claims administrator for Harvard University Group Health Plan (HUGHP). Over time, moving to a single administrator across medical plan options will allow more consistency in product offerings, and reduce complexity for participants and the University, while providing access to most of the same providers.

5. **Are there any other changes to the plans, like copayment changes, pharmacy, etc.?**

There are no changes to copayments, coinsurance, or deductible levels as a result of the move to BCBSMA, except a consolidation of the High Deductible Health Plan, as described below. Express Scripts will continue to manage pharmacy benefits. There is no change to the $150 annual fitness reimbursement.

6. **What is happening to the High Deductible Heath Plan (HDHP)?**

For 2020, coverage under the HDHP will be consolidated under BCBS. This plan will include providers from Harvard University Health Services (HUHS), along with access to the BCBS PPO network. If you are currently enrolled in the HUGHP HDHP or the HPHC HDHP and do not make a choice during Open Enrollment, you will be automatically enrolled in the BCBS HDHP, as shown in the chart below. You will receive your new BCBS card by mail in mid-December.

The University is moving to a single administrator for this plan because the network and benefits for the BCBS and HUGHP HDHP were the same.

Note: if you are currently enrolled in the HUGHP HDHP, you will receive a new ID card in December. This ID card will have the BCBS members services number. The HUHS member services group will not be able to assist HDHP members.

7. **What is the transition plan for HPHC members?**
Employees and retirees under age 65 who are currently covered under an HPHC plan will be enrolled automatically to the same type of plan with BCBSMA (e.g., HPHC HMO to BCBS HMO), as shown below. No action is required. Employees can elect a different plan for which they are eligible during the Open Enrollment period.

<table>
<thead>
<tr>
<th>IF YOU ARE IN THIS PLAN</th>
<th>EFFECTIVE JANUARY 1, 2020 YOU WILL BE COVERED UNDER THIS BCBS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPHC HMO</td>
<td>BCBSMA HMO</td>
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<tr>
<td>HPHC POS</td>
<td>BCBSMA POS (If you reside outside of New England, BCBS PPO*)</td>
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<tr>
<td>HPHC POS+</td>
<td>BCBSMA POS+++ (If you reside outside of New England, BCBS PPO+*)</td>
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<tr>
<td>HPHC or HUGHP HDHP</td>
<td>BCBS HDHP**</td>
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* Available only to employees who reside outside of New England.
** Available only to faculty and nonunion staff and the following under age 65 retirees: faculty and nonunion staff, HUCTW members who retired prior to 7/5/11, and other union members who retired prior to 9/4/14.

8. Why is the BCBS PPO not an option for me?

This BCBS plan is only open to employees and retirees under age 65 with a home address outside New England. If your home address in PeopleSoft is outside New England and you do not see the PPO plan as an option, contact the Benefits Office at 617-496-4001 or by email at benefits@harvard.edu.

9. Do the BCBSMA POS plans require referrals to see specialists or to go out of network?

The POS plan structure is not changing – in order to see a specialist in-network, you will need to get a referral from your PCP. You may see providers who are out-of-network, or in-network without referrals, but will incur higher out-of-pocket costs. This applies to all Harvard-sponsored POS plans. Please note, some services may require prior authorization even for out-of-network providers. Please contact BCBS for more information. (After January 1, 2020, you may also refer to your Member Handbook.)

10. How does BCBSMA handle coverage for students or other under age 26 dependents who are enrolled in the HMO or POS plan and live outside the Plan’s service area?

Dependents under age 26 who live outside New England may have some coverage for out-of-area in-network services when authorized in advance. Please contact BCBSMA by calling the Harvard-dedicated BCBSMA member services call line at 888-389-7732 for more details.
11. If my primary care physician (PCP) is in the BCBSMA network, do I need to re-elect my PCP?

No. If you are currently enrolled in HPHC, your PCP designation should carry over when you are moved to BCBSMA coverage.

12. Do all BCBSMA plans require PCP designation?

Harvard's medical plan features are not changing: HMO and POS (including POS+) plan participants are required to designate a PCP. If your current PCP is in the BCBSMA network, you will not need to make any change to that designation - this information will be transferred to BCBSMA. HDHP and PPO (including PPO+) plan participants do not need to designate a PCP.

13. Does the BCBS PPO require a PCP for referrals for specialists or other care?

No. However, some services may require prior authorization. Please contact BCBS for more information. After January 1, 2020, you may also refer to your Member Handbook.

14. If I change medical plans will I get a new prescription card?

Yes. Anyone who is changing medical plans, including anyone moving to BCBSMA as well as anyone moving to HUGHP or enrolling for the first time will receive a new prescription ID card from Express Scripts in December. This card should be used to fill prescriptions beginning January 1, 2020.

CHANGE TO NEW COVERAGE LEVELS FOR FAMILIES

15. Why did Harvard change the coverage level structure for families?

Harvard is continuously evaluating the health care coverage it provides as part of the total rewards package in order to manage costs, take advantage of new products, and provide faculty and staff with comprehensive, competitive and sustainable benefits. This change was in response to many requests from employees and is common among peer employers.

Beginning in 2020, there will be two additional coverage levels available to certain eligible employees – Employee + Spouse/Domestic Partner and Employee + Child(ren)

16. Who is eligible for the new coverage levels?

If you are faculty, administrative and professional staff, nonunion support staff, or a member of the ATC, HUPA, or SEIU Custodian unions, you will have access to the two additional coverage levels for your medical, dental, and vision benefits beginning in 2020.

Some retirees are also eligible for the new levels; please refer to the Retiree Benefits Open Enrollment page for details.