

BENEFITS ELIGIBILITY— SPECIAL SITUATIONS

Harvard offers benefit programs for the following:

- [Out-of-State Employees](#)
- [Separated Employees via COBRA](#)
- [Domestic Partners](#)
- [Ex-spouse](#)

OUT-OF-STATE EMPLOYEE ELIGIBILITY

If you have an out-of-state home address, you may not be eligible to participate in all health plans. Please check with Harvard University Group Health Plan (HUGHP) or Blue Cross Blue Shield of Massachusetts (BCBSMA) to see if a specific plan is available in your area.

TO CHOSE THIS MEDICAL OPTION:	YOU MUST:
HUGHP HMO BCBSMA HMO	Live in the defined HMO service area. (Note that employees living out of state are not eligible to enroll in the HUGHP HMO.)
HUGHP POS (including POS Plus*) BCBSMA POS (including POS Plus*)	No region/address restrictions Live in New England.
BCBSMA PPO and PPO Plus*	Live outside of New England
BCBSMA HDHP*	No region/address restrictions

*Not available to employees covered by a union.

SEPARATED EMPLOYEE ELIGIBILITY—COBRA

If your Harvard coverage ends for you or your covered dependents, you may qualify to continue your current medical, dental and vision coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Qualifying events include voluntary or involuntary termination (for reasons other than gross misconduct) or a loss of benefits eligibility.

- COBRA coverage is available for up to 18 months, and certain events may allow a spouse or child to be covered up to 36 months.
- COBRA covers you and any qualified dependents that were covered under your medical, dental, or vision plan as of your last day of benefits eligibility.

Your dependents may be eligible for COBRA—even if you are continuing your Harvard coverage—in certain qualifying circumstances. For example, spouses are eligible for coverage in the case of divorce or legal separation from the covered employee. Children are eligible upon turning age 26. Dependents are also eligible in the event of the death of the covered employee.

Enrolling in COBRA

When your regular coverage ends, Benefit Strategies, LLC will send you a COBRA packet explaining the cost and your potential length of enrollment. If you choose to enroll in COBRA, you must do so within 60 days from the date you lost coverage. Your enrollment will be retroactive to the date on which you lost coverage.

Once you are enrolled in COBRA, you will be billed directly by Benefit Strategies. Non-payment of bills will cause your COBRA coverage to end. For more detailed information and FAQs, visit the [Benefit Strategies](#) website.

The full cost of the coverage is 100% of the group rate of health or dental premiums, plus a two percent administrative fee. Harvard provides time-limited subsidies in the case of layoff or death of a covered employee.

To view COBRA rates: Go to [Forms & Documents](#) > Total Rewards > Health Plan Rates

DOMESTIC PARTNER ELIGIBILITY

If you are enrolling opposite-sex or same-sex domestic partners under your medical, dental or vision care plan at the time that you are hired, during Open Enrollment or within 30 days of a qualified change in status, such as loss of coverage, you must submit and complete a notarized Statement of Domestic Partnership. (Go to [Forms & Documents](#) > Domestic Partners.)

Registering your domestic partnership with a local municipality that allows formal registration of domestic partnership is considered a qualified change in status that allows you to enroll your domestic partner. Once registered, you will have 30 days to enroll your partner in benefits. You will need to submit a copy of the Certificate of Domestic Partnership as well as the Harvard Statement of Domestic Partnership signed by you and your domestic partner.

Tax Information Related to Domestic Partnerships

There are special tax considerations (described below) for employees covering a domestic partner under Harvard's benefits. For more information, call Benefits at 617-496-4001.

Federal tax law considers the fair market value of coverage for non-qualified dependents as imputed income. Income that is imputed on medical and/or dental insurance coverage for a non-qualifying individual is subject to federal income tax and employment tax (FICA and Medicare) withholding, as well as state income tax as applicable. This withholding reduces your net income. Additionally, the individual plan premium will be deducted on an after-tax basis (the balance of the premium will be deducted on a pre-tax basis).

Employee Plus Domestic Partner and Children

- If you are covering one or more children, all of whom qualify as tax dependents as defined by the IRS, you will pay taxes on the cost of the individual coverage and the individual plan premium will be deducted on an after-tax basis (the balance of the premium will be deducted on a pre-tax basis).
- If you are covering children, and not all of them qualify as tax dependents as defined by the IRS, you will have income imputed on the value of the family rate minus the individual rate and the individual plan premium will be deducted on an after-tax basis (the balance of the premium will be deducted on a pre-tax basis).

Domestic Partner As Qualified Tax Dependent

If you are covering only qualified tax dependents (including a domestic partner), the IRS rules permit you to exclude from your income any amounts provided for medical, dental and/or vision insurance coverage for qualifying dependents. This means your full medical, dental and vision plan contributions will be pretax and no additional income will be imputed.

The University follows the IRS definition of a qualified dependent to determine imputed income amounts. If you have a qualified dependent and have not previously notified the Benefits Office, have any questions, or need any paperwork, please contact the Benefits Office at 617-496-4001.

Additional Resources

- [Harvard Statement of Domestic Partnership \(PDF\)](#)
- [FAQ on Tax Issues Affecting Domestic Partners and Civil Unions](#)
- For rate information, go to [Forms & Documents](#) > Domestic Partners

Tax Information for Employees Covering a Domestic Partner

IF YOU COVER A DOMESTIC PARTNER AND:	YOUR TOTAL PREMIUM			YOUR IMPUTED INCOME
	YOUR PRE-TAX DEDUCTION		YOUR POST-TAX DEDUCTION	
No children or only qualified children	Family (or employee + spouse/DP) premium cost minus the individual premium cost	+	Individual premium	The amount of the Harvard subsidy for individual coverage
Non-qualified children	Individual premium	+	Family premium cost minus the individual premium cost	The amount of Harvard family subsidy minus the amount of the Harvard individual subsidy

Domestic Partners Turning Age 65

Under federal rules, domestic partners of active faculty and staff members must enroll in Medicare Parts A and B when turning age 65 or they will be subject to a late-enrollment penalty affecting the monthly cost of Medicare. Medicare will become the primary health insurance for the domestic partner and the Harvard-sponsored coverage will be secondary.

Enrollment in Medicare is done through the Social Security Administration. (Refer to the Harvard information on [What Happens When You Turn Age 65](#) for contact information and details.)

EX-SPOUSE ELIGIBILITY

If your spouse is enrolled in your coverage when you divorce, they may continue coverage under Harvard's medical, dental and/or vision plans if you do not have a current spouse. However, according to federal income and employment tax rules, if an employee's ex-spouse is not the employee's tax dependent for health coverage purposes, then the fair market value of the ex-spouse's Harvard medical, dental and/or vision coverage is added to (imputed into) gross income and wages.

The fair market value equals Harvard's contribution to the cost of individual medical and/or dental plan coverage, which depends upon an employee's salary tier. In addition, the individual portion of the coverage for a former spouse will be deducted from pay on an after-tax basis.

To access forms, rate charts, and other resources, visit hr.harvard.edu and click on the Policies, Forms & Contracts tab, then select Forms & Documents.

