



HARVARD  
Human Resources

# 2026 Benefits and Premiums

## AT A GLANCE



At the heart of  
Harvard is you.

# WELCOME TO YOUR Harvard University benefits!

At the heart of Harvard is you, and at the heart of your Harvard experience is 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.**

## Your health plan options

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 (members of Local 26 can select individual or family coverage) from the following types of plans:

- **Health Maintenance Organization (HMO)**—With an HMO, you select a primary care provider (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 (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.
- **Preferred Provider Organization (PPO)**—This plan, offered through BCBSMA, is available only to subscribers 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.

## Primary care provider (PCP) networks

Before selecting a plan, confirm that your preferred PCP is in-network. See the back page for contact information.

PLAN	PCP NETWORK
HUGHP HMO HUGHP POS	<b>Adult care</b> <ul style="list-style-type: none"><li>• Harvard University Health Services (HUHS)</li><li>• Atrius Health locations</li></ul> <b>Pediatric care for dependent children under age 26</b> <ul style="list-style-type: none"><li>• Any BCBSMA HMO Blue MA Network pediatrician or family medicine practitioner, including Mt. Auburn Pediatrics and Atrius Health</li></ul> <b>Specialty network</b> <ul style="list-style-type: none"><li>• BCBSMA HMO Blue Network</li></ul>
BCBSMA* HMO BCBSMA* POS	<ul style="list-style-type: none"><li>• HMO Blue New England</li></ul>
BCBSMA* PPO	<ul style="list-style-type: none"><li>• BCBS PPO/EPO Network</li></ul>

\* Cannot have primary care provider at HUHS.

## 2 Harvard Union Employees

You have 30 days from your date of hire or qualifying life event to make your benefit elections

## Compare your medical plans

IN-NETWORK OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Medical	\$2,000	\$6,000
Prescription drug	\$4,600	\$7,200
IN-NETWORK MEMBER COSTS	HMO	POS   PPO*
Inpatient hospital	\$100 copayment	\$100 copayment
Emergency room	\$100 copayment	\$100 copayment
Preventive care as defined by Affordable Care Act	Covered in full	Covered in full
Office visits—PCP and specialist	\$25 copayment	\$25 copayment
Telehealth via Well Connection	\$15 copayment	\$15 copayment
Physical/occupational therapy (limited to 60 visits per type of therapy per calendar year)	\$25 copayment	\$25 copayment
Chiropractic care (limited to 18 visits per calendar year)	\$25 copayment	\$25 copayment
Acupuncture (limited to 20 visits per calendar year)	\$25 copayment	\$25 copayment
High-tech imaging (MRI, PET scan, CT scan, etc.)	\$50 copayment	\$50 copayment
Mental health/substance misuse Telehealth via Well Connection	Inpatient: \$100 copayment per admission Outpatient: \$25 copayment Telehealth: \$15 copayment	Inpatient: \$100 copayment per admission Outpatient: \$25 copayment Telehealth: \$15 copayment
Outpatient diagnostic labs/X-rays	Covered in full	Covered in full
OUT-OF-NETWORK	POS   PPO*	
DEDUCTIBLE		
Per individual	\$750	
Family maximum	\$2,500	
OUT-OF-POCKET MAXIMUM		
Per individual	\$2,500	
Family maximum	\$7,500	
MEMBER COSTS		
Emergency room	\$100	
Member-paid coinsurance	30% after out-of-network deductible	
Mental health coinsurance	Inpatient: deductible, then 30%   Outpatient: 20%, no deductible	

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

### 3 Harvard Union Employees

You have 30 days from your date of hire or qualifying life event to make your benefit elections

## Medical plan eligibility by region

### 📍 Massachusetts

HUGHP HMO  
HUGHP POS  
BCBSMA HMO  
BCBSMA POS

### 📍 Rest of New England (CT, ME, NH, RI, VT)

BCBSMA HMO  
BCBSMA POS

### 📍 Outside of New England

BCBSMA PPO

## Prescription drug costs

	PREVENTIVE MEDICATIONS LIST		ALL OTHER DRUGS	
	RETAIL AT PARTICIPATING PHARMACY (up to 30-day supply)	MAIL ORDER THROUGH EXPRESS SCRIPTS (up to 90-day supply)	RETAIL AT PARTICIPATING PHARMACY (up to 30-day supply)	MAIL ORDER THROUGH EXPRESS SCRIPTS (up to 90-day supply)
Generic	\$0	\$0	\$7	\$14
Preferred brand	\$10	\$25	\$20	\$50
Non-preferred brand	N/A	N/A	\$45	\$110



#### 4 Harvard Union Employees

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## 2026 rates

Harvard's progressive practice of using salary tiers makes premiums more affordable for those who earn less. Salary tiers are based on full-time equivalent (FTE) salary. If you work part-time, your FTE is the salary you would earn if you worked full-time at the same rate of pay.

### Medical

For members of ATC and HUPA

MONTHLY COST BY SALARY	TIER 1 LESS THAN \$60,000				TIER 2 \$60,000-\$79,999			
	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY
<b>HMO</b>								
HUGHP*	\$133	\$343	\$332	\$368	\$154	\$397	\$384	\$427
BCBSMA	\$164	\$421	\$407	\$451	\$185	\$475	\$459	\$510
<b>POS</b>								
HUGHP*	\$187	\$481	\$466	\$516	\$208	\$535	\$518	\$575
BCBSMA	\$217	\$559	\$541	\$600	\$238	\$613	\$593	\$659
<b>PPO†</b>								
BCBSMA	\$217	\$559	\$541	\$600	\$238	\$613	\$593	\$659

MONTHLY COST BY SALARY	TIER 3 \$80,000-\$109,999				TIER 4 \$110,000 AND ABOVE			
	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY
<b>HMO</b>								
HUGHP*	\$207	\$531	\$514	\$572	\$259	\$666	\$645	\$717
BCBSMA	\$238	\$609	\$589	\$655	\$290	\$744	\$720	\$800
<b>POS</b>								
HUGHP*	\$261	\$669	\$648	\$720	\$313	\$804	\$779	\$865
BCBSMA	\$291	\$747	\$723	\$804	\$343	\$882	\$854	\$949
<b>PPO†</b>								
BCBSMA	\$291	\$747	\$723	\$804	\$343	\$882	\$854	\$949

\* HUGHP is available only to subscribers who reside in Massachusetts. In-network adult PCPs are located primarily in Eastern Massachusetts.

† Available only to subscribers who reside outside of New England.

## 5 Harvard Union Employees

You have 30 days from your date of hire or qualifying life event to make your benefit elections

## Medical

For members of SEIU Custodian

MONTHLY COST BY SALARY	TIER 1 LESS THAN \$60,000				TIER 2 \$60,000-\$79,999			
	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY
<b>HMO</b>								
HUGHP*	\$133	\$343	\$332	\$368	\$154	\$397	\$384	\$427
BCBSMA	\$164	\$421	\$407	\$451	\$185	\$475	\$459	\$510
<b>POS</b>								
HUGHP*	\$187	\$481	\$466	\$516	\$208	\$535	\$518	\$575
BCBSMA	\$217	\$559	\$541	\$600	\$238	\$613	\$593	\$659
<b>PPO<sup>†</sup></b>								
BCBSMA	\$217	\$559	\$541	\$600	\$238	\$613	\$593	\$659

MONTHLY COST BY SALARY	TIER 3 \$80,000-\$99,999				TIER 4 \$100,000 AND ABOVE			
	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY
<b>HMO</b>								
HUGHP*	\$207	\$531	\$514	\$572	\$259	\$666	\$645	\$717
BCBSMA	\$238	\$609	\$589	\$655	\$290	\$744	\$720	\$800
<b>POS</b>								
HUGHP*	\$261	\$669	\$648	\$720	\$313	\$804	\$779	\$865
BCBSMA	\$291	\$747	\$723	\$804	\$343	\$882	\$854	\$949
<b>PPO<sup>†</sup></b>								
BCBSMA	\$291	\$747	\$723	\$804	\$343	\$882	\$854	\$949

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## 6 Harvard Union Employees

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For members of Local 26

MONTHLY COST BY SALARY	TIER 1 LESS THAN \$55,000		TIER 2 \$55,000-\$74,999	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
<b>HMO</b>				
HUGHP*	\$133	\$360	\$154	\$417
BCBSMA	\$164	\$442	\$185	\$499
<b>POS</b>				
HUGHP*	\$187	\$505	\$208	\$562
BCBSMA	\$217	\$587	\$238	\$644
<b>PPO†</b>				
BCBSMA	\$217	\$587	\$238	\$644

MONTHLY COST BY SALARY	TIER 3 \$75,000-\$99,999		TIER 4 \$100,000 AND ABOVE	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
<b>HMO</b>				
HUGHP*	\$207	\$558	\$259	\$700
BCBSMA	\$238	\$640	\$290	\$782
<b>POS</b>				
HUGHP*	\$261	\$703	\$313	\$845
BCBSMA	\$291	\$785	\$343	\$927
<b>PPO†</b>				
BCBSMA	\$291	\$785	\$343	\$927

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**7 Harvard Union Employees**

You have 30 days from your date of hire or qualifying life event to make your benefit elections

## Medical

For members of HUCTW and SEIU Aboretum

MONTHLY COST BY SALARY	TIER 1 LESS THAN \$60,000				TIER 2 \$60,000-\$84,999			
	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY
<b>HMO</b>								
HUGHP*	\$133	\$343	\$332	\$368	\$154	\$397	\$384	\$427
BCBSMA	\$164	\$421	\$407	\$451	\$185	\$475	\$459	\$510
<b>POS</b>								
HUGHP*	\$187	\$481	\$466	\$516	\$208	\$535	\$518	\$575
BCBSMA	\$217	\$559	\$541	\$600	\$238	\$613	\$593	\$659
<b>PPO†</b>								
BCBSMA	\$217	\$559	\$541	\$600	\$238	\$613	\$593	\$659

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† Available only to subscribers who reside outside of New England.

MONTHLY COST BY SALARY	TIER 3 \$85,000-\$109,999				TIER 4 \$110,000-\$159,999				TIER 5 \$160,000 AND ABOVE			
	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY	INDIVIDUAL	INDIVIDUAL + SPOUSE/DP	INDIVIDUAL + CHILD(REN)	FAMILY
<b>HMO</b>												
HUGHP*	\$207	\$531	\$514	\$572	\$259	\$666	\$645	\$717	\$315	\$810	\$784	\$871
BCBSMA	\$238	\$609	\$589	\$655	\$290	\$744	\$720	\$800	\$346	\$888	\$859	\$954
<b>POS</b>												
HUGHP*	\$261	\$669	\$648	\$720	\$313	\$804	\$779	\$865	\$369	\$948	\$918	\$1,019
BCBSMA	\$291	\$747	\$723	\$804	\$343	\$882	\$854	\$949	\$399	\$1,026	\$993	\$1,103
<b>PPO†</b>												
BCBSMA	\$291	\$747	\$723	\$804	\$343	\$882	\$854	\$949	\$399	\$1,026	\$993	\$1,103

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## 8 Harvard Union Employees

You have 30 days from your date of hire or qualifying life event to make your benefit elections

## Dental

MONTHLY COST	
ATC, HUCTW, HUPA, and SEIU	
Employee	\$17
Employee + spouse/DP	\$46
Employee + child(ren)	\$45
Family	\$48
LOCAL 26	
Individual	\$17
Family	\$48

## Vision

MONTHLY COST	
ATC, HUCTW, HUPA, and SEIU	
Employee	\$6.61
Employee + spouse/DP	\$16.15
Employee + child(ren)	\$15.03
Family	\$18.74
LOCAL 26	
Individual	\$7.26
Family	\$16.71

## Supplemental and Spouse/DP Life Insurance

COST PER COVERED INDIVIDUAL (EMPLOYEE, SPOUSE/DP)	
AGE	MONTHLY COST PER \$1,000 OF INSURANCE*
<25	\$0.022
25–29	\$0.025
30–34	\$0.029
35–39	\$0.035
40–44	\$0.043
45–49	\$0.064
50–54	\$0.099
55–59	\$0.156
60–64	\$0.199
65–69	\$0.363
70–74	\$0.578
75–79	\$1.061
80+	\$1.518
Option 1	
	\$25,000
Option 2	
	\$50,000
Option 3	
	\$75,000
Option 4	
	\$100,000

\* Based on age of employee, not age of spouse/DP.

## Dependent/Child Life Insurance

COST OF COVERAGE FOR DEPENDENT CHILD(REN)*	
COVERAGE AMOUNT	MONTHLY COST OF COVERAGE
\$5,000	\$0.455
\$10,000	\$0.910

\* One monthly premium covers all of your eligible children.

## Long Term Disability

FTE SALARY TIER	ANNUAL COST PER \$100 OF SALARY
Less than \$15,000	\$0.201
\$15,000–\$69,999	\$0.229
\$70,000–\$94,999	\$0.494
\$95,000 and above	\$0.623

## Legal Plan



Monthly cost of coverage  
\$18.00

## 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.

## 9 Harvard Union Employees

You have 30 days from your date of hire or qualifying life event to make your benefit elections

## 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 [harvie.harvard.edu](http://harvie.harvard.edu).

TOPIC	WHO TO CONTACT	PHONE	ONLINE
<b>General benefits questions</b>	Benefits Office	617-496-4001	<a href="http://harvie.harvard.edu">harvie.harvard.edu</a> <a href="mailto:benefits@harvard.edu">benefits@harvard.edu</a>
<b>Dental coverage</b>	MetLife Dental	855-638-3941	<a href="http://metlife.com/info/harvard">metlife.com/info/harvard</a>
<b>Disability</b> Short Term and Long Term	Lincoln Financial	844-600-3978 (toll-free Harvard-dedicated line)	<a href="http://MyLincolnPortal.com">MyLincolnPortal.com</a>
<b>Flexible Spending Accounts</b> Health Care, Dependent Care	Sentinel Group	888-762-6088	<a href="http://sentinelgroup.com/harvard-university">sentinelgroup.com/harvard-university</a>
<b>Identity Theft Protection</b>	Allstate	800-789-2720	<a href="http://allstateidentityprotection.com">allstateidentityprotection.com</a>
<b>Legal Plan</b>	MetLife Legal Plans	800-821-6400	<a href="http://metlife.com/info/harvard">metlife.com/info/harvard</a>
<b>Life insurance</b>	MetLife	800-638-6420 (prompt 1)	<a href="http://metlife.com/info/harvard">metlife.com/info/harvard</a>
<b>Medical coverage questions</b> Service areas, costs, provider networks, emergency coverage, and referrals	HUGHP: HMO and POS	617-495-2008	<a href="http://hughp.harvard.edu">hughp.harvard.edu</a>
	BCBSMA: HMO, POS, and PPO	888-389-7732	<a href="http://bluecrossma.com">bluecrossma.com</a>
<b>Prescription drug coverage</b>	Express Scripts	877-787-8684	<a href="http://express-scripts.com/harvarduniversity">express-scripts.com/harvarduniversity</a>
<b>Copayment Reimbursement Program</b>	Sentinel Group	888-762-6088	<a href="http://sentinelgroup.com/harvard-university/crp-rp">sentinelgroup.com/harvard-university/crp-rp</a>
<b>Tax-Deferred Annuity Plan and Retirement Programs</b>	Harvard University Retirement Center	800-527-1398	<a href="http://harvie.harvard.edu/retirement">harvie.harvard.edu/retirement</a> Click the Harvard University Retirement Center (HURC) under Employee Tools at the bottom of any page
	TIAA (including financial/retirement planning, one-on-one appointments, and planning tools)	800-527-1398	<a href="http://tiaa-cref.org">tiaa-cref.org</a> Appointments: <a href="http://tiaa.org/schedulenow">tiaa.org/schedulenow</a>
<b>Tuition Assistance Program (TAP) and Tuition Reimbursement Program (TRP)</b>	TAP/TRP guidelines	617-496-4001	<a href="http://harvie.harvard.edu/tuition-assistance">harvie.harvard.edu/tuition-assistance</a>
	Non-Harvard course reimbursements: Voya	855-483-3539	<a href="http://sentinelgroup.com/harvard-university/tuition-tap-trp">sentinelgroup.com/harvard-university/tuition-tap-trp</a>
<b>Vision care</b>	EyeMed	866-804-0982	<a href="http://eyemed.com">eyemed.com</a>

The information in this document is a summary of Harvard's benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this document and Harvard's formal plans, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts.