## **2023 RETIREE PLAN RATES**

Faculty and nonunion retirees hired or rehired before 1/1/2014 and meeting post-retirement health eligibility between 1/1/2019 and 12/31/2023

### Monthly Medical Plan Rates for Retirees and Eligible Dependents Age 65 and Over

	BCBS Medex			HPHC Medicare Enhance			Tufts Medicare Preferred HMO		
Total Rate	\$508 Contribution Retiree			\$523			\$553		
Years of			Retiree	Contri	bution	Retiree	Contribution		Retiree
Service	Harvard	Retiree	Share	Harvard	Retiree	Share	Harvard	Retiree	Share
20+	\$356	\$152	30%	\$356	\$167	32%	\$356	\$197	36%
19	\$340	\$168	33%	\$340	\$183	35%	\$340	\$213	39%
18	\$325	\$183	36%	\$325	\$198	38%	\$325	\$228	41%
17	\$310	\$198	39%	\$310	\$213	41%	\$310	\$243	44%
16	\$295	\$213	42%	\$295	\$228	44%	\$295	\$258	47%
15	\$279	\$229	45%	\$279	\$244	46%	\$279	\$274	50%
14	\$264	\$244	48%	\$264	\$259	49%	\$264	\$289	52%
13	\$249	\$259	51%	\$249	\$274	52%	\$249	\$304	55%
12	\$234	\$274	54%	\$234	\$289	55%	\$234	\$319	58%
11	\$218	\$290	57%	\$218	\$305	58%	\$218	\$335	61%
10	\$203	\$305	60%	\$203	\$320	61%	\$203	\$350	63%

**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**

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 40% to 70%, 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 70% 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.

For more information on post-retirement eligibility requirements, costs and subsidies, please see hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf

## Retirees and Eligible Dependents Under Age 65

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

Monthly Cost		<b>Tier 1</b> Less than \$60,000			<b>Tier 2</b> \$60,000 - \$79,999			
Worthly Cost	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
нмо								
HUGHP*	\$94	\$242	\$222	\$234	\$109	\$280	\$271	\$301
BCBSMA <sup>†</sup>	\$116	\$299	\$289	\$322	\$131	\$337	\$326	\$363
POS (BCBSMA P	POS (BCBSMA PPO if you live outside New England)							
HUGHP*	\$136	\$348	\$336	\$375	\$151	\$386	\$373	\$416
BCBSMA <sup>†</sup>	\$159	\$405	\$391	\$437	\$174	\$443	\$428	\$478
POS Plus (BCBSMA PPO Plus if you live outside New England)								
HUGHP*	\$152	\$390	\$377	\$421	\$167	\$428	\$414	\$462
BCBSMA <sup>†</sup>	\$175	\$448	\$432	\$483	\$190	\$486	\$469	\$524
HDHP								
BCBSMA	\$53	\$140	\$134	\$150	\$68	\$178	\$171	\$191

Monthly Cost	<b>Tier 3</b> \$80,000 - \$99,999				<b>Tier 4</b> \$100,000 and above			
Monthly Cost	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	
нмо								
HUGHP*	\$167	\$430	\$416	\$492	\$214	\$550	\$532	\$591
BCBSMA <sup>†</sup>	\$189	\$487	\$474	\$524	\$236	\$607	\$587	\$653
POS (BCBSMA P	POS (BCBSMA PPO if you live outside New England)							
HUGHP*	\$209	\$536	\$518	\$577	\$256	\$656	\$634	\$706
BCBSMA <sup>†</sup>	\$232	\$593	\$573	\$639	\$279	\$713	\$689	\$768
POS Plus (BCBSI	POS Plus (BCBSMA PPO Plus if you live outside New England)							
HUGHP*	\$225	\$578	\$559	\$623	\$272	\$698	\$675	\$752
BCBSMA <sup>†</sup>	\$248	\$636	\$614	\$685	\$295	\$756	\$730	\$814
HDHP								
BCBSMA	\$126	\$328	\$316	\$352	\$173	\$448	\$432	\$481

<sup>\*</sup>HUGHP is available only to retirees who reside in Massachusetts. In-network providers are located primarily in Eastern Massachusetts †Cannot have providers at Harvard University Health Services (HUHS)

For more information on post-retirement eligibility requirements, costs and subsidies, please see hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf

# **Retiree MetLife Dental Monthly Rates**

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

# **Supplemental Life Insurance Rates**

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. 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 termination.