

Medical Plans

Harvard offers subsidized medical coverage from Blue Cross Blue Shield of Massachusetts (BCBSMA) and Harvard University Group Health Plan (HUGHP). You can choose from a variety of plan options, allowing you to select the plan that fits your/your family's needs. Please note that you cannot be enrolled in the University-sponsored medical plans as both a subscriber and a dependent. **NOTE:** You cannot be enrolled in a Harvard-sponsored medical plan as both a subscriber and a dependent.

PLAN TYPES

	HMO*	POS (PPO† if you reside outside New England)	POS Plus (PPO Plus† if you reside outside New England)	HDHP† (does not meet J Visa requirements)
Faculty and nonunion staff, internal postdoc	✓	✓	✓	✓
Employees covered by a bargaining agreement	✓	✓		
External post doc, coaching/teaching assistant, or visiting fellow	✓	✓	✓	

* HMO and POS plans are available through HUGHP and BCBSMA. You must live in Massachusetts to enroll in a HUGHP plan and adult primary care is available mostly in Eastern Massachusetts.

† Only offered through BCBSMA.

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 enroll in the SEIU health plan, you cannot enroll in Harvard's medical, dental, or vision plan. **Note:** Domestic partners are not eligible for the SEIU plan.

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

MEDICAL PLANS

This is an overview of Harvard's medical plans. For more detailed information about coverage and costs, including copayments, deductibles, and out-of-pocket maximums, please refer to the [Medical Plan Comparison Chart](#) for your employee group. Additionally, you can review the [Summary of Benefits and Coverage \(SBC\) for each plan](#). SBCs are required for most group health plans and summarize coverage for common services in a standard format to help you more easily compare Harvard's medical plans to other group health plans for which you may be eligible.



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 and physical therapy, most prescriptions, and emergency room visits are subject to applicable copayments. Hospitalization and high-tech imaging are subject to copayments or deductibles and coinsurance, as applicable.
- In-network outpatient diagnostic lab tests and X-rays are fully covered.
- All in-network costs for plan-covered care, including copayments (or deductibles and coinsurance if applicable), count toward your annual out-of-pocket maximum. If you reach the out-of-pocket maximum in a calendar year, all further in-network plan-covered costs are fully (100%) covered by your medical plan for the rest of the calendar year.
- Out-of-network services (not available through the HMO except for emergency room care) are subject to separate deductibles, coinsurance, and out-of-pocket maximums. Your provider may balance bill you for costs not covered by the medical plan. Balance billed amounts do not count toward your deductible or out-of-pocket maximums.
- Monthly premiums do not count toward your annual out-of-pocket maximum.

POS PLUS AND PPO PLUS PLANS (NOT AVAILABLE TO UNION MEMBERS)

The POS Plus and PPO Plus (PPO Plus is only available to nonunion employees living outside of New England) work similarly to the other POS and PPO plans. Preventive care, as defined by the ACA, when received in-network, is fully covered. In-network office visits, emergency room visits, and most prescriptions are subject to copayments. However, with these plan options, you pay no deductible or coinsurance for plan-covered medical services received in-network. The POS Plus and PPO Plus have higher monthly premiums in exchange for lower costs at the point of care.

Out-of-network services under the POS Plus and PPO Plus are subject to deductible, coinsurance, and separate out-of-pocket maximums. Your provider may balance bill you for costs not covered by the medical plan. Balance billed amounts do not count toward your deductible or out-of-pocket maximums.

Monthly premiums do not count toward your annual out-of-pocket maximum.

HDHP WITH HSA (AVAILABLE ONLY TO FACULTY, NONUNION STAFF, AND INTERNAL POSTDOCS)

This plan does not meet the minimum coverage requirements for J Visa holders. The high deductible health plan (HDHP) with a health savings account (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 set aside additional money for health expenses now or later in retirement. The HDHP is only offered through BCBSMA. The HDHP provider network includes Harvard University Health Services (HUHS) and the network of BCBS providers. The HSA feature is administered by Sentinel Group.

The HDHP provides you with the flexibility to use in-network or out-of-network providers (you'll pay more for out-of-network providers). In-network preventive care as defined by the ACA is covered at 100%, like Harvard's other health plans. Out-of-network providers may balance bill you for costs not covered by the medical plan. Balance billed amounts do not count toward your deductible or out-of-pocket maximums.

For all other services, including prescriptions (except those on the preventive medication list), you pay the full cost of until you meet the deductible. If you have employee + spouse/domestic partner, employee + children, or family coverage, you must meet the full 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 plan-covered costs for the rest of the calendar year. If you have one of the family coverage levels, you must meet the entire out-of-pocket maximum before the plan begins paying at 100%.

Monthly premiums do not count toward your annual out-of-pocket maximum.

If you enroll in the HDHP, you may make tax-free contributions to an HSA (if eligible) to be used to pay out-of-pocket medical, dental, and vision expenses. Harvard will also make an annual tax-free contribution to the HSA of \$500 for individual coverage or \$1,000 for all family coverage levels for eligible employees who elect the HSA plan. Please see the [Flexible Spending Account/Health Savings Account Overview](#) for information including HSA eligibility requirements.

PLAN FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care	Covered at 100%	Covered at 100%
DEDUCTIBLE Applies to all non-preventive expenses such as office visits, hospital admission, outpatient surgery, lab, X-rays, and prescriptions	\$1,700 for individual coverage/\$3,400 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 eligible costs for the remainder of the calendar year.	\$3,400 individual coverage \$6,800 family [†] coverage. For family [†] coverage, the full family out-of-pocket max must be met.	\$6,800 individual coverage \$13,600 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.

[†] Includes employee + spouse/domestic partner, employee + children, and family coverage levels.

MEDICAL PLAN SERVICE AREAS AND PROVIDER NETWORKS

The medical plans for which you are eligible depend on your home address; and the in-network providers may vary by plan. For more information, please view the [Harvard Medical Plan Provider Networks and Service Areas](#).

MAVEN CLINIC

Fertility treatment and preservation benefits (including egg freezing, IVF, and IUI) for active employees and their eligible dependents enrolled in a University-sponsored BCBS or HUGHP medical plan are administered through Maven Clinic. You need to use Maven’s network of providers. Go to the [Maven Guide to Fertility and Family Building Benefits](#) for more information.

PRESCRIPTION DRUG COVERAGE FOR ALL PLANS

Your prescription drug benefit is included as part of your medical coverage and is administered by Express Scripts (ESI), a pharmacy benefits manager. Most major pharmacy chains accept ESI. Present your ESI ID card when filling prescriptions. Some medications used to prevent or treat chronic conditions are available at reduced or no cost (including under the HDHP). Visit express-scripts.com/harvarduniversity to view a list of these preventive medications. You can save money on medications you take on a long-term basis by using mail order with ESI. With mail-order, you can buy up to a 90-day supply at a reduced copayment when compared to retail pharmacies. Call ESI at 877-787-8684 for more information about your mail order options. (Note: You may fill 90-day prescriptions at CVS at retail copayment costs.)

FERTILITY DRUG COVERAGE

Coverage for fertility-treatment-related prescriptions for active employees and their eligible dependents enrolled in a University-sponsored BCBS or HUGHP medical plan are administered through Maven Clinic. Go to the [Maven Guide to Fertility and Family Building Benefits](#) for more information.

GLOSSARY

Here are definitions of some commonly used health insurance terms:

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

BALANCE BILLING is what out-of-network providers may bill for the difference between the amount they charge and the allowable charge. This amount does not count toward your deductible or out-of-pocket maximum.

COINSURANCE is the amount you pay, as a percentage of the allowable charge for your services, after you reach the deductible and until you reach the plan's out-of-pocket maximum.

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

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

OUT-OF-POCKET MAXIMUM is the most you pay per Plan Year for plan-covered health care expenses, including prescription drugs. Once this limit is met the plan pays 100% for the remainder of the Plan Year, except for balance billed amounts.

PLAN YEAR is a 12-month period of coverage. Harvard's Plan Year is the same as a calendar year.

PREMIUM is the amount you pay for insurance, using pre-tax or post-tax dollars via paycheck deductions. (Note: Harvard pays a portion of the premium.)