

# 2023 PROGRAMS AND PREMIUMS

Harvard Faculty, Administrative  
and Professional Staff, and Other  
Nonunion Staff

**AT A GLANCE**



**HARVARD**  
Human Resources

# WELCOME TO YOUR HARVARD UNIVERSITY BENEFITS!

At Harvard, we are committed to offering 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.**

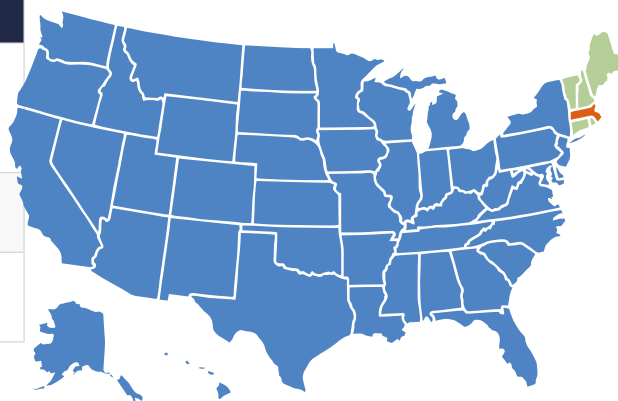
## 2023 HEALTH PLANS (HUGHP AND BCBSMA)

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 from the following types of plans:

- **Health Maintenance Organization (HMO)**—With an HMO, you select a primary care physician (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 Plan (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.
- **POS Plus**—With the same benefits as a traditional POS, the POS Plus plan has higher premiums and a higher out-of-pocket maximum in exchange for no deductible or coinsurance for in-network services.
- **High Deductible Health Plan (HDHP)**—This plan is offered through BCBSMA. It features lower premiums and higher deductibles than the HMO or POS plans and is offered in conjunction with a Health Savings Account. Except for in-network preventive care (for example, annual physicals and preventive screenings), **you'll pay the full cost of all services, including prescriptions (excluding certain medications used to treat chronic conditions), until you reach your deductible.** If you have family coverage, you need to meet the entire family deductible before the plan begins paying. In-network and out-of-network costs can be combined to satisfy the deductible. This plan does not meet the minimum medical coverage requirements for those holding J-1 visas.
- **Preferred Provider Organization (PPO)**—This plan, offered through BCBSMA, is available only to employees 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.
- **PPO Plus**—This plan, offered through BCBSMA, is available only to employees who reside outside New England. It offers the same benefits as a traditional PPO but has higher premiums and a higher out-of-pocket maximum in exchange for no deductible or coinsurance for in-network services.

## MEDICAL PLAN ELIGIBILITY BY REGION

IF YOU LIVE HERE:	YOU ARE ELIGIBLE FOR:	
<b>Massachusetts</b>	BCBSMA HMO BCBSMA POS BCBSMA POS Plus BCBSMA HDHP	HUGHP HMO HUGHP POS HUGHP POS Plus
<b>Rest of New England (CT, ME, NH, RI, VT)</b>	BCBSMA HMO BCBSMA POS	BCBSMA POS Plus BCBSMA HDHP
<b>Outside of New England</b>	BCBSMA PPO BCBSMA PPO Plus BCBSMA HDHP	



## COMPARE YOUR MEDICAL PLANS

IN-NETWORK	HMO	POS PPO*	POS PLUS PPO PLUS*	HDHP†
<b>DEDUCTIBLE</b>				
Per Individual	\$250	\$250	None	\$1,500
Family Maximum	\$750	\$750	None	\$3,000‡
<b>OUT-OF-POCKET (OOP) MAXIMUM</b>				
Per Individual	\$1,500	\$1,500	\$2,000	\$3,000
Family Maximum	\$4,500	\$4,500	\$6,000	\$6,000‡
<b>MEMBER COSTS</b>				
<b>Inpatient Hospital</b>	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Fully covered, no OOP cost to member	Deductible, then 15% coinsurance
<b>Emergency Room</b>	\$100 copay	\$100 copay	\$100 copay	Deductible, then 15% coinsurance
<b>Preventive Care as Defined by Affordable Care Act</b>	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member
<b>Office Visits—PCP &amp; Specialist</b>	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
<b>Telehealth via Well Connection</b> (and any network provider for behavioral health)	\$15 copay	\$15 copay	\$15 copay	Deductible, then 15% coinsurance
<b>Physical/Occupational Therapy</b> (limited to 100 visits per calendar year)	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
<b>Chiropractic Care</b> (limited to 18 visits per calendar year)	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
<b>Acupuncture</b> (limited to 20 visits per calendar year)	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
<b>High-Tech Imaging</b> (MRI, PET scan, CT scan, etc.)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Fully covered, no OOP cost to member	Deductible, then 15% coinsurance
<b>Mental Health/Substance Abuse</b>	Inpatient: deductible, then 10% coinsurance Outpatient: \$30 copay Telehealth: \$15 copay	Inpatient: deductible, then 10% coinsurance Outpatient: \$30 copay Telehealth: \$15 copay	Inpatient: fully covered Outpatient: \$30 copay Telehealth: \$15 copay	Deductible, then 15% coinsurance
<b>Outpatient Diagnostic Labs/X-Rays</b>	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Deductible, then 15% coinsurance

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

† Under the HDHP, amounts paid for both in-network and out-of-network care can be combined to satisfy the deductible.

‡ Unlike with the HMO, POS, and PPO plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual and you must reach the full family out-of-pocket maximum before the plan covers the costs in full for any individual.

## COMPARE YOUR MEDICAL PLANS

OUT-OF-NETWORK	POS PPO*	POS PLUS PPO PLUS*	HDHP†
<b>DEDUCTIBLE</b>			
Per Individual	\$750	\$750	\$1,500
Family Maximum	\$2,500	\$2,500	\$3,000‡
<b>OUT-OF-POCKET MAXIMUM</b>			
Per Individual	\$2,500	\$2,500	\$6,000
Family Maximum	\$7,500	\$7,500	\$12,000‡
<b>MEMBER COSTS</b>			
Member-Paid Coinsurance	30% after out-of-network deductible	30% after out-of-network deductible	35% after out-of-network deductible
Mental Health Coinsurance	Inpatient: deductible, then 30% Outpatient: 20% , no deductible	Inpatient: deductible, then 30% Outpatient: 20%, no deductible	Deductible, then 35%

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

† Under the HDHP, amounts paid for both in-network and out-of-network care can be combined to satisfy the deductible.

‡ Unlike with the HMO, POS, and PPO plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual and you must reach the full family out-of-pocket maximum before the plan covers the costs in full for any individual.

## 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, POS, POS Plus	<b>Adult</b> <ul style="list-style-type: none"> <li>Harvard University Health Services (HUHS)</li> <li>Atrius Health Locations</li> </ul> <b>Pediatric care</b> <ul style="list-style-type: none"> <li>Any HMO Blue MA Network pediatrician or family medicine practitioner, including Mt. Auburn Pediatrics and Atrius Health</li> </ul>
BCBSMA* HMO, POS, POS Plus	<ul style="list-style-type: none"> <li>HMO Blue New England</li> </ul>
BCBSMA* PPO and PPO Plus	<ul style="list-style-type: none"> <li>BCBS PPO/EPO Network</li> </ul>
BCBSMA HDHP	<ul style="list-style-type: none"> <li>BCBS PPO/EPO Network</li> <li>HUHS Locations</li> </ul>

\*Cannot have primary care provider at HUHS

## 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

\* Unlike with the other plans, if you enroll in HDHP coverage, you must meet the deductible before these prescription copayments apply. If you have HDHP family coverage, you must meet the full family deductible before these prescription drug copayment costs apply. You do not need to satisfy the deductible to receive the drugs on the preventive medications list at the copays listed above. Per IRS guidelines, only drugs on preventive medication lists may bypass the deductible.

## TIERED RATES FOR 2023

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.

MONTHLY COST BY SALARY TIER	TIER 1   LESS THAN \$60,000				TIER 2   \$60,000–\$79,999			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
<b>HMO</b>								
HUGHP*	\$94	\$242	\$234	\$260	\$109	\$280	\$271	\$301
BCBSMA	\$116	\$299	\$289	\$322	\$131	\$337	\$326	\$363
<b>POS</b>								
HUGHP*	\$136	\$348	\$336	\$375	\$151	\$386	\$373	\$416
BCBSMA	\$159	\$405	\$391	\$437	\$174	\$443	\$428	\$478
<b>POS Plus</b>								
HUGHP*	\$152	\$390	\$377	\$421	\$167	\$428	\$414	\$462
BCBSMA	\$175	\$448	\$432	\$483	\$190	\$486	\$469	\$524
<b>HDHP</b>								
BCBSMA	\$53	\$140	\$134	\$150	\$68	\$178	\$171	\$191
<b>PPO†</b>								
BCBSMA	\$159	\$405	\$391	\$437	\$174	\$443	\$428	\$478
<b>PPO Plus†</b>								
BCBSMA	\$175	\$448	\$432	\$483	\$190	\$486	\$469	\$524

MONTHLY COST BY SALARY TIER	TIER 3   \$80,000–\$99,999				TIER 4   \$100,000 AND ABOVE			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
<b>HMO</b>								
HUGHP*	\$167	\$430	\$416	\$462	\$214	\$550	\$532	\$591
BCBSMA	\$189	\$487	\$471	\$524	\$236	\$607	\$587	\$653
<b>POS</b>								
HUGHP*	\$209	\$536	\$518	\$577	\$256	\$656	\$634	\$706
BCBSMA	\$232	\$593	\$573	\$639	\$279	\$713	\$689	\$768
<b>POS Plus</b>								
HUGHP*	\$225	\$578	\$559	\$623	\$272	\$698	\$675	\$752
BCBSMA	\$248	\$636	\$614	\$685	\$295	\$756	\$730	\$814
<b>HDHP</b>								
BCBSMA	\$126	\$328	\$316	\$352	\$173	\$448	\$432	\$481
<b>PPO†</b>								
BCBSMA	\$232	\$593	\$573	\$639	\$279	\$713	\$689	\$768
<b>PPO Plus†</b>								
BCBSMA	\$248	\$636	\$614	\$685	\$295	\$756	\$730	\$814

\* HUGHP is available only to employees who reside in Massachusetts. In-network adult primary care physicians are primarily located in Eastern MA.

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



## DENTAL PLAN PREMIUMS

MONTHLY COST	
EMPLOYEE	\$18
EMPLOYEE + SPOUSE/DP	\$47
EMPLOYEE + CHILD(REN)	\$46
FAMILY	\$49

## VISION PLAN PREMIUMS

MONTHLY COST	
EMPLOYEE	\$6.03
EMPLOYEE + SPOUSE/DP	\$14.72
EMPLOYEE + CHILD(REN)	\$13.70
FAMILY	\$17.08

## LONG TERM DISABILITY INSURANCE PREMIUMS

FTE SALARY TIER	ANNUAL COST PER \$100 OF SALARY
Less than \$15,000	\$0.218
\$15,000–\$69,999	\$0.248
\$70,000–\$94,999	\$0.535
\$95,000 and above	\$0.674

## LEGAL PLAN



**MONTHLY COST OF COVERAGE**  
\$16.50

## 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.



## SUPPLEMENTAL LIFE INSURANCE PREMIUMS

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

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

COST OF COVERAGE FOR DEPENDENT CHILD(REN)*	
COVERAGE AMOUNT	MONTHLY COST OF COVERAGE
\$5,000	\$0.50
\$10,000	\$1.00

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



# 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 [hr.harvard.edu/vendor-contacts](https://hr.harvard.edu/vendor-contacts).

TOPIC	WHOM TO CONTACT	PHONE	ONLINE
<b>General Benefits Questions</b>	Harvard Benefits	617-496-4001	<a href="https://hr.harvard.edu/health-welfare-benefits">hr.harvard.edu/health-welfare-benefits</a> <a href="mailto:benefits@harvard.edu">benefits@harvard.edu</a>
<b>Dental Coverage</b>	MetLife Dental	855-638-3941	<a href="https://metlife.com/Harvard-Dental">metlife.com/Harvard-Dental</a>
<b>Disability</b> —Short Term and Long Term	Lincoln Financial Group	844-600-3978 (toll-free Harvard-dedicated line)	<a href="https://MyLincolnPortal.com">MyLincolnPortal.com</a>
<b>Flexible Spending Accounts</b> —Health Care, Dependent Care, Limited Purpose <b>Health Savings Account</b>	Voya Financial	855-HVD-FLEX 855-483-3539 (F) 603-232-1854	<a href="https://benstrat.com/clients/harvard">benstrat.com/clients/harvard</a> <a href="mailto:hvdflex@benstrat.com">hvdflex@benstrat.com</a>
<b>Identity Theft Protection</b>	Allstate	800-789-2720	<a href="https://allstateidentityprotection.com">allstateidentityprotection.com</a>
<b>Legal Plan</b>	MetLife Legal Plans	800-821-6400	<a href="https://info.legalplans.com">info.legalplans.com</a> Access code: 9260452
<b>Life Insurance</b>	MetLife	800-638-6420 (prompt 1)	<a href="https://metlife.com">metlife.com</a>
<b>Long Term Care Insurance</b>	Genworth Life Insurance Company	800-416-3624	<a href="https://genworth.com/harvard">genworth.com/harvard</a>
<b>Medical Coverage Questions</b> —Service Areas, Costs, Provider Networks, Emergency Coverage, and Referrals	HUGHHP: HMO, POS, and POS Plus	617-495-2008	<a href="https://hughp.harvard.edu">hughp.harvard.edu</a>
	BCBSMA: HMO, POS, POS Plus, HDHP, PPO, and PPO Plus	888-389-7732	<a href="https://bluecrossma.com">bluecrossma.com</a>
<b>Prescription Drug Coverage</b>	Express Scripts	877-787-8684	<a href="https://express-scripts.com">express-scripts.com</a>
<b>Reimbursement Program</b>	Voya Financial	855-HVD-FLEX 855-483-3539 (F) 603-232-1854	<a href="https://benstrat.com/clients/harvard">benstrat.com/clients/harvard</a> <a href="mailto:hvdflex@benstrat.com">hvdflex@benstrat.com</a>
<b>Tax-Deferred Annuity Plan and Retirement Programs</b>	Harvard University Retirement Center	800-527-1398	<a href="https://hr.harvard.edu/retirement">hr.harvard.edu/retirement</a>
	TIAA (including financial/retirement planning, one-on-one appointments, and planning tools)	800-527-1398 Appointments: 800-732-8353	<a href="https://tiaa-cref.org">tiaa-cref.org</a> <a href="https://tiaa.org/schedulenow">tiaa.org/schedulenow</a>
<b>Tuition Assistance Program (TAP) and Tuition Reimbursement Program</b>	TAP guidelines	617-496-4001	<a href="https://hr.harvard.edu/tuition-assistance">hr.harvard.edu/tuition-assistance</a>
	Non-Harvard course reimbursements: Voya Financial	855-HVD-FLEX 855-483-3539 (F) 603-232-1854	<a href="https://benstrat.com/harvard">benstrat.com/harvard</a> <a href="mailto:hvdtuition@benstrat.com">hvdtuition@benstrat.com</a>
<b>Vision Care</b>	EyeMed	866-804-0982	<a href="https://eyemed.com">eyemed.com</a>