

2024
BENEFITS

Harvard Staff Members in a Bargaining Unit

OPEN ENROLLMENT
October 24–November 2, 2023



HARVARD
Human Resources

MAKE IT YOUR HARVARD

BENEFITS OPEN ENROLLMENT

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HAVE QUESTIONS ABOUT YOUR BENEFITS?

You can learn more about your benefit options by going to [HARVie](#).

Medical

hr.harvard.edu/medical

Dental

metlife.com/harvard-dental

Vision

hr.harvard.edu/vision

Flexible Spending Accounts

hr.harvard.edu/flexible-spending-accounts

Disability and Life Insurance

hr.harvard.edu/disability

Reimbursement Programs

hr.harvard.edu/reimbursement-programs

Legal Plan and Identity Theft Protection

hr.harvard.edu/employee-discounts

REVIEW COMMON OPEN ENROLLMENT MISTAKES

Making your benefit choices can be confusing. Before enrollment, we strongly encourage you to review the Avoid Common Open Enrollment Mistakes section on [page 19](#).

REVIEW YOUR BENEFITS CHECKLIST



PREPARE

- Visit hr.harvard.edu/open-enrollment-2024 to learn more about your benefit options.
- Have questions?** Email benefits@harvard.edu or call **617-496-4001** any business day between 9:00 a.m. and 5:00 p.m. ET.



REVIEW

Before making your elections:

- Review your **medical**, **dental**, and/or **vision** coverage.
- Review the **Flexible Spending Accounts 101: What You Need to Know** tutorial to compare the **Health Care** and **Dependent Care** Flexible Spending Accounts (FSAs) to ensure you're choosing the one(s) that work for you.
- Estimate** your family's out-of-pocket health care costs if you want to contribute to a Health Care FSA.
- Determine** your family's child or adult day care costs if you want to contribute to a Dependent Care FSA.
- Consider additional **life insurance** (including Dependent Life Insurance), **Long Term Disability (LTD) Insurance**, **Legal Plan**, and/or **Identity Theft Protection**.
- Learn how to avoid common **Open Enrollment mistakes** and read answers to **Frequently Asked Questions** (FAQs).



ACT

Before 11:59 p.m. ET on Thursday, November 2:

- Make changes to your medical, dental, and/or vision care coverage, if applicable.
- Enroll in the FSA(s) that suits your needs: Health Care and/or Dependent Care. Please read the Common Open Enrollment Mistakes on **page 19** to learn more about each FSA.
- If you add new dependents during OE, submit your dependent documentation by December 1.

2024 ENROLLMENT DATES



Don't forget to make your benefit elections between **8:00 a.m. ET on Tuesday, October 24, 2023, and 11:59 p.m. ET on Thursday, November 2, 2023.**

Have questions for your health plan administrator?

Call HUGHP at **617-495-2008** or visit hughp.harvard.edu.

Call BCBSMA at **888-389-7732** or visit bluecrossma.com.

EXPLORE YOUR BENEFITS



WHAT'S CHANGING

EFFECTIVE JANUARY 1, 2024

NEW COVERAGE LEVELS

HUCTW union members will have access to two additional coverage levels—employee + spouse/domestic partner and employee + children—for medical, dental, and vision benefits. You will automatically be placed in the right coverage level based on the dependents enrolled in your plan. HUCTW members will also have an additional salary tier added for those earning over \$160,000.

SALARY TIER CHANGE

HUPA and ATC union members in salary tiers 3 and 4 will see their medical premium salary tier amounts adjusted upward.

- **Tier 1** Less than \$60,000
- **Tier 2** \$60,000–\$79,999
- **Tier 3** \$80,000–\$109,999
- **Tier 4** \$110,000 and above

You will automatically be placed in the right tier based on your salary and do not need to take any action.

LOWER LONG TERM DISABILITY (LTD) RATES

Harvard's tiered rates for LTD will be reduced beginning in 2024. See [page 16](#) for details.

LEGAL PLAN ENHANCEMENTS

We're adding additional hours and expanding services. See [page 18](#) for details.

Harvard Benefits Open Enrollment (OE) is your opportunity to review and make changes to your health and welfare benefit elections for 2024. From medical plans to tax-advantaged medical reimbursement accounts, you can select the benefits that best meet the needs of you and your family.

Please take the time to read through this brochure and ensure that you understand the full spectrum of benefits available to you.

Medical/Dental/Vision | Page 5 and 16

Your 2023 election will continue. If you want to change, elect, or drop coverage, or add/remove a dependent, you must do so during OE.

Flexible Spending Accounts (FSA) | Page 13

Your 2023 FSA elections **do not carry over** to 2024. If you want to elect a Health Care FSA and/or a Dependent Care FSA, you must do so during OE.

Long Term Disability (LTD) | Page 16

Your 2023 election will continue for 2024. You can enroll in or drop LTD coverage at any time. Evidence of insurability is required when enrolling during OE.

Supplemental/Dependent Life Insurance | Page 17

Your 2023 election will continue for 2024. You can enroll in or drop Supplemental/Dependent Life Insurance at any time. You must be enrolled in Supplemental Life Insurance to elect Dependent Life Insurance. A Statement of Health is required for supplemental and spouse/domestic partner (DP) coverage elections.

Legal Plan/Identity Theft Protection | Page 18

Your 2023 election will continue for 2024. OE is your only opportunity to elect or drop the Legal Plan or Identity Theft Protection. Review [page 18](#) to learn about enhancements to the Legal Plan.

What if I miss the OE deadline? In most instances, OE is your once-a-year opportunity to choose your benefits. For exceptions, review the first question on the Avoid Common Open Enrollment Mistakes on [page 19](#).

COMPARE MEDICAL PLANS

YOUR MEDICAL PLAN OPTIONS

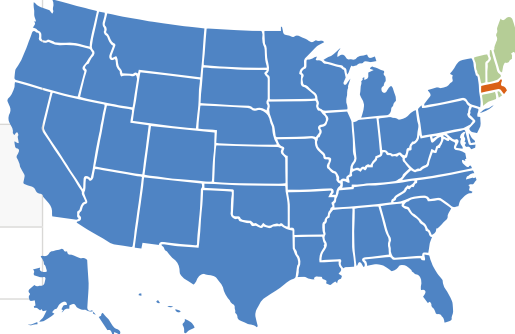
Harvard offers you a choice of several medical plans, listed below. For 2024, Harvard will offer subsidized medical coverage from **Harvard University Group Health Plan (HUGHP)** and **Blue Cross Blue Shield of Massachusetts (BCBSMA)**. If you enroll in a HUGHP plan, you must choose a HUGHP-covered primary care provider (PCP). See the chart on [page 20](#) for details. **For more information, visit your preferred health plan's website.** You may select from the following plans:

	BCBSMA*	HUGHP†
Health Maintenance Organization (HMO) – With an HMO, you select a 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-network, without a PCP referral. You will have higher out-of-pocket costs for out-of-network care.	✓	

* If you enroll in a BCBSMA plan, you cannot have a primary care physician at Harvard University Health Services.

† You must live in Massachusetts to enroll in the HUGHP options. Note: in-network adult primary care is located primarily in Eastern Massachusetts.

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



SEIU CUSTODIAN AND SEIU ARBORETUM MEMBERS ONLY

Your union also offers you the option of combined medical, dental, and vision coverage for yourself and your eligible dependents (registered domestic partners are not eligible for this coverage) at no cost. If you waive coverage in the Harvard-sponsored HMO or POS plan or the SEIU plan, you will be required to complete a form to show evidence of other health coverage. Harvard Benefits will send you this form at the end of the OE period.

Note: If you enroll in the SEIU plan, you may not also enroll in Harvard's dental or vision plans. You must contact the union to enroll your dependents.

To learn more, call **800-551-3225**.

COMPARE MEDICAL PLANS

PRESCRIPTION DRUG COVERAGE

Prescription coverage is provided by Express Scripts and is included in all Harvard medical plans. To confirm your prescription copayments for 2024, view the Preventive Medications List, or use the “Price Your Medication” tool, on the Express Scripts OE website at expressscripts.com/harvarduniversity. You can also call Express Scripts at **877-787-8684**.

LEARN TO LIVE PROGRAM

The Learn to Live program offers confidential, self-guided online support for stress, anxiety, depression, insomnia, and substance use disorder.

It is available to employees and family members over the age of 13 who are enrolled in a Harvard-sponsored HUGHP or BCBSMA plan. To learn more, visit learntolive.com/partners and enter code “HUWellbeing.”

Did you know Learn to Live has a mobile app? Search for Learn to Live on your Apple or Android device's app store.

BCBSMA AND HUGHP MEMBERS

Don't forget to register for [myBlue](#), BCBS's member portal, where you can view medical plan claims, find a doctor, access resources to help you stay well, and more.

GLOSSARY



Here's a quick refresher on commonly used medical/dental insurance terms:

ALLOWABLE CHARGE is the dollar amount typically considered payment-in-full by an insurance company and an associated network of health care providers.

COINSURANCE is the amount you pay, as a percentage of the allowed cost of your services, after you reach the deductible and until you reach the plan's out-of-pocket maximum.

COPAYMENT (COPAY) is a fixed amount you pay for a health care service or prescription drug.

DEDUCTIBLE is the amount you pay before your insurance begins covering certain services, such as hospitalization or outpatient surgery.

DRUG FORMULARY is a list of prescription drugs, maintained by medical professionals, that is used by practitioners to identify commonly covered prescription drugs.

OUT-OF-POCKET (OOP) MAXIMUM is the most you pay per plan year for plan-covered health care expenses, including prescription drugs. Once you reach this limit, the plan pays 100% of eligible health care expenses for the remainder of the plan year.

PREMIUM is the amount you pay for insurance using pretax or post-tax dollars via paycheck deductions. (Note: Harvard pays a portion of the premium.)



COMPARE MEDICAL PLANS

2024 HEALTH 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 non-Well Connection 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 Abuse	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

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

COMPARE MEDICAL PLANS

2024 HEALTH PLANS

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	Inpatient: deductible, then 30% coinsurance Outpatient: 20% coinsurance, no deductible



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

PRESCRIPTION DRUGS

	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

COMPARE MEDICAL PLANS

FOR MEMBERS OF
ATC AND HUPA

2024 RATES

Harvard’s progressive practice of using salary tiers makes premiums more affordable for those who earn less. Salary tiers are based on 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

Salary tiers 3 and 4 have been adjusted upwards. You will automatically be placed in the correct tier based on your FTE salary.

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 physicians are primarily located in Eastern Massachusetts.

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

COMPARE MEDICAL PLANS

FOR MEMBERS OF
**HUCTW AND
SEIU CUSTODIAN**

2024 RATES

Harvard's progressive practice of using salary tiers makes premiums more affordable for those who earn less. Salary tiers are based on 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.

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																
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

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† Available only to subscribers who reside outside New England.

MEMBERS OF HUCTW



For 2024, you will have two new coverage levels– employee + children and employee + spouse/domestic partner; and adjusted salary tiers for medical premiums, including a new tier 5. Please go to HARVie to review your [2024 Plan Rates](#).

COMPARE MEDICAL PLANS

FOR MEMBERS OF
LOCAL 26

RATES FOR 2024

Harvard's progressive practice of using salary tiers makes premiums more affordable for those who earn less. Salary tiers are based on 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 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 primary care physicians are primarily located in Eastern Massachusetts.

† Available only to subscribers who reside outside New England.

COMPARE MEDICAL PLANS

FOR MEMBERS OF
SEIU ARBORETUM

2024 RATES

Harvard's progressive practice of using salary tiers makes premiums more affordable for those who earn less. Salary tiers are based on 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.

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
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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 physicians are primarily located in Eastern Massachusetts.

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

SAVE ON ELIGIBLE EXPENSES

WHICH FSA(S) ARE RIGHT FOR YOU?

You can contribute to your FSA before taxes are withheld from your paycheck, thus decreasing your taxable income. With a convenient FSA debit card, you can quickly pay for eligible expenses. The full amount of your Health Care FSA is available to you as of January 1 of each year.

	HEALTH CARE FSA	DEPENDENT CARE FSA
What is covered by this FSA?*	<p>Qualified out-of-pocket medical, dental, and vision care expenses for you and your eligible dependent(s)</p> <p>Eligible expenses include:</p> <ul style="list-style-type: none"> • Copayments, coinsurance, and deductibles • Orthodontia and dental expenses • Medical supplies and equipment • Eyeglasses, lenses, contact lenses and supplies • Mental health and substance abuse treatments • Over-the-counter drugs and medications 	<p>Qualified expenses for the care of a dependent child under age 13 or a dependent adult so that you and your spouse (if applicable) can work, look for work, or go to school full-time.</p> <p>Eligible expenses include:</p> <ul style="list-style-type: none"> • Eligible preschool • Before- and after-school programs • Certain summer day camps • Child or elder care
What's not covered by this FSA?*	<ul style="list-style-type: none"> ✘ Health care, dental, or vision premiums ✘ Cosmetic surgery ✘ Teeth whitening 	<ul style="list-style-type: none"> ✘ Dependents' health care expenses (those expenses may be covered with a Health Care FSA) ✘ Overnight camp
Which health plan(s) does this FSA work with?	HMO POS PPO	Not applicable
How much can I put in this FSA for 2024?	\$3,050	\$5,000 (\$2,500 if you are married and file separately) per household
Can my spouse and I both contribute to this type of FSA?	Yes, up to \$3,050 each	Yes, up to a combined total of \$5,000 per calendar year
Can I contribute to this FSA if I am contributing to an HSA through another employer (or my spouse is)?	No	Not applicable

* Not an exhaustive list

Voya Financial is the administrator for the FSAs and can be reached at 855-HVD-FLEX or hvdflex@voya.com. You can also find videos and more information at benstrat.com/clients/harvard and examples of eligible FSA expenses on [HARVie](#), including an [FSA 101 tutorial](#).

WHEN DO I NEED TO SUBMIT FSA EXPENSES TO BE REIMBURSED?

Generally, if you are enrolled through December 31, 2024, you have until March 15, 2025, to incur expenses for your FSAs. Reimbursement requests must be submitted by April 1, 2025. Be sure to carefully estimate the amount you'd like to put aside in your FSAs, as unused funds at the end of this grace period will be forfeited. Not sure how much to contribute? Voya Financial's online [worksheet](#) will help you estimate your annual expenses.

LOCAL 26 MEMBERS ONLY

If you enroll or continue coverage in one of the Harvard-sponsored HMO, POS, or PPO plans for 2024, you will receive a \$275 contribution to a Health Care FSA to help pay for eligible out-of-pocket medical, dental, and vision care expenses for you and your eligible dependent(s). You must elect the FSA during the OE period to receive Harvard's tax-free contribution, even if you do not wish to make your own contributions. Simply make an election of \$0.

UTILIZE COST-SAVING RESOURCES

PRESCRIPTION COPAYMENT ASSISTANCE PROGRAM

Harvard offers a program through PillarRx Consulting, a prescription benefit consulting firm that finds drug manufacturer copay assistance programs for certain specialty medications. If you are prescribed an eligible medication, you will be contacted by PillarRx to facilitate enrollment. **If you do not enroll, you will be responsible for up to 30% of the cost of the eligible prescription.** Please note that manufacturer assistance dollars may not accumulate toward deductibles and/or out-of-pocket maximums.

To use the program, you must enroll and fill the prescription through Accredo, Express Scripts' specialty pharmacy. For more details, please visit hr.harvard.edu/medical.

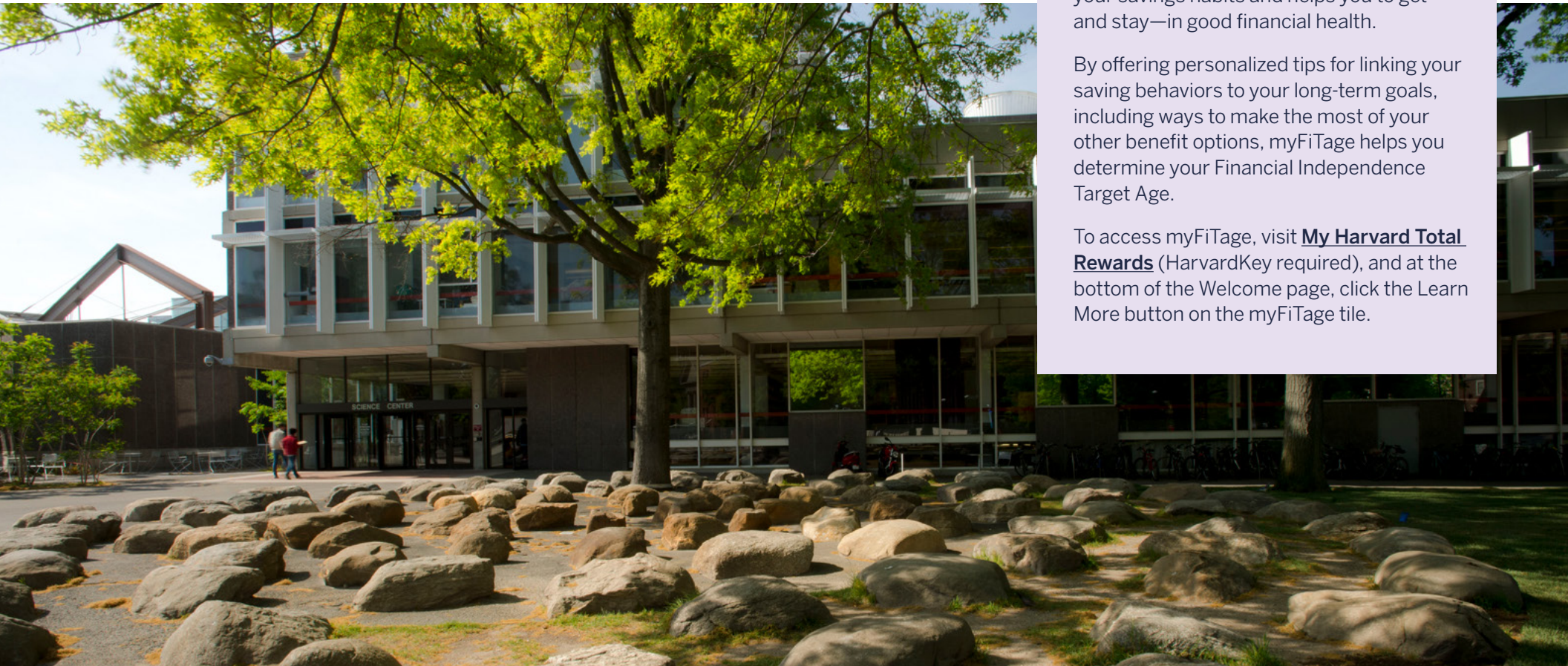
USE MYFITAGE: YOUR ONLINE FINANCIAL ADVISOR



As part of our commitment to providing tools and resources to help you reach financial independence, Harvard gives you access to **myFiTage**, an interactive digital tool that makes it easier for you to monitor your savings habits and helps you to get—and stay—in good financial health.

By offering personalized tips for linking your saving behaviors to your long-term goals, including ways to make the most of your other benefit options, myFiTage helps you determine your Financial Independence Target Age.

To access myFiTage, visit **My Harvard Total Rewards** (HarvardKey required), and at the bottom of the Welcome page, click the Learn More button on the myFiTage tile.



REVIEW THE COPAYMENT REIMBURSEMENT PROGRAM

The Copayment Reimbursement Program is a unique benefit that reimburses out-of-pocket, in-network copayments above certain thresholds for office visits, prescription drugs, and hospital services. To use this program, employees must be enrolled through a Harvard-sponsored HMO, POS, or PPO plan. Out-of-network expenses and services not covered by the plan are ineligible.

2024 THRESHOLDS

ENROLLMENT STATUS	FTE SALARY*	OFFICE VISITS THRESHOLD	PRESCRIPTION DRUG THRESHOLD	HOSPITAL COPAYMENTS [†] THRESHOLD
INDIVIDUAL (Enrolled in individual coverage or other coverage level and submitting expenses for one family member only for the plan year)	< \$75,000	\$225	\$500	\$300
	\$75,000+	\$450	\$1,000	\$600
FAMILY (Enrolled in family coverage and submitting expenses for more than one family member at any point throughout the plan year)	< \$75,000	\$550	\$1,000	\$450
	\$75,000+	\$1,100	\$2,000	\$900

*FTE (full-time-equivalent) salary is your annual salary if you work full-time or, for those who work less than full-time, the salary that would be earned working full-time at the same rate of pay.

[†]Hospital copayments refer to copayments for emergency room, inpatient and outpatient hospital services, and high-tech imaging.

LOCAL 26 MEMBERS ONLY

If you are enrolled in one of the Harvard-sponsored HMO, POS, or PPO plans for 2024, a Supplemental Health Care Fund is available to help you with emergency room, hospital, and high-tech imaging copayments. You do not need to meet any salary or expense thresholds. Reimbursement claims for 2024 to the Supplemental Health Care Fund must be submitted by January 31, 2025. Go to benstrat.com/clients/harvard/ for details.



EVALUATE OTHER BENEFITS

DENTAL

MetLife Dental, Harvard's dental insurance carrier, offers in- and out-of-network coverage. Participants cannot be billed for costs above MetLife's negotiated rates when using in-network providers. Harvard's plan provides an extra level of protection in case of high expenses.

New for 2024: MetLife will be issuing new dental ID cards with a unique subscriber ID. You should receive your new card in December.

For more information, please visit hr.harvard.edu/dental.

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

In addition to the vision benefits offered under our medical plans, you can elect EyeMed's vision plan, which covers vision exams, eyewear, and contact lenses, and provides discounts on services such as laser surgery.

For more information, please visit hr.harvard.edu/vision.

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 (LTD) INSURANCE

Lower rates for 2024!

Optional LTD Insurance protects your financial security if you are unable to work for more than 180 days due to illness or injury. If you elect LTD Insurance during OE, you must provide proof of good health by completing an Evidence of Insurability form, which Harvard Benefits will send to you in December. This form can also be found at hr.harvard.edu/disability. Final approval comes from Lincoln Financial Group, the Plan Administrator.

For more information, please visit hr.harvard.edu/disability.

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

EVALUATE OTHER BENEFITS

SUPPLEMENTAL LIFE INSURANCE

You must be enrolled in Supplemental Life Insurance in order to apply for Dependent Life Insurance, which provides coverage for your spouse/domestic partner (DP) and/or dependent children. A Statement of Health form is required if enrolling or increasing Supplemental or Spouse/DP Life. For more information and Statement of Health forms, please visit hr.harvard.edu/disability.

WHO'S ELIGIBLE	COVERAGE CHOICES	REQUIREMENTS
SUPPLEMENTAL LIFE INSURANCE		
Employee	1x–6x annual salary (rounded to the nearest \$1,000 of coverage), up to \$2.5 million	Enroll or increase by completing a Statement of Health.*
DEPENDENT LIFE INSURANCE		
Spouse/DP	Option 1: \$25,000 Option 2: \$50,000 Option 3: \$75,000 Option 4: \$100,000	Enroll or increase by completing a Statement of Health* for your spouse/DP.
Dependent Child(ren) (from birth to age 26)	Option 1: \$5,000 Option 2: \$10,000	No Statement of Health is required. Enroll or increase during the OE period or at any other time by contacting the Benefits Office.

* MetLife will review your information and evaluate your request for coverage based on your answers to the health questions, MetLife's underwriting rules, and other information you authorize MetLife to review. In certain cases, MetLife may request additional information to evaluate your request for coverage. Final approval comes from the Metropolitan Life Insurance Company.

For important information about effective dates and special circumstances, please visit the [Life Insurance Overview](#).

IMPORTANT INFORMATION ABOUT BASIC LIFE INSURANCE REDUCTION

Please note: On the January 1 following your 67th and 70th birthdays (and every five years thereafter), your basic life insurance coverage amount reduces by 35%. You will receive a packet from MetLife outlining your options for porting or converting the reduction amount. Visit [HARVie](#) for details.

COST PER COVERED INDIVIDUAL (EMPLOYEE, SPOUSE/DP)			
AGE	MONTHLY COST PER \$1,000 OF INSURANCE*	AGE	MONTHLY COST PER \$1,000 OF INSURANCE*
< 25	\$0.022	55–59	\$0.156
25–29	\$0.025	60–64	\$0.199
30–34	\$0.029	65–69	\$0.363
35–39	\$0.035	70–74	\$0.578
40–44	\$0.043	75–79	\$1.061
45–49	\$0.064	80+	\$1.518
50–54	\$0.099		

* Based on age of employee, not age of spouse/DP.

Lower rates for 2024!

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.

EVALUATE YOUR OTHER BENEFITS



LEGAL PLAN

MetLife Legal Plans provide you, your spouse/domestic partner, and your dependent child(ren) with fully covered legal services from attorneys experienced in estate planning, civil suits, adoption, and much more. You'll have no deductibles, copays, claim forms, or usage limits when you use one of the 14,000 network attorneys, or you can choose an out-of-network attorney and be reimbursed for covered services (you pay any difference between the plan's payment and the attorney's charges for services). Some services are excluded under this plan, including employment-related matters, divorce, rental issues where the employee is the landlord, class actions, and more. Please go to hr.harvard.edu/employee-discounts for more information.

NEW! 2024 enhancements:

- Reproductive Assistance Law coverage, including 20 hours of legal services and related court work
- Four extra hours of attorney time and services per plan year for non-covered matters that are otherwise not excluded

If you are already enrolled in this benefit, your election will automatically continue unless you cancel it during OE. **OE is your only opportunity to enroll in or cancel coverage for 2024.** For more information, call MetLife at **800-821-6400**, Monday–Friday from 8:00 a.m. to 8:00 p.m. ET.



MONTHLY COST OF COVERAGE

\$16.50

IDENTITY THEFT PROTECTION

Get peace of mind and protect yourself against privacy breaches and fraud with Identity Theft Protection from Allstate Identity Protection (AIP). The protection provides full identity monitoring, proactive alerts, and full-service restoration if your identity is stolen. If you are already enrolled in this benefit, your election will automatically continue unless you cancel it during OE.

OE is your only opportunity to enroll in or cancel coverage for 2024. You must be actively at work to enroll in this program. **Once enrolled, you will need to activate your coverage. AIP will mail you instructions.** Learn more at hr.harvard.edu/employee-discounts.



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.

AVOID COMMON OPEN ENROLLMENT MISTAKES

“I missed the Open Enrollment deadline.”

Benefits OE is your once-a-year opportunity to change your benefits. If you miss the deadline—11:59 p.m. ET on Thursday, November 2, 2023—you won't be able to make changes until the next OE period unless you experience a qualifying life event like getting married or having a baby.

Helpful tips:

- Set an alert on your calendar so you don't miss OE
 - Don't wait until the last minute, if possible
- ➔ What is a qualifying life event? Visit hr.harvard.edu/life-events to learn more.

“I chose the wrong FSA.”

Here are the types of FSAs and what they can be used for:

1. **Dependent Care FSA** is for qualifying **day care expenses** for dependent children under the age of 13, or a disabled spouse, elderly parent, or another qualified dependent who is physically or mentally incapable of caring for themselves.
2. **Health Care FSA** is for qualifying medical expenses for you **and** your qualified dependents, including your spouse and dependent children.

Helpful tips:

- Prior to making your election, be sure to review the chart on **page 13**, and the **Flexible Spending Account 101: What You Need to Know** tutorial on HARVie.
- Choose a Dependent Care FSA if you will have qualifying day care expenses for a child under age 13 or for a qualified dependent adult.
- Choose a Health Care FSA if you or an eligible dependent will have qualifying health expenses.

“I accidentally elected more than the IRS allows in my Dependent Care FSA.”

For 2024, the maximum amount the IRS allows in a Dependent Care FSA is:

- \$5,000 per year for individuals or married couples who file jointly **OR**
- \$2,500 per year for married individuals who file separately.

This means that if you are married, and you and your spouse both contribute to Dependent Care FSAs, you must take care not to exceed the IRS household limit. If you do, you will be unable to change your election during the plan year unless you experience a qualifying life event. You may need to talk to your tax preparer about your options.

Helpful tip:

If you are married and file jointly, talk with your spouse before you submit your OE elections. If you both plan to elect a Dependent Care FSA through your employers, make sure your combined elections do not exceed \$5,000 for the 2024 calendar year.

“I didn't notice an enrollment error until the plan year began.”

If, for example, you accidentally elected a Dependent Care FSA instead of a Health Care FSA or forgot to enroll a dependent in the dental plan, you won't be able to make a correction until the next OE period unless you experience a qualifying life event.

Helpful tips:

- **Read carefully.** When making your elections online, take time to read all information and instructions, including any pop-up text.
- **Review before submitting.** Take a few minutes to carefully review your elections before hitting the Submit Enrollment button.
- **Check your Confirmation Statement.** Open the Confirmation of Elections Statement that is mailed to your home address in November as soon as you receive it. If you see an error, contact Harvard Benefits right away to see if a correction is allowed.

AVOID COMMON OPEN ENROLLMENT MISTAKES

“I changed my medical plan and later learned that my primary care provider (PCP) is not part of my new plan’s network.”

Harvard offers medical plans through BCBSMA and HUGHP.

- BCBSMA’s PCP network varies according to your specific plan—HMO, POS, or PPO.
- HUGHP’s PCP network of providers consists of:
 - For adult care: HUHS and Atrius Health (which includes all Harvard Vanguard locations)
 - For pediatric care: Any HMO Blue of Massachusetts network pediatrician or family medicine practitioner, which includes Mt. Auburn Pediatrics and Atrius Health

Helpful tips:

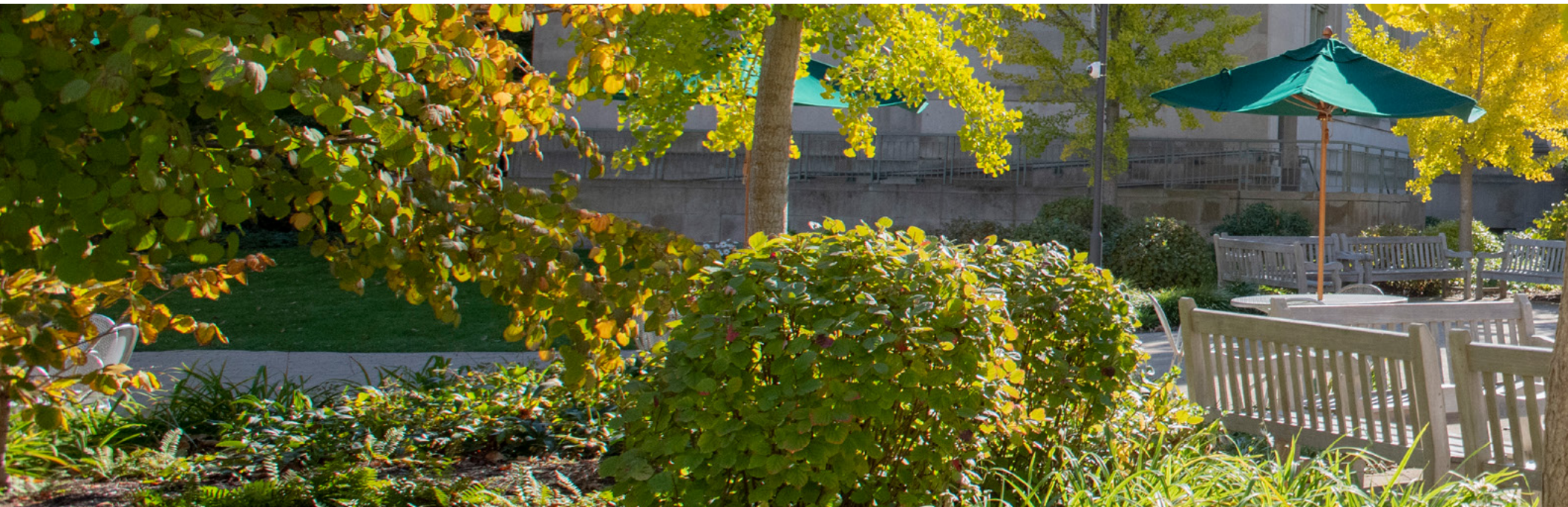
Before selecting a new plan, confirm that your preferred PCP is in-network:

- HUGHP: Visit the [website](#) or call **617-495-2008**.
- BCBSMA: Visit the [website](#) or call **888-389-7732**.

You can change PCPs at any time by calling your plan to make the change.

PLAN	PCP NETWORK
HUGHP HMO and POS	Adult <ul style="list-style-type: none"> • 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



ANSWERS TO FREQUENTLY ASKED QUESTIONS (FAQs)

1. How do I access my FSA funds?

Voya Financial will provide you with a debit card by January 1, 2024, which you can use to purchase eligible goods or services where accepted. Your full Health Care FSA election is available to you as of the date your coverage starts. Your Dependent Care FSA only allows you to be reimbursed for the amount in your account at the time you file for reimbursement. For all FSAs, if the provider doesn't accept debit cards, you can use another form of payment and file for reimbursement through Voya. Note: if you already have a valid debit card from Voya, you won't receive a new one until your current card expires.

2. My spouse contributes to an FSA. Can I also enroll in one?

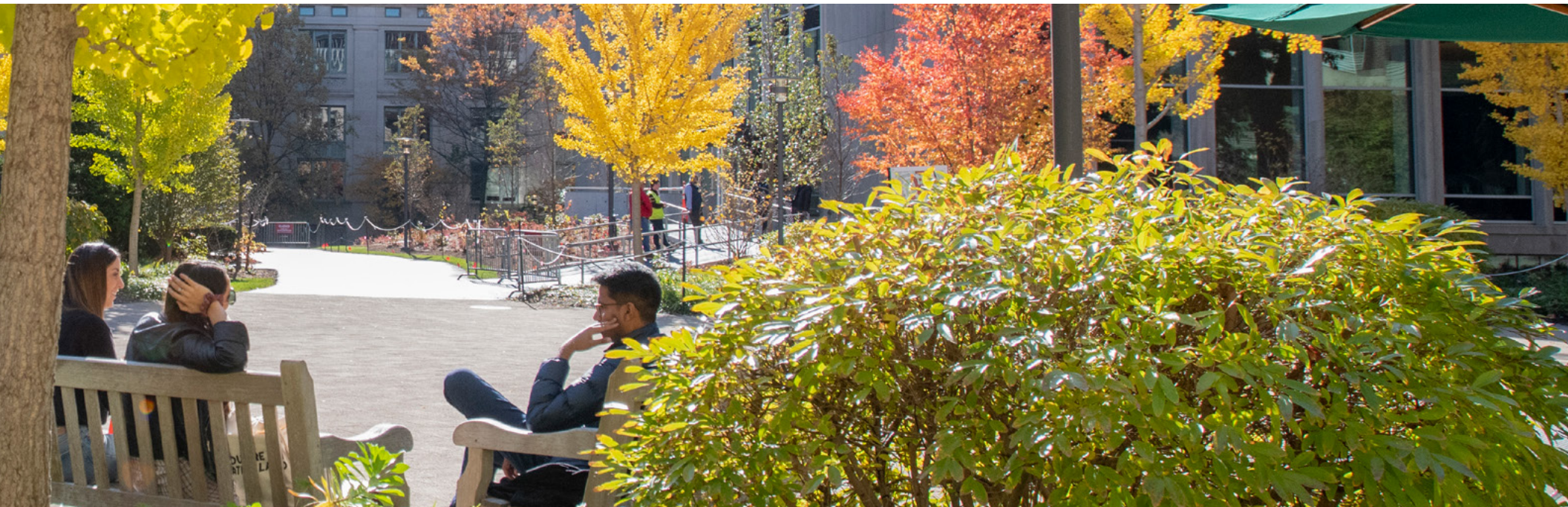
Yes. You and your spouse can separately enroll in FSAs; **however, you are limited to a \$5,000 Dependent Care FSA maximum contribution for your household.** Additionally, you cannot both apply FSA funds to the same expenses. The Health FSA does not have a household maximum. **Note:** if your spouse is enrolled in a Health Savings Account (HSA) through another employer, you are not eligible to enroll in Harvard's Health Care FSA.

3. What options do I have regarding behavioral health?

There is a diverse range of programs you can take advantage of to help you and your family live a healthier and happier life through BCBSMA's partnership with the [learntolive.com/partners](https://www.learntolive.com/partners) program. Here you can find a collection of self-directed online resources based on proven cognitive behavioral therapy (CBT). Use the code "HUWellbeing." You must be enrolled in a Harvard-sponsored BCBSMA or HUGHP plan. Additionally, if you and your dependent children are enrolled in a Harvard-sponsored BCBSMA or HUGHP plan and reside in Massachusetts or California, you may be eligible for behavioral health support for your family through [Brightline](#).

4. Is there an Employee Assistance Program (EAP)?

Yes. Harvard's EAP provides free, confidential help for you and your adult household members. Our EAP utilizes the services of KGA, a provider of several work/life services, including legal, financial, child care, and elder care resources; career support; and more. For assistance or to speak with a trained counselor 24/7, please call **877-EAP-HARV (877-327-4278)**.



ENROLL ONLINE

Benefits OE is available online via [PeopleSoft](#) from **8:00 a.m. ET on Tuesday, October 24, 2023, through 11:59 p.m. ET on Thursday, November 2, 2023.** (Due to nightly data processing, you may find it easier to make your elections between 6:00 a.m. and 9:00 p.m. ET.)

Select the PeopleSoft link at the top of any page on [HARvie](#) and log in using your HarvardKey. If you do not have internet access, please call Benefits at **617-496-4001** before November 1, 2023, to make enrollment arrangements. Elections will be effective as of January 1, 2024, except for LTD and life insurance, which are effective upon approval by the specific carrier.

Once you have logged in to [PeopleSoft](#), click on the **Open Enrollment** tile. This will bring you to the **Welcome to Open Enrollment 2024** page, where you may enroll or make changes. **Please read the information on this page before moving to the next step.**

HOW TO ENROLL OR MAKE CHANGES

- Follow the steps on the left of the page, starting with **Make Your Elections**, where you will see your current benefit elections and options for 2024. If you make no changes, your current elections will be effective as of January 1, 2024—except for your FSA, which requires an active election every year.
- Click on the Benefit tile to make any desired changes to your coverage, including adding an eligible dependent. If you do not want to make any changes, you do not need to take any action unless you want an FSA for 2024.
- If you want to add a new dependent to coverage, including dependent life insurance, during OE you must submit **documentation** to Benefits showing your dependent's relationship to you no later than **December 1, 2023**. By clicking on the benefit plan in question, you can verify dependent information for your spouse/DP and child(ren). If documentation is not received by the deadline, your dependents won't be enrolled in coverage.
- Your elections are not complete until you hit the **Submit Enrollment** button on the **Make Your Elections** page. (If you click **Done**, your elections will not be completed—you must click the **Submit Enrollment** button.)
- If you have successfully submitted your elections, you will receive an acknowledgment email by the next day.
- You can also conveniently review and update your personal information in PeopleSoft by following the steps in the left menu of the page.

SYSTEM REQUIREMENTS



For the best experience with PeopleSoft Self-Service, we recommend using Firefox or Chrome.

Don't have a HarvardKey? If you don't have a HarvardKey to log into PeopleSoft, you can get one by:

- Visiting key.harvard.edu and following the prompts to **Claim Your HarvardKey**.
- Calling **617-495-7777** or emailing ithelp@harvard.edu if you have any questions.

ENROLL ONLINE

CONFIRM YOUR DEPENDENTS

To confirm your covered dependents' information, log into [PeopleSoft](#) and go to **My Self-Service > My Benefits > Dependent/Beneficiary Info**. To correct any information, please contact Benefits at **617-496-4001** any business day between 9:00 a.m. and 5:00 p.m. ET. To comply with federal regulations, Harvard collects Social Security numbers (SSNs) of dependents who are covered by a Harvard-provided medical plan. Please note: this is not a record of your life insurance beneficiary designation. It is a listing of dependents who have been covered on a Harvard health plan, either currently or in the past. For details on confirming your life insurance beneficiaries, refer to [HARVie](#).

REVIEW YOUR 2024 OE ELECTIONS

You will receive a confirmation of your elections from Harvard in November at your home address on file, even if you made no changes. Please open and review this notification immediately and contact Harvard Benefits if there are any errors.

If you enroll in or change your medical or vision care coverage during OE, you will receive your plan ID card(s) in late December. Everyone enrolled in the dental plan will receive new ID cards in December. If you elect an FSA for the first time in 2024, you will receive a Voya debit card in December.

Want to see your changes before receiving the confirmation? Beginning November 6, you may view your 2024 elections online by logging into [PeopleSoft](#) and going to **My Self-Service > My Benefits > Benefits Summary**; at the top of the page, go to the "as of date" and enter "1/1/24" to view your 2024 coverage.





HARVARD
Human Resources

Have questions? We can help.

Email benefits@harvard.edu anytime,
or call **617-496-4001** any business day
between 9:00 a.m. and 5:00 p.m. ET.

**Remember: You must make your
benefit elections by**

11:59 P.M. ET

THURSDAY, NOVEMBER 2, 2023.



This brochure has been designed to acquaint you with the features of the 2024 benefit plans, and we have made every attempt to summarize these programs accurately. If there is any inconsistency between this brochure and Harvard's formal plans and contracts, the actual provisions of each plan will govern.

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**Learn more about
your benefits**

