

MEDICAL PLANS

Harvard offers subsidized medical coverage from Harvard Pilgrim Health Care (HPHC) and Harvard University Group Health Plan (HUGHP).

You can review your plan options below:

	HMO	POS	PPO (only available if you reside outside of MA)	POS Plus	HDHP
Faculty and nonunion staff	✓	✓		✓	✓
Members of ATC, HUCTW, HUPA, HUSPMGU, Local 26 and SEIU Custodians	✓	✓			
Members of SEIU Arboretum	✓	✓	✓		
External post doc, coaching assistant, teaching assistant, or visiting fellow	✓	✓		✓	

SEIU Members: Your union also offers you the option of combined medical, dental, and vision at **no cost** for you and your eligible dependents. If you are in the SEIU Plan, you cannot enroll in Harvard’s dental or vision plan. Note: Registered domestic partners are not eligible for this coverage.

Retirees under 65: Retirees and eligible spouses/domestic partners and dependents under age 65 may choose from the plans offered to active employees; please review the [Retiree Health](#) page for details.

This is an overview of your medical plans. For more detailed information about coverage and costs—including copayments, deductibles, and out-of-pocket maximums, please refer to the [2019 Medical Plan Care Comparison Chart](#) for your employee group on the website.

HMO, POS, AND PPO PLANS

Your costs when receiving medical services through the HMO, POS, and PPO plans depend on the type of service and whether you receive care in- or out-of-network.

- Preventive care as defined by the federal Affordable Care Act (ACA) that is received from an in-network provider is fully covered, with no charge to you. This includes annual physicals, well-baby and well-child visits, immunizations, and routine vision care.
- In-network office visits for care of illness or injury, outpatient mental health visits, occupational or physical therapy, prescriptions, and emergency room visits are subject to applicable copayments. Hospitalization and high-tech imaging are subject to copayments or deductible and coinsurance, as applicable.
- In-network outpatient diagnostic lab tests and X-rays are fully covered.
- All in-network costs including copayments (and deductibles and coinsurance if your plan has them) count toward your annual out-of-pocket maximum. Monthly premiums do not count toward your annual out-of-pocket maximum. If you reach the out-of-pocket maximum in a calendar year, all further in-network costs are fully (100%) covered by your medical plan for the rest of the calendar year.
- Out-of-network services (available with the POS and PPO only) are subject to separate deductibles, coinsurance, and out-of-pocket maximums.

For faculty and nonunion staff who enroll in the HMO or POS Plans

If you cover yourself and one dependent under family coverage

Your in-network deductible will be \$250 per person, and no more than \$500 for your family. Coinsurance begins for each family member when the applicable individual deductible is met for that person. Your in-network out-of-pocket maximum will be \$1,500 per person, up to a total family maximum of \$3,000.

If you cover yourself and two or more dependents under family coverage

Your in-network deductible will be \$250 per person, with a \$750 total family maximum. Coinsurance begins for each family member when the applicable individual deductible is met for that person. Your in-network out-of-pocket maximum will be \$1,500 per person, up to a total family maximum of \$4,500.

Even if you cover more than three people, you won't pay more for eligible in-network services than your \$4,500 family out-of-pocket maximum.

POS PLUS PLAN (FACULTY AND NONUNION STAFF ONLY)

The POS Plus plan works similarly to the other POS plan. Preventive care as defined by the ACA and received in-network is fully covered and in-network office visits, emergency room visits, and prescriptions are subject to copayments. However, with this plan option, you pay no deductible or coinsurance for medical services received in-network. The POS Plus has higher monthly premiums in exchange for lower costs at the point of care.

Out-of-network services under the POS Plus plans are subject to a deductible, coinsurance and separate out-of-pocket maximums.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA) (FACULTY AND NONUNION STAFF ONLY)

The HDHP with HSA is a different type of plan. It is a lower-premium, high-deductible health insurance plan combined with a tax-free savings account that lets you save additional money for health expenses now or later in retirement. Like the other plans, the HDHP is offered through HPHC and HUGHP Blue Cross Blue Shield of MA; HUGHP HDHP members have access to an expanded network of Blue Cross Blue Shield of MA providers that includes Harvard University Health Services (HUHS). The HSA feature is administered by Benefit Strategies.

The HDHP provides you with the flexibility to use in-network or out-of-network providers (you'll pay more for out-of-network services). In-network preventive care as defined by the ACA is covered at 100%, like Harvard's other health plans.

For all other services, including prescriptions, you pay the full cost of care until you meet the deductible. If you have family coverage, you must meet the entire family deductible before the plan begins paying. Once you meet the deductible, you share in the cost of care (your coinsurance) with the plan paying most of the costs, until you reach the annual out-of-pocket maximum. Once you meet the annual maximum, the plan pays 100% of further costs for the rest of the calendar year. If you have family coverage, you must meet the entire family out-of-pocket maximum before the plan begins paying at 100%.

If you enroll in the HDHP, you may make tax-free contributions to an HSA to be used to pay out-of-pocket medical, dental, and vision expenses. Harvard will also make a tax-free contribution to your HSA of \$500 for individual coverage or \$1,000 for family coverage for eligible, active faculty and nonunion staff members. Please see the [Flexible Spending Account/Health Savings Account Overview](#) for more detailed information including eligibility requirements.

PLAN FEATURE	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE	Covered at 100%	After deductible, 35% coinsurance
DEDUCTIBLE Applies to all non-preventive expenses such as office visits, hospital admission, outpatient surgery, lab, X-rays, and prescriptions	\$1,500 for individual coverage/\$3,000 for family coverage Amounts paid for both in-network and out-of-network care can be combined to satisfy the deductible. If you are enrolled in family coverage, the full family deductible must be met before coinsurance begins for any family member.	
COINSURANCE (after deductible is met)	15% coinsurance	35% coinsurance
OUT-OF-POCKET MAXIMUM* After this annual cost is met, the plan pays 100% of costs for the remainder of the calendar year.	\$3,000 individual coverage \$6,000 family coverage For family coverage, the full family out-of-pocket max must be met.	\$6,000 individual coverage \$12,000 family coverage For family coverage, the full family out-of-pocket max must be met.

* There are separate out-of-pocket maximums for in-network care and out-of-network care, which accrue separately.

Employees who reside outside of Massachusetts

Employees with out-of-state home addresses may not be able to participate in all medical plans. You will need to check with the insurance companies to see if a specific plan is available in your area. See also [Benefits Eligibility-Special Situations](#).

Prescription Drug Coverage for all plans

Your prescription drug benefit is included as part of your medical coverage and is administered by Express Scripts, a pharmacy benefits manager. Most major pharmacy chains accept Express Scripts. Present your Express Scripts ID card when filling prescriptions. You can save money on medications you take on a long-term basis by using mail order with Express Scripts. With mail order, you can buy up to a 90-day supply at a reduced copayment when compared to retail pharmacies. Call Express Scripts at 877-787-8684 for more information about your mail order options. (Note: You may fill 90-day prescriptions at CVS at retail copayment prices.) (Note: You may fill 90-day prescriptions at CVS at retail copayment prices.)

GLOSSARY

Here's a quick refresher on commonly used medical/dental terms:

COPAYMENT (COPAY) is a fixed amount you pay for a healthcare service or prescription drugs.

DEDUCTIBLE is the amount you owe before your insurance begins covering certain services such as hospitalization or outpatient surgery.

COINSURANCE is the amount you pay, as a percentage of the cost of your allowed services, after you meet the deductible until you reach the plan's out-of-pocket maximum.

ALLOWABLE CHARGE is the dollar amount typically considered payment-in-full by an insurance company and an associated network of healthcare providers.

OUT-OF-POCKET MAXIMUM is the most you pay per Plan Year for healthcare expenses, including prescription drugs. Once this limit is met the plan pays 100% for the remainder of the Plan Year.

PLAN YEAR is the same as a calendar year.



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