

# 2023 RETIREE PLAN RATES

- Members of ATC, HUCTW, HUPA, HUSPMGU, Local 26, and SEIU Custodian hired or rehired before 1/1/2016 and meeting post-retirement health eligibility between 1/1/2021 and 12/31/2025
- Members of SEIU Arboretum hired or rehired before 1/1/2020 and meeting post-retirement health eligibility between 1/1/2025 and 12/31/2030

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

	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+	\$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](https://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

### HUCTW (Including HUSPMGU retired on or after 11/27/2022)

Monthly Cost	Tier 1 Less than \$60,000		Tier 2 \$60,000 – \$79,999	
	Individual	Family	Individual	Family
<b>HMO</b>				
HUGHP*	\$98	\$264	\$113	\$306
BCBSMA†	\$121	\$324	\$136	\$366
<b>POS (BCBSMA PPO if you live outside New England)</b>				
HUGHP*	\$138	\$370	\$153	\$412
BCBSMA†	\$160	\$431	\$175	\$473

Monthly Cost	Tier 3 \$80,000 – \$99,999		Tier 4 \$100,000 and above	
	Individual	Family	Individual	Family
<b>HMO</b>				
HUGHP*	\$152	\$410	\$190	\$514
BCBSMA†	\$175	\$470	\$213	\$574
<b>POS (BCBSMA PPO if you live outside New England)</b>				
HUGHP*	\$192	\$516	\$230	\$620
BCBSMA†	\$214	\$577	\$252	\$681

### HUSPMGU (retired prior to 11/27/2022) and Local 26

Monthly Cost	Tier 1 Less than \$55,000		Tier 2 \$55,000 – \$74,999	
	Individual	Family	Individual	Family
<b>HMO</b>				
HUGHP*	\$98	\$264	\$113	\$306
BCBSMA†	\$121	\$324	\$136	\$366
<b>POS (BCBSMA PPO if you live outside New England)</b>				
HUGHP*	\$138	\$370	\$153	\$412
BCBSMA†	\$160	\$431	\$175	\$473

Monthly Cost	Tier 3 \$75,000 – \$99,999		Tier 4 \$100,000 and above	
	Individual	Family	Individual	Family
<b>HMO</b>				
HUGHP*	\$152	\$410	\$190	\$514
BCBSMA†	\$175	\$470	\$213	\$574
<b>POS (BCBSMA PPO if you live outside New England)</b>				
HUGHP*	\$192	\$516	\$230	\$620
BCBSMA†	\$214	\$577	\$252	\$681

\*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)

## HUPA and SEIU Arboretum

Monthly Cost	Tier 1 Less than \$55,000				Tier 2 \$55,000 - \$74,999			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGHP*</b>	\$98	\$251	\$243	\$270	\$113	\$292	\$281	\$313
<b>BCBSMA†</b>	\$121	\$308	\$298	\$332	\$136	\$348	\$336	\$375
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGHP*</b>	\$138	\$351	\$340	\$379	\$153	\$422	\$378	\$422
<b>BCBSMA†</b>	\$160	\$408	\$395	\$440	\$175	\$448	\$433	\$483

Monthly Cost	Tier 3 \$75,000 – \$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>								
<b>HUGHP*</b>	\$152	\$390	\$377	\$419	\$190	\$489	\$473	\$526
<b>BCBSMA†</b>	\$175	\$447	\$432	\$481	\$213	\$546	\$528	\$588
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGHP*</b>	\$192	\$490	\$474	\$528	\$230	\$589	\$570	\$635
<b>BCBSMA†</b>	\$214	\$547	\$529	\$589	\$252	\$646	\$625	\$696

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For more information on post-retirement eligibility requirements, costs and subsidies, please see:  
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## Retiree Dental Plans Monthly Rates MetLife Dental Plan

### HUCTW, HUSMPGU, and Local 26

Individual	Family
\$60.79	\$119.79

### ATC, HUPA, and SEIU

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

# Supplemental Life Insurance Rates

## All Groups

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 of reduction and termination.