



2024 PLAN RATES FOR RETIREES AGED 65 AND OVER

Monthly Rates for Those Retiring on or After January 1, 1996¹

Faculty and Nonunion Retirees hired or rehired before January 1, 2014 and meeting post-retirement health eligibility on or after January 1, 2024.

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

	BCBS Medex			HPHC Medicare Enhance			Tufts Medicare Preferred HMO		
Total Rate	\$597			\$599			\$624		
Years of Service	Contribution		Retiree Share	Contribution		Retiree Share	Contribution		Retiree Share
	Harvard	Retiree		Harvard	Retiree		Harvard	Retiree	
30+	\$418	\$179	30%	\$418	\$181	30%	\$418	\$206	33%
29	\$409	\$188	31%	\$409	\$190	32%	\$409	\$215	34%
28	\$400	\$197	33%	\$400	\$199	33%	\$400	\$224	36%
27	\$391	\$206	35%	\$391	\$208	35%	\$391	\$233	37%
26	\$382	\$215	36%	\$382	\$217	36%	\$382	\$242	39%
25	\$373	\$224	38%	\$373	\$226	38%	\$373	\$251	40%
24	\$364	\$233	39%	\$364	\$235	39%	\$364	\$260	42%
23	\$355	\$242	41%	\$355	\$244	41%	\$355	\$269	43%
22	\$346	\$251	42%	\$346	\$253	42%	\$346	\$278	45%
21	\$337	\$260	44%	\$337	\$262	44%	\$337	\$287	46%
20	\$328	\$269	45%	\$328	\$271	45%	\$328	\$296	47%
19	\$319	\$278	47%	\$319	\$280	47%	\$319	\$305	49%
18	\$310	\$287	48%	\$310	\$289	48%	\$310	\$314	50%
17	\$301	\$296	50%	\$301	\$298	50%	\$301	\$323	52%
16	\$293	\$304	51%	\$293	\$306	51%	\$293	\$331	53%
15	\$284	\$313	52%	\$284	\$315	53%	\$284	\$340	54%
14	\$275	\$322	54%	\$275	\$324	54%	\$275	\$349	56%
13	\$266	\$331	55%	\$266	\$333	56%	\$266	\$358	57%
12	\$257	\$340	57%	\$257	\$342	57%	\$257	\$367	59%
11	\$248	\$349	58%	\$248	\$351	59%	\$248	\$376	60%
10	\$239	\$358	60%	\$239	\$360	60%	\$239	\$385	62%

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 dependent 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 30 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 dependent on a senior plan, you pay a monthly contribution for each.

Retirees and Eligible Dependents Under Age 65

Rates are based on your full-time equivalent salary at the time of your retirement.

Monthly Cost	Tier 1 Less than \$60,000				Tier 2 \$60,000 \$84,999			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
HMO								
HUGHP*	\$98	\$253	\$245	\$272	\$114	\$293	\$283	\$315
BCBSMA	\$121	\$312	\$302	\$336	\$137	\$352	\$340	\$379
POS (BCBSMA PPO if you live outside New England)								
HUGHP*	\$142	\$363	\$352	\$392	\$158	\$403	\$390	\$435
BCBSMA	\$166	\$423	\$409	\$456	\$182	\$463	\$447	\$499
POS Plus (BCBSMA PPO Plus if you live outside New England)								
HUGHP*	\$159	\$407	\$394	\$440	\$175	\$447	\$432	\$483
BCBSMA	\$182	\$467	\$452	\$504	\$198	\$507	\$490	\$547
HDHP								
BCBSMA	\$55	\$146	\$141	\$157	\$71	\$186	\$179	\$200

Monthly Cost	Tier 3 \$85,000 \$109,999				Tier 4 \$110,000 \$159,999			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
HMO								
HUGHP*	\$171	\$438	\$424	\$471	\$209	\$538	\$521	\$579
BCBSMA	\$194	\$497	\$481	\$535	\$232	\$597	\$578	\$643
POS (BCBSMA PPO if you live outside New England)								
HUGHP*	\$215	\$548	\$531	\$591	\$253	\$648	\$628	\$699
BCBSMA	\$239	\$608	\$588	\$655	\$277	\$708	\$685	\$763
POS Plus (BCBSMA PPO Plus if you live outside New England)								
HUGHP*	\$232	\$592	\$573	\$639	\$270	\$692	\$670	\$747
BCBSMA	\$255	\$625	\$631	\$703	\$293	\$752	\$728	\$811
HDHP								
BCBSMA	\$128	\$331	\$320	\$356	\$166	\$431	\$417	\$464

Monthly Cost	Tier 5 \$160,000 and Above			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
HMO				
HUGHP*	\$240	\$617	\$597	\$664
BCBSMA	\$263	\$676	\$654	\$728
POS (BCBSMA PPO if you live outside New England)				
HUGHP*	\$284	\$727	\$704	\$784
BCBSMA	\$308	\$787	\$761	\$848
POS Plus (BCBSMA PPO Plus if you live outside New England)				
HUGHP*	\$301	\$771	\$746	\$832
BCBSMA	\$324	\$831	\$804	\$896
HDHP				
BCBSMA	\$197	\$510	\$493	\$549

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

Retiree Dental Plan Monthly Rates

MetLife Dental PPO Plus

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

Supplemental Life Insurance Monthly 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 termination.