

2024 PROGRAMS AND PREMIUMS

Harvard Staff Members in a
Bargaining Unit

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.**

2024 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 individual or family coverage from the following types of plans:

- **Health Maintenance Organization (HMO)**—With an HMO, you select a primary care provider (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 (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.
- **Preferred Provider Organization (PPO)**—This plan, offered through BCBSMA, is available only to subscribers 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.

PRIMARY CARE PROVIDER (PCP) NETWORKS

Before selecting a plan, confirm that your preferred PCP is in-network. See page 11 for contact information.

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

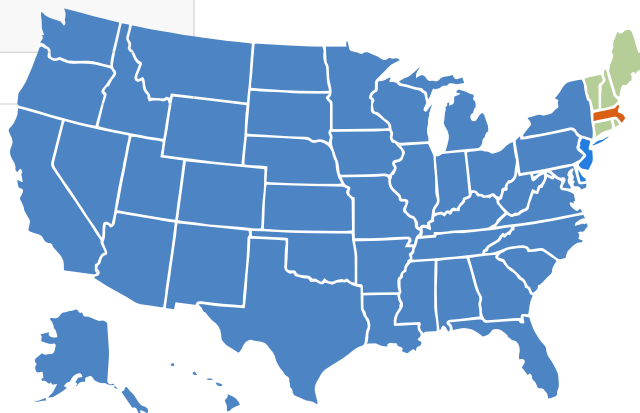
* Cannot have primary care provider at HUHS

COMPARE YOUR MEDICAL PLANS

IN-NETWORK OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Medical	\$2,000	\$6,000
Prescription Drug	\$4,600	\$7,200
IN-NETWORK MEMBER COSTS	HMO	POS PPO*
Inpatient Hospital	\$100 copayment	\$100 copayment
Emergency Room	\$100 copayment	\$100 copayment
Preventive Care as Defined by Affordable Care Act	Covered in full	Covered in full
Office Visits—PCP and Specialist	\$25 copayment	\$25 copayment
Telehealth via Well Connection (and any network provider for behavioral health)	\$15 copayment	\$15 copayment
Physical/Occupational Therapy (limited to 60 visits per type of therapy per calendar year)	\$25 copayment	\$25 copayment
Chiropractic Care (limited to 18 visits per calendar year)	\$25 copayment	\$25 copayment
Acupuncture (limited to 20 visits per calendar year)	\$25 copayment	\$25 copayment
High-Tech Imaging (MRI, PET scan, CT scan, etc.)	\$50 copayment	\$50 copayment
Mental Health/Substance Misuse	Inpatient: \$100 copayment per admission Outpatient: \$25 copayment Telehealth: \$15 copayment	Inpatient: \$100 copayment per admission Outpatient: \$25 copayment Telehealth: \$15 copayment
Outpatient Diagnostic Labs/X-Rays	Covered in full	Covered in full
OUT-OF-NETWORK	POS PPO*	
DEDUCTIBLE		
Per Individual	\$750	
Family Maximum	\$2,500	
OUT-OF-POCKET MAXIMUM		
Per Individual	\$2,500	
Family Maximum	\$7,500	
MEMBER COSTS		
Member-Paid Coinsurance	30% after out-of-network deductible	
Mental Health Coinsurance	Inpatient: deductible, then 30% Outpatient: 20%, no deductible	

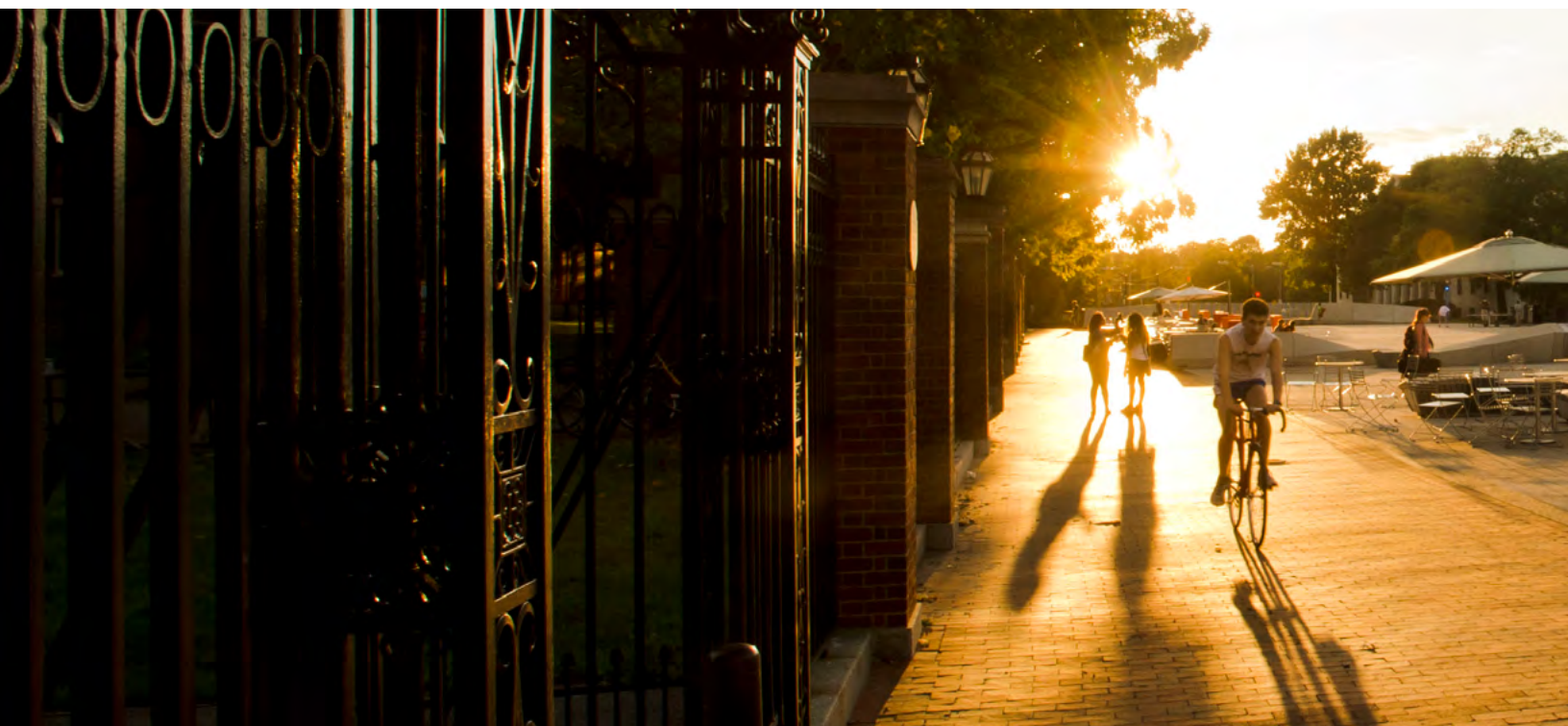
* Available only through BCBSMA for employees who reside outside New England.

	IF YOU LIVE HERE:	YOU ARE ELIGIBLE FOR:	
	Massachusetts	BCBSMA HMO BCBSMA POS	HUGHF HMO HUGHF POS
	Rest of New England (CT, ME, NH, RI, VT)	BCBSMA HMO BCBSMA POS	
	Outside of New England	BCBSMA PPO	



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



TIERED RATES FOR 2024

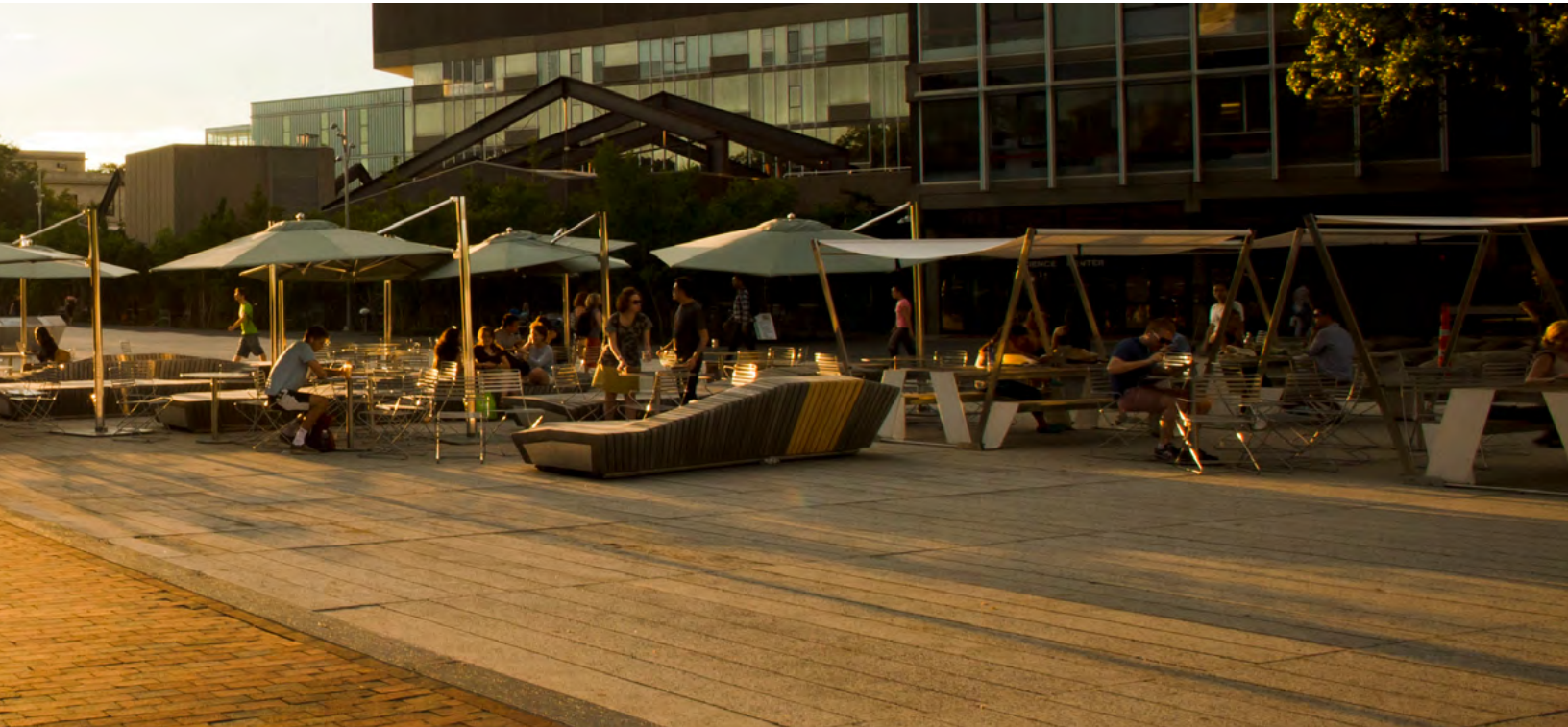
Harvard offers four salary tiers for medical premiums based on your full-time equivalent (FTE) salary. If you work part-time, your FTE is the salary you would earn if you worked full-time at the same rate of pay.

FOR MEMBERS OF ATC AND HUPA

MONTHLY COST BY SALARY TIER	TIER 1 LESS THAN \$60,000				TIER 2 \$60,000–\$79,999				TIER 3 \$80,000–\$109,999				TIER 4 \$110,000 AND ABOVE			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO																
HUGHP*	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326	\$159	\$407	\$393	\$438	\$199	\$510	\$493	\$549
BCBSMA	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391	\$182	\$467	\$451	\$503	\$222	\$570	\$551	\$614
POS																
HUGHP*	\$143	\$367	\$355	\$396	\$159	\$409	\$395	\$440	\$200	\$512	\$494	\$552	\$240	\$615	\$594	\$663
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727
PPO†																
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727

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

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



TIERED RATES FOR 2024 (CONT).

MEMBERS OF HUCTW

MONTHLY COST BY SALARY TIER	TIER 1 LESS THAN \$60,000				TIER 2 \$60,000–\$84,999				TIER 3 \$85,000–\$109,999			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO												
HUGHP*	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326	\$159	\$407	\$393	\$438
BCBSMA	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391	\$182	\$467	\$451	\$503
POS												
HUGHP*	\$143	\$367	\$355	\$396	\$159	\$409	\$395	\$440	\$200	\$512	\$494	\$552
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616
PPO†												
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616

MONTHLY COST BY SALARY TIER	TIER 4 \$110,000–\$159,999				TIER 5 \$160,000 AND ABOVE			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO								
HUGHP*	\$199	\$510	\$493	\$549	\$242	\$620	\$599	\$667
BCBSMA	\$222	\$570	\$551	\$614	\$265	\$680	\$657	\$732
POS								
HUGHP*	\$240	\$615	\$594	\$663	\$283	\$725	\$700	\$781
BCBSMA	\$263	\$675	\$652	\$727	\$306	\$785	\$758	\$845
PPO†								
BCBSMA	\$263	\$675	\$652	\$727	\$306	\$785	\$758	\$845

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

† Available only to subscribers who reside outside New England.

MEMBERS OF SEIU CUSTODIAN

MONTHLY COST BY SALARY TIER	TIER 1 LESS THAN \$60,000				TIER 2 \$60,000–\$79,999				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	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO																
HUGH*	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326	\$159	\$407	\$393	\$438	\$199	\$510	\$493	\$549
BCBSMA	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391	\$182	\$467	\$451	\$503	\$222	\$570	\$551	\$614
POS																
HUGH*	\$143	\$367	\$355	\$396	\$159	\$409	\$395	\$440	\$200	\$512	\$494	\$552	\$240	\$615	\$594	\$663
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727
PPO†																
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727

* HUGH is available only to subscribers who reside in Massachusetts. In-network adult primary care providers are primarily located in Eastern Massachusetts.

† Available only to subscribers who reside outside New England.



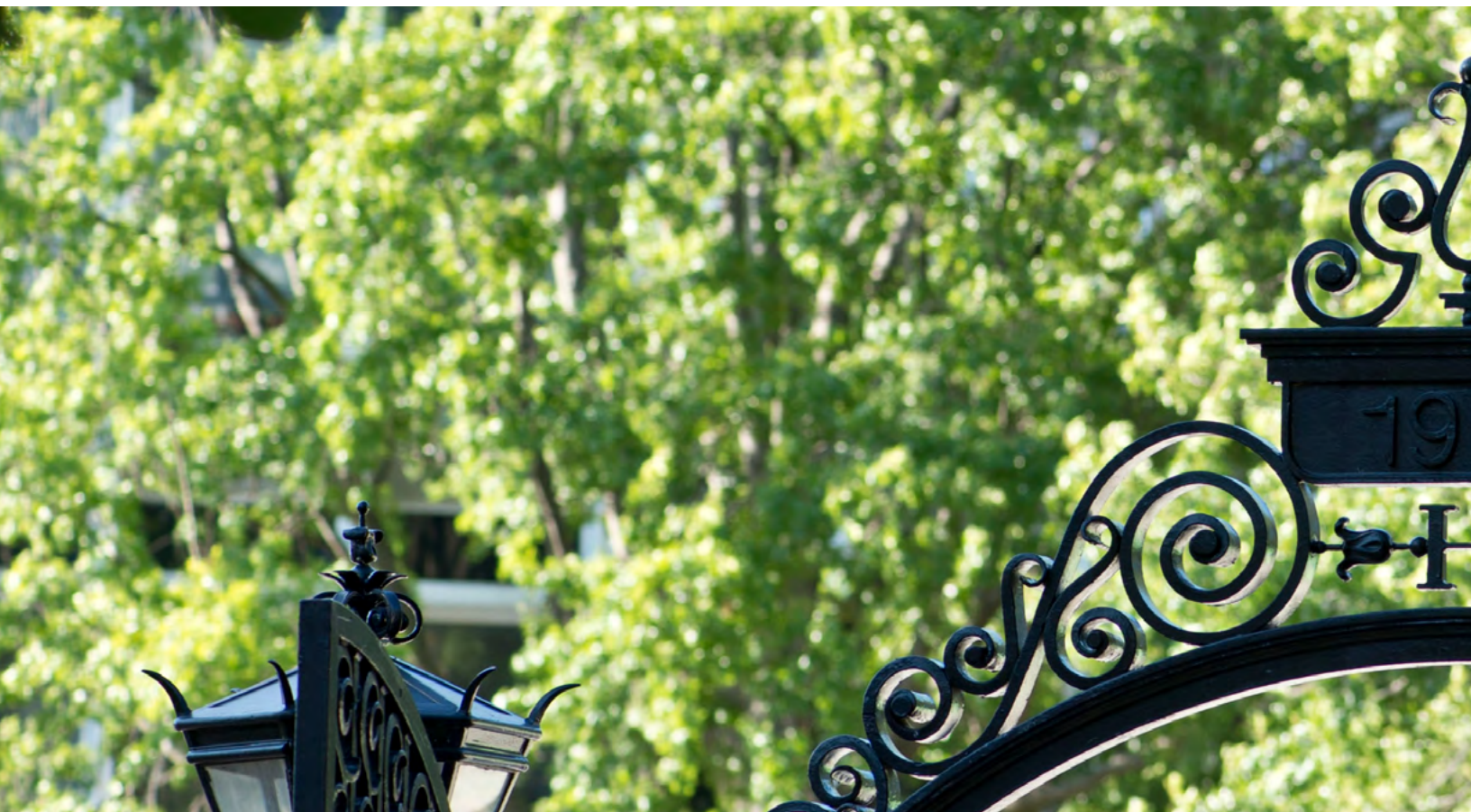
TIERED RATES FOR 2024 (CONT.)

FOR MEMBERS OF LOCAL 26

MONTHLY COST BY SALARY TIER	TIER 1 LESS THAN \$55,000		TIER 2 \$55,000–\$74,999		TIER 3 \$75,000–\$99,999		TIER 4 \$100,000 AND ABOVE	
	EMPLOYEE	FAMILY	EMPLOYEE	FAMILY	EMPLOYEE	FAMILY	EMPLOYEE	FAMILY
HMO								
HUGHP*	\$102	\$276	\$118	\$319	\$159	\$428	\$199	\$537
BCBSMA	\$125	\$339	\$141	\$382	\$182	\$491	\$222	\$600
POS								
HUGHP*	\$143	\$387	\$159	\$430	\$200	\$539	\$240	\$648
BCBSMA	\$166	\$450	\$182	\$493	\$223	\$602	\$263	\$711
PPO†								
BCBSMA	\$166	\$450	\$182	\$493	\$223	\$602	\$263	\$711

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

† Available only to subscribers who reside outside New England.



MEMBERS OF SEIU ARBORETUM

MONTHLY COST BY SALARY TIER	TIER 1 LESS THAN \$55,000				TIER 2 \$55,000–\$74,999				TIER 3 \$75,000–\$99,999				TIER 4 \$100,000 AND ABOVE			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO																
HUGHP*	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326	\$159	\$407	\$393	\$438	\$199	\$510	\$493	\$549
BCBSMA	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391	\$182	\$467	\$451	\$503	\$222	\$570	\$551	\$614
POS																
HUGHP*	\$143	\$367	\$355	\$396	\$159	\$409	\$395	\$440	\$200	\$512	\$494	\$552	\$240	\$615	\$594	\$663
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727
PPO†																
BCBSMA	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727

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

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



DENTAL PLAN PREMIUMS

ATC, HUPA, HUCTW, AND SEIU MONTHLY COST	
INDIVIDUAL	\$17
INDIVIDUAL + SPOUSE/DP	\$46
INDIVIDUAL + CHILD(REN)	\$45
FAMILY	\$48

LOCAL 26 MONTHLY COST	
INDIVIDUAL	\$17
FAMILY	\$48

VISION PLAN PREMIUMS

ATC, HUPA, HUCTW, AND SEIU MONTHLY COST	
INDIVIDUAL	\$6.03
INDIVIDUAL + SPOUSE/DP	\$14.72
INDIVIDUAL + CHILD(REN)	\$13.70
FAMILY	\$17.08

LOCAL 26 MONTHLY COST	
INDIVIDUAL	\$6.62
FAMILY	\$15.23

LONG TERM DISABILITY INSURANCE PREMIUMS

FTE SALARY TIER	ANNUAL COST PER \$100 OF SALARY
LESS THAN \$15,000	\$0.201
\$15,000–\$69,999	\$0.229
\$70,000–\$94,999	\$0.494
\$95,000 AND ABOVE	\$0.623

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	\$0.455
\$10,000	\$0.910

* One monthly premium covers all of your eligible children.

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.

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.

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

The information in this document is a summary of Harvard's benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this document and Harvard's formal plans, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts.

