

# 2023 RETIREE PLAN RATES

- Faculty and nonunion retirees hired or rehired before 1/1/2014 and retiree-benefits-eligible before 1/1/2019
- Members of HUCTW who retired prior to 7/5/2011
- Members of other unions who retired prior to 9/4/2014

## Retirees and Eligible Dependents Under Age 65

Rates are based on your salary tier at the time of your retirement

Monthly Cost	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*	\$94	\$242	\$234	\$260	\$109	\$280	\$271	\$301
BCBSMA	\$116	\$299	\$289	\$322	\$131	\$337	\$326	\$363
<b>POS (BCBSMA PPO if you live outside New England)</b>								
HUGHP*	\$136	\$348	\$336	\$375	\$151	\$386	\$373	\$416
BCBSMA	\$159	\$405	\$391	\$437	\$174	\$443	\$428	\$478
<b>POS Plus (BCBSMA PPO Plus if you live outside New England)</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

Monthly Cost	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*	\$167	\$430	\$416	\$492	\$214	\$550	\$532	\$591
BCBSMA†	\$189	\$487	\$471	\$524	\$236	\$607	\$587	\$653
<b>POS (BCBSMA PPO if you live outside New England)</b>								
HUGHP*	\$209	\$536	\$518	\$577	\$256	\$656	\$634	\$706
BCBSMA†	\$232	\$593	\$573	\$639	\$279	\$713	\$689	\$768
<b>POS Plus (BCBSMA PPO Plus if you live outside New England)</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

\*HUGHP is available only to retirees who reside in Massachusetts. In-network primary care providers are located primarily in Eastern Massachusetts

†Cannot have providers at Harvard University Health Services (HUHS)

## Senior Plan Rates for Retirees and Eligible Dependents Age 65 and Over

Monthly rates for those retiring on or after 1/1/1996<sup>1</sup>

	BCBS Medex			HPHC Medicare Enhance			Tufts Medicare Preferred HMO		
Total Rate	\$508			\$523			\$553		
Years of Service	Contribution		Retiree Share	Contribution		Retiree Share	Contribution		Retiree Share
	Harvard	Retiree		Harvard	Retiree		Harvard	Retiree	
20+	\$406	\$102	20%	\$406	\$117	22%	\$406	\$147	27%
19	\$391	\$117	23%	\$391	\$132	25%	\$391	\$162	29%
18	\$376	\$132	26%	\$376	\$147	28%	\$376	\$177	32%
17	\$361	\$147	29%	\$361	\$162	31%	\$361	\$192	35%
16	\$345	\$163	32%	\$345	\$178	34%	\$345	\$208	38%
15	\$330	\$178	35%	\$330	\$193	37%	\$330	\$223	40%
14	\$315	\$193	38%	\$315	\$208	40%	\$315	\$238	43%
13	\$300	\$208	41%	\$300	\$223	43%	\$300	\$253	46%
12	\$284	\$224	44%	\$284	\$239	46%	\$284	\$269	49%
11	\$269	\$239	47%	\$269	\$254	48%	\$269	\$284	51%
10	\$254	\$254	50%	\$254	\$269	51%	\$254	\$299	54%

**How to read the chart above:** Along the top of the chart are the three Senior Medical Plan options and below is the total monthly rate for each plan. Down the left side, find your years of pensionable service, then follow this across to the option of your choice to see the monthly amount Harvard will contribute for each individual plan, what your monthly cost will be, and what percent your cost is of the total monthly rate. Costs are rounded to the nearest dollar; retiree contribution reflects actual retiree cost for 2023.

### Cost of Senior Medical Plan Coverage

If you retired on or after January 1, 1996, the University contributes a percentage of the Harvard group BCBS Medex rate, and applies that dollar amount toward the individual cost of the senior medical plan option you choose, as shown above. Harvard's subsidy currently ranges from 50% to 80%,<sup>1</sup> depending on your years of pensionable service.

The per person cost of medical coverage for you and your eligible spouse/domestic partner under the three senior medical plan options listed above is based on the date you retired from Harvard and your years of pensionable service. Each year Harvard recalculates the University subsidy amount. At 20 years of pensionable service, the subsidy reaches the 80% maximum. If you select one of the other senior medical plan options, the amount of the BCBS Medex subsidy is applied toward the cost of that option. Senior plans are all individual plans; if you cover an eligible spouse/domestic partner, you pay the same amount for each individual.

<sup>1</sup>If you retired before January 1, 1996, Harvard pays 100% of the cost of senior plan monthly premiums.

# Retiree Dental Plans Monthly Rates

## MetLife Dental Plan

Individual	Individual + Spouse/Domestic Partner	Individual + Child(ren)	Family
\$60.79	\$108.87	\$105.37	\$117.10

## HURA MetLife Dental Plan

The HURA Dental Plan has been closed to new enrollees since before 2000

Individual	Family
\$52.77	\$104.08

## Supplemental Life Insurance Rates

For all retirees enrolled in this coverage

Age	Monthly Cost per \$1,000 of Insurance
55-59	\$ 0.156
60-64	\$ 0.199
65-69	\$ 0.363
70	\$ 0.578

**PLEASE NOTE:** Total amount of life insurance coverage reduces by 35% on July 1 following your 66th birthday, except retired hourly employees whose total amount of life insurance coverage reduces by 35% on July 1 following your 65th birthday. Your group coverage with Harvard ends on July 1 following your 70th birthday. You will be offered the option to port or convert your coverage at the time of reduction and/or termination.