

## 2024 Contribution Costs for Harvard-Sponsored Medical, Dental, and Vision Coverage for Non-Qualified Dependents

If you are covering non-qualified dependents (e.g., ex-spouse or domestic partner and their children) under Harvard's medical, dental,\* and/or vision plans for 2024, the fair market value of their coverage will be added to (imputed into) your gross income and wages for 2024. The fair market value is Harvard's contribution to the cost of your non-qualified dependents' medical, dental,\* and/or vision plan coverage. In addition, your cost for medical, dental,\* and/or vision plan coverage for your non-qualified dependents will be deducted from your paycheck on an after-tax basis.

The amounts deducted from your paycheck on an after-tax and before-tax basis, and the amount added to (imputed into) your gross income and wages are shown in the charts below. The amounts for medical plan coverage are based on your salary tier (except for Harvard Business Publishing). Additional taxes on the imputed amounts below will be based on your tax withholding election as listed on your current Form W-4. You can view or change your Form W-4 by going to PeopleSoft and clicking on the My Pay tile, then selecting W-4 Tax Information.

### Click Below on Your Group and Corresponding Family Status

#### Harvard Business Publishing

[Domestic Partner or Ex-Spouse and Only Qualified Children](#)  
[Domestic Partner or Ex-Spouse and Any Non-Qualified Children](#)  
[Domestic Partner or Ex-Spouse and No Children](#)

#### ATC and HUPA

[Domestic Partner or Ex-Spouse and Only Qualified Children](#)  
[Domestic Partner or Ex-Spouse and Any Non-Qualified Children](#)  
[Domestic Partner or Ex-Spouse and No Children](#)

#### HUCTW

Domestic Partner or Ex-Spouse and Only Qualified Children [Monthly/Biweekly](#)  
Domestic Partner or Ex-Spouse and Any Non-Qualified Children [Monthly/Biweekly](#)  
Domestic Partner or Ex-Spouse and No Children [Monthly/Biweekly](#)

#### Local 26

Domestic Partner or Ex-Spouse and No Children or Only Qualified Children  
Domestic Partner or Ex-Spouse and Any Non-Qualified Children

#### Faculty and Nonunion Staff

Domestic Partner or Ex-Spouse and Only Qualified Children [Monthly/Biweekly](#)  
Domestic Partner or Ex-Spouse and Any Non-Qualified Children [Monthly/Biweekly](#)  
Domestic Partner or Ex-Spouse and No Children [Monthly/Biweekly](#)

#### SEIU Custodians

[Domestic Partner or Ex-Spouse and Only Qualified Children](#)  
[Domestic Partner or Ex-Spouse and Any Non-Qualified Children](#)  
[Domestic Partner or Ex-Spouse and No Children](#)

#### SEIU Arboretum

[Domestic Partner or Ex-Spouse and Only Qualified Children](#)  
[Domestic Partner or Ex-Spouse and Any Non-Qualified Children](#)  
[Domestic Partner or Ex-Spouse and No Children](#)

\* The MetLife Dental plan is fully insured. Per Massachusetts State Law, ex-spouses are treated as spouses for the purpose of health coverage with fully insured plans. Therefore, there is no imputed income or post-tax deductions for the dental plan when covering an ex-spouse. The medical and vision plans are self-insured, so Massachusetts state law does not apply.



## Harvard University Domestic Partner and Ex-Spouse Rates

### Harvard Business Publishing

Domestic Partner or Ex-Spouse Coverage <b>and Only</b> Qualified Children			
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Monthly
<b>BCBS HDHP</b>	\$96.12	\$54.35	\$677.65
<b>BCBS HMO</b>	\$266.82	\$162.93	\$635.07
<b>BCBS POS</b>	\$281.22	\$171.92	\$671.08
<b>BCBS POS +</b>	\$329.21	\$199.45	\$859.00
<b>BCBS PPO</b>	\$281.22	\$171.92	\$671.08
<b>BCBS PPO +</b>	\$329.21	\$199.45	\$659.55
<b>HUGHP HMO</b>	\$259.09	\$158.22	\$616.78
<b>HUGHP POS</b>	\$273.49	\$167.20	\$651.80
<b>HUGH POS +</b>	\$320.60	\$193.84	\$642.16
<b>MetLife Dental<sup>†</sup></b>	\$31.00	\$18.00	\$28.54
<b>EyeMed Vision</b>	\$11.05	\$6.03	\$0.00

Domestic Partner or Ex-Spouse Coverage <b>and Only</b> Qualified Children			
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Bi-weekly
<b>BCBS HDHP</b>	\$44.36	\$25.08	\$312.76
<b>BCBS HMO</b>	\$123.15	\$75.20	\$293.11
<b>BCBS POS</b>	\$129.79	\$79.35	\$309.73
<b>BCBS POS +</b>	\$151.94	\$92.05	\$396.46
<b>BCBS PPO</b>	\$129.79	\$79.35	\$309.73
<b>BCBS PPO +</b>	\$151.94	\$92.05	\$304.41
<b>HUGHP HMO</b>	\$119.58	\$73.02	\$284.67
<b>HUGHP POS</b>	\$126.23	\$77.17	\$300.83
<b>HUGH POS +</b>	\$147.97	\$89.46	\$296.38
<b>MetLife Dental<sup>†</sup></b>	\$14.31	\$8.31	\$13.17
<b>EyeMed Vision</b>	\$5.10	\$2.78	\$0.00

\*Total of Pre-Tax and Post-Tax deductions equals family rate

† Does not apply to ex-spouse



## Harvard University Domestic Partner and Ex-Spouse Rates Harvard Business Publishing

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b>			
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Monthly
<b>BCBS HDHP</b>	\$54.35	\$96.12	\$1,197.88
<b>BCBS HMO</b>	\$162.93	\$266.82	\$1,140.18
<b>BCBS POS</b>	\$171.92	\$281.22	\$1,200.78
<b>BCBS POS +</b>	\$199.45	\$329.21	\$1,514.00
<b>BCBS PPO</b>	\$171.92	\$281.22	\$1,200.78
<b>BCBS PPO +</b>	\$199.45	\$329.21	\$1,184.79
<b>HUGHP HMO</b>	\$158.22	\$259.09	\$1,106.91
<b>HUGHP POS</b>	\$167.20	\$273.49	\$1,168.51
<b>HUGH POS +</b>	\$193.84	\$320.60	\$1,152.40
<b>MetLife Dental<sup>†</sup></b>	\$18.00	\$31.00	\$51.83
<b>EyeMed Vision</b>	\$6.03	\$11.05	\$0.00

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b>			
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Bi-weekly
<b>BCBS HDHP</b>	\$25.08	\$44.36	\$552.87
<b>BCBS HMO</b>	\$75.20	\$123.15	\$526.24
<b>BCBS POS</b>	\$79.35	\$129.79	\$554.21
<b>BCBS POS +</b>	\$92.05	\$151.94	\$698.77
<b>BCBS PPO</b>	\$79.35	\$129.79	\$554.21
<b>BCBS PPO +</b>	\$92.05	\$151.94	\$546.83
<b>HUGHP HMO</b>	\$73.02	\$119.58	\$510.88
<b>HUGHP POS</b>	\$77.17	\$126.23	\$539.31
<b>HUGH POS +</b>	\$89.46	\$147.97	\$531.88
<b>MetLife Dental<sup>†</sup></b>	\$8.31	\$14.31	\$23.92
<b>EyeMed Vision</b>	\$2.78	\$5.10	\$0.00

\*Total of Pre-Tax and Post-Tax deductions equals family rate

<sup>†</sup> Does not apply to ex-spouse



## Harvard University Domestic Partner and Ex-Spouse Rates

### Harvard Business Publishing

Domestic Partner or Ex-Spouse Coverage <b>and No Children</b>			
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Monthly
<b>BCBS HDHP</b>	\$85.51	\$54.35	\$677.65
<b>BCBS HMO</b>	\$255.84	\$162.93	\$635.07
<b>BCBS POS</b>	\$269.33	\$171.92	\$671.08
<b>BCBS POS +</b>	\$312.19	\$199.45	\$859.00
<b>BCBS PPO</b>	\$269.33	\$171.92	\$671.08
<b>BCBS PPO +</b>	\$312.19	\$199.45	\$659.55
<b>HUGHP HMO</b>	\$248.19	\$158.22	\$616.78
<b>HUGHP POS</b>	\$261.69	\$167.20	\$651.80
<b>HUGH POS +</b>	\$304.01	\$193.84	\$642.16
<b>MetLife Dental<sup>†</sup></b>	\$29.00	\$18.00	\$28.54
<b>EyeMed Vision</b>	\$8.69	\$6.03	\$0.00

Domestic Partner or Ex-Spouse Coverage <b>and No Children</b>			
2024 Medical/Dental/Vision Rates <b>BI-WEEKLY</b> Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Bi-weekly
<b>BCBS HDHP</b>	\$39.47	\$25.08	\$312.76
<b>BCBS HMO</b>	\$118.08	\$75.20	\$293.11
<b>BCBS POS</b>	\$124.31	\$79.35	\$309.73
<b>BCBS POS +</b>	\$144.09	\$92.05	\$396.46
<b>BCBS PPO</b>	\$124.31	\$79.35	\$309.73
<b>BCBS PPO +</b>	\$144.09	\$92.05	\$304.41
<b>HUGHP HMO</b>	\$114.55	\$73.02	\$284.67
<b>HUGHP POS</b>	\$120.78	\$77.17	\$300.83
<b>HUGH POS +</b>	\$140.31	\$89.46	\$296.38
<b>MetLife Dental<sup>†</sup></b>	\$13.38	\$8.31	\$13.17
<b>EyeMed Vision</b>	\$4.01	\$2.78	\$0.00

\*Total of Pre-Tax and Post-Tax deductions equals employee plus spouse/domestic partner rate

† Does not apply to ex-spouse



## Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

<b>Domestic Partner or Ex-Spouse Coverage and Only Qualified Children</b>									
<b>2024 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart</b>									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HDHP	\$102.00	\$55.00	\$677.00	\$129.00	\$71.00	\$661.00	\$228.00	\$128.00	\$604.00
BCBS HMO	\$215.00	\$121.00	\$677.00	\$242.00	\$137.00	\$661.00	\$341.00	\$194.00	\$604.00
BCBS POS	\$290.00	\$166.00	\$677.00	\$317.00	\$182.00	\$661.00	\$416.00	\$239.00	\$604.00
CBS POS Plus	\$322.00	\$182.00	\$677.00	\$349.00	\$198.00	\$661.00	\$448.00	\$255.00	\$604.00
BCBS PPO	\$290.00	\$166.00	\$677.00	\$317.00	\$182.00	\$661.00	\$416.00	\$239.00	\$604.00
BCBS PPO Plus	\$322.00	\$182.00	\$677.00	\$349.00	\$198.00	\$661.00	\$448.00	\$255.00	\$604.00
HUGHP HMO	\$174.00	\$98.00	\$677.00	\$201.00	\$114.00	\$661.00	\$300.00	\$171.00	\$604.00
HUGHP POS	\$250.00	\$142.00	\$677.00	\$277.00	\$158.00	\$661.00	\$376.00	\$215.00	\$604.00
HUGHP POS Plus	\$281.00	\$159.00	\$677.00	\$308.00	\$175.00	\$661.00	\$407.00	\$232.00	\$604.00

  

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HDHP	\$298.00	\$166.00	\$566.00	\$352.00	\$197.00	\$535.00
BCBS HMO	\$411.00	\$232.00	\$566.00	\$465.00	\$263.00	\$535.00
BCBS POS	\$486.00	\$277.00	\$566.00	\$540.00	\$308.00	\$535.00
BCBS POS Plus	\$518.00	\$293.00	\$566.00	\$572.00	\$324.00	\$535.00
BCBS PPO	\$486.00	\$277.00	\$566.00	\$540.00	\$308.00	\$535.00
BCBS PPO Plus	\$518.00	\$293.00	\$566.00	\$572.00	\$324.00	\$535.00
HUGHP HMO	\$370.00	\$209.00	\$566.00	\$424.00	\$240.00	\$535.00
HUGHP POS	\$446.00	\$253.00	\$566.00	\$500.00	\$284.00	\$535.00
HUGHP POS Plus	\$477.00	\$270.00	\$566.00	\$531.00	\$301.00	\$535.00
Dental/Vision	All Pay Levels					
MetLife Dental†	\$31.00	\$18.00	\$28.54	*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
EyeMed Vision	\$11.05	\$6.03	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

Domestic Partner or Ex-Spouse Coverage <b>and Only</b> Qualified Children 2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$47.08	\$25.38	\$312.46	\$59.54	\$32.77	\$305.08	\$105.23	\$59.08	\$278.77
<b>BCBS HMO</b>	\$99.23	\$55.85	\$312.46	\$111.69	\$63.23	\$305.08	\$157.38	\$89.54	\$278.77
<b>BCBS POS</b>	\$133.85	\$76.62	\$312.46	\$146.31	\$84.00	\$305.08	\$192.00	\$110.31	\$278.77
<b>BCBS POS Plus</b>	\$148.62	\$84.00	\$312.46	\$161.08	\$91.38	\$305.08	\$206.77	\$117.69	\$278.77
<b>BCBS PPO</b>	\$133.85	\$76.62	\$312.46	\$146.31	\$84.00	\$305.08	\$192.00	\$110.31	\$278.77
<b>BCBS PPO Plus</b>	\$148.62	\$84.00	\$312.46	\$161.08	\$91.38	\$305.08	\$206.77	\$117.69	\$278.77
<b>HUGHP HMO</b>	\$80.31	\$45.23	\$312.46	\$92.77	\$52.62	\$305.08	\$138.46	\$78.92	\$278.77
<b>HUGHP POS</b>	\$115.38	\$65.54	\$312.46	\$127.85	\$72.92	\$305.08	\$173.54	\$99.23	\$278.77
<b>HUGHP POS Plus</b>	\$129.69	\$73.38	\$312.46	\$142.15	\$80.77	\$305.08	\$187.85	\$107.08	\$278.77

  

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$137.54	\$76.62	\$261.23	\$162.46	\$90.92	\$246.92
<b>BCBS HMO</b>	\$189.69	\$107.08	\$261.23	\$214.62	\$121.38	\$246.92
<b>BCBS POS</b>	\$224.31	\$127.85	\$261.23	\$249.23	\$142.15	\$246.92
<b>BCBS POS Plus</b>	\$239.08	\$135.23	\$261.23	\$264.00	\$149.54	\$246.92
<b>BCBS PPO</b>	\$224.31	\$127.85	\$261.23	\$249.23	\$142.15	\$246.92
<b>BCBS PPO Plus</b>	\$239.08	\$135.23	\$261.23	\$264.00	\$149.54	\$246.92
<b>HUGHP HMO</b>	\$170.77	\$96.46	\$261.23	\$195.69	\$110.77	\$246.92
<b>HUGHP POS</b>	\$205.85	\$116.77	\$261.23	\$230.77	\$131.08	\$246.92
<b>HUGHP POS Plus</b>	\$220.15	\$124.62	\$261.23	\$245.08	\$138.92	\$246.92
Dental/Vision	All Pay Levels					
MetLife Dental†	\$14.31	\$8.31	\$13.17	*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
EyeMed Vision	\$5.10	\$2.78	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

<b>Domestic Partner or Ex-Spouse Coverage and Any Non-Qualified Children</b>									
2024 Medical/Dental/Vision Rates <b>Monthly</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$55.00	\$102.00	\$1,192.00	\$71.00	\$129.00	\$1,165.00	\$128.00	\$228.00	\$1,066.00
<b>BCBS HMO</b>	\$121.00	\$215.00	\$1,192.00	\$137.00	\$242.00	\$1,165.00	\$194.00	\$341.00	\$1,066.00
<b>BCBS POS</b>	\$166.00	\$290.00	\$1,192.00	\$182.00	\$317.00	\$1,165.00	\$239.00	\$416.00	\$1,066.00
<b>BCBS POS Plus</b>	\$182.00	\$322.00	\$1,192.00	\$198.00	\$349.00	\$1,165.00	\$255.00	\$448.00	\$1,066.00
<b>BCBS PPO</b>	\$166.00	\$290.00	\$1,192.00	\$182.00	\$317.00	\$1,165.00	\$239.00	\$416.00	\$1,066.00
<b>BCBS PPO Plus</b>	\$182.00	\$322.00	\$1,192.00	\$198.00	\$349.00	\$1,165.00	\$255.00	\$448.00	\$1,066.00
<b>HUGHP HMO</b>	\$98.00	\$174.00	\$1,192.00	\$114.00	\$201.00	\$1,165.00	\$171.00	\$300.00	\$1,066.00
<b>HUGHP POS</b>	\$142.00	\$250.00	\$1,192.00	\$158.00	\$277.00	\$1,165.00	\$215.00	\$376.00	\$1,066.00
<b>HUGHP POS Plus</b>	\$159.00	\$281.00	\$1,192.00	\$175.00	\$308.00	\$1,165.00	\$232.00	\$407.00	\$1,066.00

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$166.00	\$298.00	\$996.00	\$197.00	\$352.00	\$942.00
<b>BCBS HMO</b>	\$232.00	\$411.00	\$996.00	\$263.00	\$465.00	\$942.00
<b>BCBS POS</b>	\$277.00	\$486.00	\$996.00	\$308.00	\$540.00	\$942.00
<b>BCBS POS Plus</b>	\$293.00	\$518.00	\$996.00	\$324.00	\$572.00	\$942.00
<b>BCBS PPO</b>	\$277.00	\$486.00	\$996.00	\$308.00	\$540.00	\$942.00
<b>BCBS PPO Plus</b>	\$293.00	\$518.00	\$996.00	\$324.00	\$572.00	\$942.00
<b>HUGHP HMO</b>	\$209.00	\$370.00	\$996.00	\$240.00	\$424.00	\$942.00
<b>HUGHP POS</b>	\$253.00	\$446.00	\$996.00	\$284.00	\$500.00	\$942.00
<b>HUGHP POS Plus</b>	\$270.00	\$477.00	\$996.00	\$301.00	\$531.00	\$942.00
Dental/Vision	All Pay Levels					
MetLife Dental†	\$18.00	\$31.00	\$51.83	*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
EyeMed Vision	\$6.03	\$11.05	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

<b>Domestic Partner or Ex-Spouse Coverage and Any Non-Qualified Children</b>									
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$25.38	\$47.08	\$550.15	\$32.77	\$59.54	\$537.69	\$59.08	\$105.23	\$492.00
<b>BCBS HMO</b>	\$55.85	\$99.23	\$550.15	\$63.23	\$111.69	\$537.69	\$89.54	\$157.38	\$492.00
<b>BCBS POS</b>	\$76.62	\$133.85	\$550.15	\$84.00	\$146.31	\$537.69	\$110.31	\$192.00	\$492.00
<b>BCBS POS Plus</b>	\$84.00	\$148.62	\$550.15	\$91.38	\$161.08	\$537.69	\$117.69	\$206.77	\$492.00
<b>BCBS PPO</b>	\$76.62	\$133.85	\$550.15	\$84.00	\$146.31	\$537.69	\$110.31	\$192.00	\$492.00
<b>BCBS PPO Plus</b>	\$84.00	\$148.62	\$550.15	\$91.38	\$161.08	\$537.69	\$117.69	\$206.77	\$492.00
<b>HUGHP HMO</b>	\$45.23	\$80.31	\$550.15	\$52.62	\$92.77	\$537.69	\$78.92	\$138.46	\$492.00
<b>HUGHP POS</b>	\$65.54	\$115.38	\$550.15	\$72.92	\$127.85	\$537.69	\$99.23	\$173.54	\$492.00
<b>HUGHP POS Plus</b>	\$73.38	\$129.69	\$550.15	\$80.77	\$142.15	\$537.69	\$107.08	\$187.85	\$492.00

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$76.62	\$137.54	\$459.69	\$90.92	\$162.46	\$434.77
<b>BCBS HMO</b>	\$107.08	\$189.69	\$459.69	\$121.38	\$214.62	\$434.77
<b>BCBS POS</b>	\$127.85	\$224.31	\$459.69	\$142.15	\$249.23	\$434.77
<b>BCBS POS Plus</b>	\$135.23	\$239.08	\$459.69	\$149.54	\$264.00	\$434.77
<b>BCBS PPO</b>	\$127.85	\$224.31	\$459.69	\$142.15	\$249.23	\$434.77
<b>BCBS PPO Plus</b>	\$135.23	\$239.08	\$459.69	\$149.54	\$264.00	\$434.77
<b>HUGHP HMO</b>	\$96.46	\$170.77	\$459.69	\$110.77	\$195.69	\$434.77
<b>HUGHP POS</b>	\$116.77	\$205.85	\$459.69	\$131.08	\$230.77	\$434.77
<b>HUGHP POS Plus</b>	\$124.62	\$220.15	\$459.69	\$138.92	\$245.08	\$434.77
<b>Dental/Vision</b>	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
<b>MetLife Dental†</b>	\$8.31	\$14.31	\$23.92			
<b>EyeMed Vision</b>	\$2.78	\$5.10	\$0.00			





## Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

Domestic Partner or Ex-Spouse Coverage <b>and NO Children</b>									
2024 Medical/Dental/Vision Rates <b>Monthly</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$91.00	\$55.00	\$677.00	\$115.00	\$71.00	\$661.00	\$203.00	\$128.00	\$604.00
<b>BCBS HMO</b>	\$191.00	\$121.00	\$677.00	\$215.00	\$137.00	\$661.00	\$303.00	\$194.00	\$604.00
<b>BCBS POS</b>	\$257.00	\$166.00	\$677.00	\$281.00	\$182.00	\$661.00	\$369.00	\$239.00	\$604.00
<b>BCBS POS Plus</b>	\$285.00	\$182.00	\$677.00	\$309.00	\$198.00	\$661.00	\$397.00	\$255.00	\$604.00
<b>BCBS PPO</b>	\$257.00	\$166.00	\$677.00	\$281.00	\$182.00	\$661.00	\$369.00	\$239.00	\$604.00
<b>BCBS PPO Plus</b>	\$285.00	\$182.00	\$677.00	\$309.00	\$198.00	\$661.00	\$397.00	\$255.00	\$604.00
<b>HUGHP HMO</b>	\$155.00	\$98.00	\$677.00	\$179.00	\$114.00	\$661.00	\$267.00	\$171.00	\$604.00
<b>HUGHP POS</b>	\$221.00	\$142.00	\$677.00	\$245.00	\$158.00	\$661.00	\$333.00	\$215.00	\$604.00
<b>HUGHP POS Plus</b>	\$248.00	\$159.00	\$677.00	\$272.00	\$175.00	\$661.00	\$360.00	\$232.00	\$604.00

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$265.00	\$166.00	\$566.00	\$313.00	\$197.00	\$535.00
<b>BCBS HMO</b>	\$365.00	\$232.00	\$566.00	\$413.00	\$263.00	\$535.00
<b>BCBS POS</b>	\$431.00	\$277.00	\$566.00	\$479.00	\$308.00	\$535.00
<b>BCBS POS Plus</b>	\$459.00	\$293.00	\$566.00	\$507.00	\$324.00	\$535.00
<b>BCBS PPO</b>	\$431.00	\$277.00	\$566.00	\$479.00	\$308.00	\$535.00
<b>BCBS PPO Plus</b>	\$459.00	\$293.00	\$566.00	\$507.00	\$324.00	\$535.00
HUGHP HMO	\$329.00	\$209.00	\$566.00	\$377.00	\$240.00	\$535.00
HUGHP POS	\$395.00	\$253.00	\$566.00	\$443.00	\$284.00	\$535.00
HUGHP POS Plus	\$422.00	\$270.00	\$566.00	\$470.00	\$301.00	\$535.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals employee plus spouse/domestic partner rate † Does not apply to ex-spouse		
MetLife Dental†	\$29.00	\$18.00	\$28.54			
EyeMed Vision	\$8.69	\$6.03	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>									
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$42.00	\$25.38	\$312.46	\$53.08	\$32.77	\$305.08	\$93.69	\$59.08	\$278.77
<b>BCBS HMO</b>	\$88.15	\$55.85	\$312.46	\$99.23	\$63.23	\$305.08	\$139.85	\$89.54	\$278.77
<b>BCBS POS</b>	\$118.62	\$76.62	\$312.46	\$129.69	\$84.00	\$305.08	\$170.31	\$110.31	\$278.77
<b>BCBS POS Plus</b>	\$131.54	\$84.00	\$312.46	\$142.62	\$91.38	\$305.08	\$183.23	\$117.69	\$278.77
<b>BCBS PPO</b>	\$118.62	\$76.62	\$312.46	\$129.69	\$84.00	\$305.08	\$170.31	\$110.31	\$278.77
<b>BCBS PPO Plus</b>	\$131.54	\$84.00	\$312.46	\$142.62	\$91.38	\$305.08	\$183.23	\$117.69	\$278.77
<b>HUGHP HMO</b>	\$71.54	\$45.23	\$312.46	\$82.62	\$52.62	\$305.08	\$123.23	\$78.92	\$278.77
<b>HUGHP POS</b>	\$102.00	\$65.54	\$312.46	\$113.08	\$72.92	\$305.08	\$153.69	\$99.23	\$278.77
<b>HUGHP POS Plus</b>	\$114.46	\$73.38	\$312.46	\$125.54	\$80.77	\$305.08	\$166.15	\$107.08	\$278.77

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HDHP</b>	\$122.31	\$76.62	\$261.23	\$144.46	\$90.92	\$246.92
<b>BCBS HMO</b>	\$168.46	\$107.08	\$261.23	\$190.62	\$121.38	\$246.92
<b>BCBS POS</b>	\$198.92	\$127.85	\$261.23	\$221.08	\$142.15	\$246.92
<b>BCBS POS Plus</b>	\$211.85	\$135.23	\$261.23	\$234.00	\$149.54	\$246.92
<b>BCBS PPO</b>	\$198.92	\$127.85	\$261.23	\$221.08	\$142.15	\$246.92
<b>BCBS PPO Plus</b>	\$211.85	\$135.23	\$261.23	\$234.00	\$149.54	\$246.92
HUGHP HMO	\$151.85	\$96.46	\$261.23	\$174.00	\$110.77	\$246.92
HUGHP POS	\$182.31	\$116.77	\$261.23	\$204.46	\$131.08	\$246.92
HUGHP POS Plus	\$194.77	\$124.62	\$261.23	\$216.92	\$138.92	\$246.92
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals employee plus spouse/domestic partner rate † Does not apply to ex-spouse		
MetLife Dental†	\$13.38	\$8.31	\$13.17			
EyeMed Vision	\$4.01	\$2.78	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates ATC and HUPA Unions

Domestic Partner or Ex-Spouse Coverage <b>and Only</b> Qualified Children 2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$109,999			\$110,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$222.00	\$125.00	\$703.00	\$250.00	\$141.00	\$687.00	\$321.00	\$182.00	\$646.00	\$392.00	\$222.00	\$606.00
<b>BCBS POS</b>	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00	\$464.00	\$263.00	\$606.00
<b>BCBS PPO</b>	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00	\$464.00	\$263.00	\$606.00
<b>HUGHP HMO</b>	\$180.00	\$102.00	\$703.00	\$208.00	\$118.00	\$687.00	\$279.00	\$159.00	\$646.00	\$350.00	\$199.00	\$606.00
<b>HUGHP POS</b>	\$253.00	\$143.00	\$703.00	\$281.00	\$159.00	\$687.00	\$352.00	\$200.00	\$646.00	\$423.00	\$240.00	\$606.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental<sup>†</sup></b>	\$31.00	\$17.00	\$28.70									
<b>EyeMed Vision</b>	\$11.05	\$6.03	\$0.00									

Domestic Partner or Ex-Spouse Coverage <b>and Only</b> Qualified Children 2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$109,999			\$110,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$102.46	\$57.69	\$324.46	\$115.38	\$65.08	\$317.08	\$148.15	\$84.00	\$298.15	\$180.92	\$102.46	\$279.69
<b>BCBS POS</b>	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15	\$214.15	\$121.38	\$279.69
<b>BCBS PPO</b>	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15	\$214.15	\$121.38	\$279.69
<b>HUGHP HMO</b>	\$83.08	\$47.08	\$324.46	\$96.00	\$54.46	\$317.08	\$128.77	\$73.38	\$298.15	\$161.54	\$91.85	\$279.69
<b>HUGHP POS</b>	\$116.77	\$66.00	\$324.46	\$129.69	\$73.38	\$317.08	\$162.46	\$92.31	\$298.15	\$195.23	\$110.77	\$279.69
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental<sup>†</sup></b>	\$14.31	\$7.85	\$13.25									
<b>EyeMed Vision</b>	\$5.10	\$2.78	\$0.00									



## Harvard University Domestic Partner and Ex-Spouse Rates ATC and HUPA Unions

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$109,999			\$110,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$125.00	\$222.00	\$1,237.00	\$141.00	\$250.00	\$1,209.00	\$182.00	\$321.00	\$1,138.00	\$222.00	\$392.00	\$1,067.00
<b>BCBS POS</b>	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00	\$263.00	\$464.00	\$1,067.00
<b>BCBS PPO</b>	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00	\$263.00	\$464.00	\$1,067.00
<b>HUGHP HMO</b>	\$102.00	\$180.00	\$1,237.00	\$118.00	\$208.00	\$1,209.00	\$159.00	\$279.00	\$1,138.00	\$199.00	\$350.00	\$1,067.00
<b>HUGHP POS</b>	\$143.00	\$253.00	\$1,237.00	\$159.00	\$281.00	\$1,209.00	\$200.00	\$352.00	\$1,138.00	\$240.00	\$423.00	\$1,067.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental†</b>	\$17.00	\$31.00	\$50.34									
<b>EyeMed Vision</b>	\$6.03	\$11.05	\$0.00									

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$109,999			\$110,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$57.69	\$102.46	\$570.92	\$65.08	\$115.38	\$558.00	\$84.00	\$148.15	\$525.23	\$102.46	\$180.92	\$492.46
<b>BCBS POS</b>	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23	\$121.38	\$214.15	\$492.46
<b>BCBS PPO</b>	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23	\$121.38	\$214.15	\$492.46
<b>HUGHP HMO</b>	\$47.08	\$83.08	\$570.92	\$54.46	\$96.00	\$558.00	\$73.38	\$128.77	\$525.23	\$91.85	\$161.54	\$492.46
<b>HUGHP POS</b>	\$66.00	\$116.77	\$570.92	\$73.38	\$129.69	\$558.00	\$92.31	\$162.46	\$525.23	\$110.77	\$195.23	\$492.46
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental†</b>	\$7.85	\$14.31	\$23.23									
<b>EyeMed Vision</b>	\$2.78	\$5.10	\$0.00									



## Harvard University Domestic Partner and Ex-Spouse Rates ATC and HUPA Unions

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>												
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$109,999			\$110,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$197.00	\$125.00	\$703.00	\$223.00	\$141.00	\$687.00	\$285.00	\$182.00	\$646.00	\$348.00	\$222.00	\$606.00
<b>BCBS POS</b>	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00	\$412.00	\$263.00	\$606.00
<b>BCBS PPO</b>	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00	\$412.00	\$263.00	\$606.00
<b>HUGHP HMO</b>	\$160.00	\$102.00	\$703.00	\$186.00	\$118.00	\$687.00	\$248.00	\$159.00	\$646.00	\$311.00	\$199.00	\$606.00
<b>HUGHP POS</b>	\$224.00	\$143.00	\$703.00	\$250.00	\$159.00	\$687.00	\$312.00	\$200.00	\$646.00	\$375.00	\$240.00	\$606.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$29.00	\$17.00	\$28.70	*Total of pre-tax and post-tax deductions equals employee plus spouse/domestic partner rate								
<b>EyeMed Vision</b>	\$8.69	\$6.03	\$0.00	† Does not apply to ex-spouse								

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>												
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$109,999			\$110,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$90.92	\$57.69	\$324.46	\$102.92	\$65.08	\$317.08	\$131.54	\$84.00	\$298.15	\$160.62	\$102.46	\$279.69
<b>BCBS POS</b>	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15	\$190.15	\$121.38	\$279.69
<b>BCBS PPO</b>	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15	\$190.15	\$121.38	\$279.69
<b>HUGHP HMO</b>	\$73.85	\$47.08	\$324.46	\$85.85	\$54.46	\$317.08	\$114.46	\$73.38	\$298.15	\$143.54	\$91.85	\$279.69
<b>HUGHP POS</b>	\$103.38	\$66.00	\$324.46	\$115.38	\$73.38	\$317.08	\$144.00	\$92.31	\$298.15	\$173.08	\$110.77	\$279.69
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$13.38	\$7.85	\$13.25	*Total of pre-tax and post-tax deductions equals employee plus spouse/domestic partner rate								
<b>EyeMed Vision</b>	\$4.01	\$2.78	\$0.00	† Does not apply to ex-spouse								



## Harvard University Domestic Partner and Ex-Spouse Rates SEIU Custodians Union

<b>Domestic Partner or Ex-Spouse Coverage and Only Qualified Children</b>												
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$222.00	\$125.00	\$703.00	\$250.00	\$141.00	\$687.00	\$321.00	\$182.00	\$646.00	\$392.00	\$222.00	\$606.00
<b>BCBS POS</b>	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00	\$464.00	\$263.00	\$606.00
<b>BCBS PPO</b>	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00	\$464.00	\$263.00	\$606.00
<b>HUGHP HMO</b>	\$180.00	\$102.00	\$703.00	\$208.00	\$118.00	\$687.00	\$279.00	\$159.00	\$646.00	\$350.00	\$199.00	\$606.00
<b>HUGHP POS</b>	\$253.00	\$143.00	\$703.00	\$281.00	\$159.00	\$687.00	\$352.00	\$200.00	\$646.00	\$423.00	\$240.00	\$606.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental†</b>	\$31.00	\$17.00	\$28.70									
<b>EyeMed Vision</b>	\$11.05	\$6.03	\$0.00									

<b>Domestic Partner or Ex-Spouse Coverage and Only Qualified Children</b>												
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$102.46	\$57.69	\$324.46	\$115.38	\$65.08	\$317.08	\$148.15	\$84.00	\$298.15	\$180.92	\$102.46	\$279.69
<b>BCBS POS</b>	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15	\$214.15	\$121.38	\$279.69
<b>BCBS PPO</b>	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15	\$214.15	\$121.38	\$279.69
<b>HUGHP HMO</b>	\$83.08	\$47.08	\$324.46	\$96.00	\$54.46	\$317.08	\$128.77	\$73.38	\$298.15	\$161.54	\$91.85	\$279.69
<b>HUGHP POS</b>	\$116.77	\$66.00	\$324.46	\$129.69	\$73.38	\$317.08	\$162.46	\$92.31	\$298.15	\$195.23	\$110.77	\$279.69
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental†</b>	\$14.31	\$7.85	\$13.25									
<b>EyeMed Vision</b>	\$5.10	\$2.78	\$0.00									



## Harvard University Domestic Partner and Ex-Spouse Rates SEIU Custodians Union

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$125.00	\$222.00	\$1,237.00	\$141.00	\$250.00	\$1,209.00	\$182.00	\$321.00	\$1,138.00	\$222.00	\$392.00	\$1,067.00
<b>BCBS POS</b>	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00	\$263.00	\$464.00	\$1,067.00
<b>BCBS PPO</b>	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00	\$263.00	\$464.00	\$1,067.00
<b>HUGHP HMO</b>	\$102.00	\$180.00	\$1,237.00	\$118.00	\$208.00	\$1,209.00	\$159.00	\$279.00	\$1,138.00	\$199.00	\$350.00	\$1,067.00
<b>HUGHP POS</b>	\$143.00	\$253.00	\$1,237.00	\$159.00	\$281.00	\$1,209.00	\$200.00	\$352.00	\$1,138.00	\$240.00	\$423.00	\$1,067.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$17.00	\$31.00	\$50.34	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$6.03	\$11.05	\$0.00	† Does not apply to ex-spouse								

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$57.69	\$102.46	\$570.92	\$65.08	\$115.38	\$558.00	\$84.00	\$148.15	\$525.23	\$102.46	\$180.92	\$492.46
<b>BCBS POS</b>	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23	\$121.38	\$214.15	\$492.46
<b>BCBS PPO</b>	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23	\$121.38	\$214.15	\$492.46
<b>HUGHP HMO</b>	\$47.08	\$83.08	\$570.92	\$54.46	\$96.00	\$558.00	\$73.38	\$128.77	\$525.23	\$91.85	\$161.54	\$492.46
<b>HUGHP POS</b>	\$66.00	\$116.77	\$570.92	\$73.38	\$129.69	\$558.00	\$92.31	\$162.46	\$525.23	\$110.77	\$195.23	\$492.46
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$7.85	\$14.31	\$23.23	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$2.78	\$5.10	\$0.00	† Does not apply to ex-spouse								



## Harvard University Domestic Partner and Ex-Spouse Rates SEIU Custodians Union

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>												
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$197.00	\$125.00	\$703.00	\$223.00	\$141.00	\$687.00	\$285.00	\$182.00	\$646.00	\$348.00	\$222.00	\$606.00
<b>BCBS POS</b>	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00	\$412.00	\$263.00	\$606.00
<b>BCBS PPO</b>	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00	\$412.00	\$263.00	\$606.00
<b>HUGHP HMO</b>	\$160.00	\$102.00	\$703.00	\$186.00	\$118.00	\$687.00	\$248.00	\$159.00	\$646.00	\$311.00	\$199.00	\$606.00
<b>HUGHP POS</b>	\$224.00	\$143.00	\$703.00	\$250.00	\$159.00	\$687.00	\$312.00	\$200.00	\$646.00	\$375.00	\$240.00	\$606.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$29.00	\$17.00	\$28.70	*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
<b>EyeMed Vision</b>	\$8.69	\$6.03	\$0.00	† Does not apply to ex-spouse								

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>												
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$60,000			\$60,000-\$79,999			\$80,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$90.92	\$57.69	\$324.46	\$102.92	\$65.08	\$317.08	\$131.54	\$84.00	\$298.15	\$160.62	\$102.46	\$279.69
<b>BCBS POS</b>	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15	\$190.15	\$121.38	\$279.69
<b>BCBS PPO</b>	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15	\$190.15	\$121.38	\$279.69
<b>HUGHP HMO</b>	\$73.85	\$47.08	\$324.46	\$85.85	\$54.46	\$317.08	\$114.46	\$73.38	\$298.15	\$143.54	\$91.85	\$279.69
<b>HUGHP POS</b>	\$103.38	\$66.00	\$324.46	\$115.38	\$73.38	\$317.08	\$144.00	\$92.31	\$298.15	\$173.08	\$110.77	\$279.69
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$13.38	\$7.85	\$13.25	*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
<b>EyeMed Vision</b>	\$4.01	\$2.78	\$0.00	† Does not apply to ex-spouse								





## Harvard University Domestic Partner and Ex-Spouse Rates SEIU Arboretum Union

<b>Domestic Partner or Ex-Spouse Coverage and Only Qualified Children</b>												
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$222.00	\$125.00	\$703.00	\$250.00	\$141.00	\$687.00	\$321.00	\$182.00	\$646.00	\$392.00	\$222.00	\$606.00
<b>BCBS POS</b>	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00	\$464.00	\$263.00	\$606.00
<b>BCBS PPO</b>	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00	\$464.00	\$263.00	\$606.00
<b>HUGHP HMO</b>	\$180.00	\$102.00	\$703.00	\$208.00	\$118.00	\$687.00	\$279.00	\$159.00	\$646.00	\$350.00	\$199.00	\$606.00
<b>HUGHP POS</b>	\$253.00	\$143.00	\$703.00	\$281.00	\$159.00	\$687.00	\$352.00	\$200.00	\$646.00	\$423.00	\$240.00	\$606.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental†</b>	\$31.00	\$17.00	\$28.70									
<b>EyeMed Vision</b>	\$11.05	\$6.03	\$0.00									

<b>Domestic Partner or Ex-Spouse Coverage and Only Qualified Children</b>												
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$102.46	\$57.69	\$324.46	\$115.38	\$65.08	\$317.08	\$148.15	\$84.00	\$298.15	\$180.92	\$102.46	\$279.69
<b>BCBS POS</b>	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15	\$214.15	\$121.38	\$279.69
<b>BCBS PPO</b>	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15	\$214.15	\$121.38	\$279.69
<b>HUGHP HMO</b>	\$83.08	\$47.08	\$324.46	\$96.00	\$54.46	\$317.08	\$128.77	\$73.38	\$298.15	\$161.54	\$91.85	\$279.69
<b>HUGHP POS</b>	\$116.77	\$66.00	\$324.46	\$129.69	\$73.38	\$317.08	\$162.46	\$92.31	\$298.15	\$195.23	\$110.77	\$279.69
<b>Dental/Vision</b>	<b>All Pay Levels</b>			*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse								
<b>MetLife Dental†</b>	\$14.31	\$7.85	\$13.25									
<b>EyeMed Vision</b>	\$5.10	\$2.78	\$0.00									



## Harvard University Domestic Partner and Ex-Spouse Rates SEIU Arboretum Union

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$125.00	\$222.00	\$1,237.00	\$141.00	\$250.00	\$1,209.00	\$182.00	\$321.00	\$1,138.00	\$222.00	\$392.00	\$1,067.00
<b>BCBS POS</b>	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00	\$263.00	\$464.00	\$1,067.00
<b>BCBS PPO</b>	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00	\$263.00	\$464.00	\$1,067.00
<b>HUGHP HMO</b>	\$102.00	\$180.00	\$1,237.00	\$118.00	\$208.00	\$1,209.00	\$159.00	\$279.00	\$1,138.00	\$199.00	\$350.00	\$1,067.00
<b>HUGHP POS</b>	\$143.00	\$253.00	\$1,237.00	\$159.00	\$281.00	\$1,209.00	\$200.00	\$352.00	\$1,138.00	\$240.00	\$423.00	\$1,067.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$17.00	\$31.00	\$50.34	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$6.03	\$11.05	\$0.00	† Does not apply to ex-spouse								

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$57.69	\$102.46	\$570.92	\$65.08	\$115.38	\$558.00	\$84.00	\$148.15	\$525.23	\$102.46	\$180.92	\$492.46
<b>BCBS POS</b>	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23	\$121.38	\$214.15	\$492.46
<b>BCBS PPO</b>	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23	\$121.38	\$214.15	\$492.46
<b>HUGHP HMO</b>	\$47.08	\$83.08	\$570.92	\$54.46	\$96.00	\$558.00	\$73.38	\$128.77	\$525.23	\$91.85	\$161.54	\$492.46
<b>HUGHP POS</b>	\$66.00	\$116.77	\$570.92	\$73.38	\$129.69	\$558.00	\$92.31	\$162.46	\$525.23	\$110.77	\$195.23	\$492.46
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$7.85	\$14.31	\$23.23	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$2.78	\$5.10	\$0.00	† Does not apply to ex-spouse								



## Harvard University Domestic Partner and Ex-Spouse Rates SEIU Arboretum Union

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>												
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$197.00	\$125.00	\$703.00	\$223.00	\$141.00	\$687.00	\$285.00	\$182.00	\$646.00	\$348.00	\$222.00	\$606.00
<b>BCBS POS</b>	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00	\$412.00	\$263.00	\$606.00
<b>BCBS PPO</b>	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00	\$412.00	\$263.00	\$606.00
<b>HUGHP HMO</b>	\$160.00	\$102.00	\$703.00	\$186.00	\$118.00	\$687.00	\$248.00	\$159.00	\$646.00	\$311.00	\$199.00	\$606.00
<b>HUGHP POS</b>	\$224.00	\$143.00	\$703.00	\$250.00	\$159.00	\$687.00	\$312.00	\$200.00	\$646.00	\$375.00	\$240.00	\$606.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$29.00	\$17.00	\$28.70	*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
<b>EyeMed Vision</b>	\$8.69	\$6.03	\$0.00	† Does not apply to ex-spouse								

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>												
2024 Medical/Dental/Vision Rates <b>BI-WEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$90.92	\$57.69	\$324.46	\$102.92	\$65.08	\$317.08	\$131.54	\$84.00	\$298.15	\$160.62	\$102.46	\$279.69
<b>BCBS POS</b>	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15	\$190.15	\$121.38	\$279.69
<b>BCBS PPO</b>	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15	\$190.15	\$121.38	\$279.69
<b>HUGHP HMO</b>	\$73.85	\$47.08	\$324.46	\$85.85	\$54.46	\$317.08	\$114.46	\$73.38	\$298.15	\$143.54	\$91.85	\$279.69
<b>HUGHP POS</b>	\$103.38	\$66.00	\$324.46	\$115.38	\$73.38	\$317.08	\$144.00	\$92.31	\$298.15	\$173.08	\$110.77	\$279.69
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$13.38	\$7.85	\$13.25	*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
<b>EyeMed Vision</b>	\$4.01	\$2.78	\$0.00	† Does not apply to ex-spouse								



## Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

<b>Domestic Partner or Ex-Spouse Coverage and Only Qualified Children</b>									
<b>2024 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart</b>									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$222.00	\$125.00	\$703.00	\$250.00	\$141.00	\$687.00	\$321.00	\$182.00	\$646.00
BCBS POS	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00
BCBS PPO	\$294.00	\$166.00	\$703.00	\$322.00	\$182.00	\$687.00	\$393.00	\$223.00	\$646.00
HUGHP HMO	\$180.00	\$102.00	\$703.00	\$208.00	\$118.00	\$687.00	\$279.00	\$159.00	\$646.00
HUGHP POS	\$253.00	\$143.00	\$703.00	\$281.00	\$159.00	\$687.00	\$352.00	\$200.00	\$646.00

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$392.00	\$222.00	\$606.00	\$467.00	\$265.00	\$563.00
BCBS POS	\$464.00	\$263.00	\$606.00	\$539.00	\$306.00	\$563.00
BCBS PPO	\$464.00	\$263.00	\$606.00	\$539.00	\$306.00	\$563.00
HUGHP HMO	\$350.00	\$199.00	\$606.00	\$425.00	\$242.00	\$563.00
HUGHP POS	\$423.00	\$240.00	\$606.00	\$498.00	\$283.00	\$563.00
Dental/Vision	All Pay Levels					
MetLife Dental†	\$31.00	\$17.00	\$28.70	*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
EyeMed Vision	\$11.05	\$6.03	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

<b>Domestic Partner or Ex-Spouse Coverage and Only Qualified Children</b>									
<b>2024 Medical/Dental/Vision Rates BIWEEKLY Taxable Income Chart</b>									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$102.46	\$57.69	\$324.46	\$115.38	\$65.08	\$317.08	\$148.15	\$84.00	\$298.15
BCBS POS	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15
BCBS PPO	\$135.69	\$76.62	\$324.46	\$148.62	\$84.00	\$317.08	\$181.38	\$102.92	\$298.15
HUGHP HMO	\$83.08	\$47.08	\$324.46	\$96.00	\$54.46	\$317.08	\$128.77	\$73.38	\$298.15
HUGHP POS	\$116.77	\$66.00	\$324.46	\$129.69	\$73.38	\$317.08	\$162.46	\$92.31	\$298.15

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$180.92	\$102.46	\$279.69	\$215.54	\$122.31	\$259.85
BCBS POS	\$214.15	\$121.38	\$279.69	\$248.77	\$141.23	\$259.85
BCBS PPO	\$214.15	\$121.38	\$279.69	\$248.77	\$141.23	\$259.85
HUGHP HMO	\$161.54	\$91.85	\$279.69	\$196.15	\$111.69	\$259.85
HUGHP POS	\$195.23	\$110.77	\$279.69	\$229.85	\$130.62	\$259.85
Dental/Vision	All Pay Levels					
MetLife Dental†	\$14.31	\$7.85	\$13.25	*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
EyeMed Vision	\$5.10	\$2.78	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

<b>Domestic Partner or Ex-Spouse Coverage and Any Non-Qualified Children</b>									
2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$125.00	\$222.00	\$1,237.00	\$141.00	\$250.00	\$1,209.00	\$182.00	\$321.00	\$1,138.00
BCBS POS	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00
BCBS PPO	\$166.00	\$294.00	\$1,237.00	\$182.00	\$322.00	\$1,209.00	\$223.00	\$393.00	\$1,138.00
HUGHP HMO	\$102.00	\$180.00	\$1,237.00	\$118.00	\$208.00	\$1,209.00	\$159.00	\$279.00	\$1,138.00
HUGHP POS	\$143.00	\$253.00	\$1,237.00	\$159.00	\$281.00	\$1,209.00	\$200.00	\$352.00	\$1,138.00

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$222.00	\$392.00	\$1,067.00	\$265.00	\$467.00	\$992.00
BCBS POS	\$263.00	\$464.00	\$1,067.00	\$306.00	\$539.00	\$992.00
BCBS PPO	\$263.00	\$464.00	\$1,067.00	\$306.00	\$539.00	\$992.00
HUGHP HMO	\$199.00	\$350.00	\$1,067.00	\$242.00	\$425.00	\$992.00
HUGHP POS	\$240.00	\$423.00	\$1,067.00	\$283.00	\$498.00	\$992.00
Dental/Vision	All Pay Levels					
MetLife Dental†	\$17.00	\$31.00	\$50.34	*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
EyeMed Vision	\$6.03	\$11.05	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

<b>Domestic Partner or Ex-Spouse Coverage and Any Non-Qualified Children</b>									
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$57.69	\$102.46	\$570.92	\$65.08	\$115.38	\$558.00	\$84.00	\$148.15	\$525.23
BCBS POS	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23
BCBS PPO	\$76.62	\$135.69	\$570.92	\$84.00	\$148.62	\$558.00	\$102.92	\$181.38	\$525.23
HUGHP HMO	\$47.08	\$83.08	\$570.92	\$54.46	\$96.00	\$558.00	\$73.38	\$128.77	\$525.23
HUGHP POS	\$66.00	\$116.77	\$570.92	\$73.38	\$129.69	\$558.00	\$92.31	\$162.46	\$525.23

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$102.46	\$180.92	\$492.46	\$122.31	\$215.54	\$457.85
BCBS POS	\$121.38	\$214.15	\$492.46	\$141.23	\$248.77	\$457.85
BCBS PPO	\$121.38	\$214.15	\$492.46	\$141.23	\$248.77	\$457.85
HUGHP HMO	\$91.85	\$161.54	\$492.46	\$111.69	\$196.15	\$457.85
HUGHP POS	\$110.77	\$195.23	\$492.46	\$130.62	\$229.85	\$457.85
Dental/Vision	All Pay Levels					
MetLife Dental†	\$7.85	\$14.31	\$23.23	*Total of pre-tax and post-tax deductions equals family rate † Does not apply to ex-spouse		
EyeMed Vision	\$2.78	\$5.10	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>									
<b>2024 Medical/Dental/Vision Rates Monthly Taxable Income Chart</b>									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$197.00	\$125.00	\$703.00	\$223.00	\$141.00	\$687.00	\$285.00	\$182.00	\$646.00
BCBS POS	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00
BCBS PPO	\$261.00	\$166.00	\$703.00	\$287.00	\$182.00	\$687.00	\$349.00	\$223.00	\$646.00
HUGHP HMO	\$160.00	\$102.00	\$703.00	\$186.00	\$118.00	\$687.00	\$248.00	\$159.00	\$646.00
HUGHP POS	\$224.00	\$143.00	\$703.00	\$250.00	\$159.00	\$687.00	\$312.00	\$200.00	\$646.00

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$348.00	\$222.00	\$606.00	\$415.00	\$265.00	\$563.00
BCBS POS	\$412.00	\$263.00	\$606.00	\$479.00	\$306.00	\$563.00
BCBS PPO	\$412.00	\$263.00	\$606.00	\$479.00	\$306.00	\$563.00
HUGHP HMO	\$311.00	\$199.00	\$606.00	\$378.00	\$242.00	\$563.00
HUGHP POS	\$375.00	\$240.00	\$606.00	\$442.00	\$283.00	\$563.00
Dental/Vision	All Pay Levels					
MetLife Dental†	\$29.00	\$17.00	\$28.70	*Total of pre-tax and post-tax deductions equals employee plus spouse/domestic partner rate † Does not apply to ex-spouse		
EyeMed Vision	\$8.69	\$6.03	\$0.00			





## Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

<b>Domestic Partner or Ex-Spouse Coverage and No Children</b>									
2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart									
Health Plan	Less than \$60,000			\$60,000-\$84,999			\$85,000-\$109,999		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$90.92	\$57.69	\$324.46	\$102.92	\$65.08	\$317.08	\$131.54	\$84.00	\$298.15
BCBS POS	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15
BCBS PPO	\$120.46	\$76.62	\$324.46	\$132.46	\$84.00	\$317.08	\$161.08	\$102.92	\$298.15
HUGHP HMO	\$73.85	\$47.08	\$324.46	\$85.85	\$54.46	\$317.08	\$114.46	\$73.38	\$298.15
HUGHP POS	\$103.38	\$66.00	\$324.46	\$115.38	\$73.38	\$317.08	\$144.00	\$92.31	\$298.15

Health Plan	\$110,000 - \$159,999			\$160,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$160.62	\$102.46	\$279.69	\$191.54	\$122.31	\$259.85
BCBS POS	\$190.15	\$121.38	\$279.69	\$221.08	\$141.23	\$259.85
BCBS PPO	\$190.15	\$121.38	\$279.69	\$221.08	\$141.23	\$259.85
HUGHP HMO	\$143.54	\$91.85	\$279.69	\$174.46	\$111.69	\$259.85
HUGHP POS	\$173.08	\$110.77	\$279.69	\$204.00	\$130.62	\$259.85
Dental/Vision	All Pay Levels					
MetLife Dental†	\$13.38	\$7.85	\$13.25	*Total of pre-tax and post-tax deductions equals employee plus spouse/domestic partner rate † Does not apply to ex-spouse		
EyeMed Vision	\$4.01	\$2.78	\$0.00			



## Harvard University Domestic Partner and Ex-Spouse Rates Local 26 Unions

Domestic Partner or Ex-Spouse Coverage <b>and No Children or Only Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$214.00	\$125.00	\$703.00	\$241.00	\$141.00	\$687.00	\$309.00	\$182.00	\$646.00	\$378.00	\$222.00	\$606.00
<b>BCBS POS</b>	\$284.00	\$166.00	\$703.00	\$311.00	\$182.00	\$687.00	\$379.00	\$223.00	\$646.00	\$448.00	\$263.00	\$606.00
<b>BCBS PPO</b>	\$284.00	\$166.00	\$703.00	\$311.00	\$182.00	\$687.00	\$379.00	\$223.00	\$646.00	\$448.00	\$263.00	\$606.00
<b>HUGHF HMO</b>	\$174.00	\$102.00	\$703.00	\$201.00	\$118.00	\$687.00	\$269.00	\$159.00	\$646.00	\$338.00	\$199.00	\$606.00
<b>HUGHF POS</b>	\$244.00	\$143.00	\$703.00	\$271.00	\$159.00	\$687.00	\$339.00	\$200.00	\$646.00	\$408.00	\$240.00	\$606.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$31.00	\$17.00	\$28.70	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$8.61	\$6.62	\$0.00	† Does not apply to ex-spouse								

Domestic Partner or Ex-Spouse Coverage <b>and No Children or Only Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$80.31	\$47.08	\$324.46	\$92.77	\$54.46	\$317.08	\$124.15	\$73.38	\$298.15	\$156.00	\$91.85	\$279.69
<b>BCBS POS</b>	\$112.62	\$66.00	\$324.46	\$125.08	\$73.38	\$317.08	\$156.46	\$92.31	\$298.15	\$188.31	\$110.77	\$279.69
<b>BCBS PPO</b>	\$98.77	\$57.69	\$324.46	\$111.23	\$65.08	\$317.08	\$142.62	\$84.00	\$298.15	\$174.46	\$102.46	\$279.69
<b>HUGHF HMO</b>	\$131.08	\$76.62	\$324.46	\$143.54	\$84.00	\$317.08	\$174.92	\$102.92	\$298.15	\$206.77	\$121.38	\$279.69
<b>HUGHF POS</b>	\$131.08	\$76.62	\$324.46	\$143.54	\$84.00	\$317.08	\$174.92	\$102.92	\$298.15	\$206.77	\$121.38	\$279.69
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$14.31	\$7.85	\$13.25	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$3.97	\$3.06	\$0.00	† Does not apply to ex-spouse								



## Harvard University Domestic Partner and Ex-Spouse Rates Local 26 Unions

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>MONTHLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
<b>BCBS HMO</b>	\$125.00	\$214.00	\$1,194.00	\$141.00	\$241.00	\$1,167.00	\$182.00	\$309.00	\$1,099.00	\$222.00	\$378.00	\$1,030.00
<b>BCBS POS</b>	\$166.00	\$284.00	\$1,194.00	\$182.00	\$311.00	\$1,167.00	\$223.00	\$379.00	\$1,099.00	\$263.00	\$448.00	\$1,030.00
<b>BCBS PPO</b>	\$166.00	\$284.00	\$1,194.00	\$182.00	\$311.00	\$1,167.00	\$223.00	\$379.00	\$1,099.00	\$263.00	\$448.00	\$1,030.00
<b>HUGHP HMO</b>	\$102.00	\$174.00	\$1,194.00	\$118.00	\$201.00	\$1,167.00	\$159.00	\$269.00	\$1,099.00	\$199.00	\$338.00	\$1,030.00
<b>HUGHP POS</b>	\$143.00	\$244.00	\$1,194.00	\$159.00	\$271.00	\$1,167.00	\$200.00	\$339.00	\$1,099.00	\$240.00	\$408.00	\$1,030.00
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$17.00	\$31.00	\$50.34	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$6.62	\$8.61	\$0.00	† Does not apply to ex-spouse								

Domestic Partner or Ex-Spouse Coverage <b>and Any Non-Qualified Children</b> 2024 Medical/Dental/Vision Rates <b>BIWEEKLY</b> Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
<b>BCBS HMO</b>	\$57.69	\$98.77	\$551.08	\$65.08	\$111.23	\$538.62	\$84.00	\$142.62	\$507.23	\$102.46	\$174.46	\$475.38
<b>BCBS POS</b>	\$76.62	\$131.08	\$551.08	\$84.00	\$143.54	\$538.62	\$102.92	\$174.92	\$507.23	\$121.38	\$206.77	\$475.38
<b>BCBS PPO</b>	\$76.62	\$131.08	\$551.08	\$84.00	\$143.54	\$538.62	\$102.92	\$174.92	\$507.23	\$121.38	\$206.77	\$475.38
<b>HUGHP HMO</b>	\$47.08	\$80.31	\$551.08	\$54.46	\$92.77	\$538.62	\$73.38	\$124.15	\$507.23	\$91.85	\$156.00	\$475.38
<b>HUGHP POS</b>	\$66.00	\$112.62	\$551.08	\$73.38	\$125.08	\$538.62	\$92.31	\$156.46	\$507.23	\$110.77	\$188.31	\$475.38
<b>Dental/Vision</b>	<b>All Pay Levels</b>											
<b>MetLife Dental†</b>	\$7.85	\$14.31	\$23.23	*Total of pre-tax and post-tax deductions equals family rate								
<b>EyeMed Vision</b>	\$3.06	\$3.97	\$0.00	† Does not apply to ex-spouse								