



## 2024 PLAN RATES FOR RETIREES AGED 65 AND OVER

### Monthly Rates for Those Retiring on or After January 1, 1996<sup>1</sup>

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

#### Senior Plan 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	
20+	\$418	\$179	30%	\$418	\$181	30%	\$418	\$206	33%
19	\$400	\$197	33%	\$400	\$199	33%	\$400	\$224	36%
18	\$382	\$215	36%	\$382	\$217	36%	\$382	\$242	39%
17	\$364	\$233	39%	\$364	\$235	39%	\$364	\$260	42%
16	\$346	\$251	42%	\$346	\$253	42%	\$346	\$278	45%
15	\$328	\$269	45%	\$328	\$271	45%	\$328	\$296	47%
14	\$310	\$287	48%	\$310	\$289	48%	\$310	\$314	50%
13	\$293	\$304	51%	\$293	\$306	51%	\$293	\$331	53%
12	\$275	\$322	54%	\$275	\$324	54%	\$275	\$349	56%
11	\$257	\$340	57%	\$257	\$342	57%	\$257	\$367	59%
10	\$239	\$358	60%	\$239	\$360	60%	\$239	\$385	62%

**How to read the chart above:** Along the top of the chart are the three Senior Medical Plan options and below is the total monthly rate for each plan. Down the left side, find your years of pensionable service, then follow this across to the option of your choice to see the monthly amount Harvard will contribute for each individual plan, what your monthly cost will be, and what percent your cost is of the total monthly rate. Costs are rounded to the nearest dollar; retiree contribution reflects actual retiree cost for 2024.

#### 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 20 years of pensionable service, the subsidy reaches the 70% maximum. If you select one of the other senior medical plan options, the amount of the BCBS Medex subsidy is applied toward the cost of that option. Senior plans are all individual plans; if you cover an eligible dependent on a senior plan, you pay a monthly contribution for each.

For more information on post-retirement eligibility requirements, costs, and subsidies, please see:  
[Hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf](https://hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf)

## Retirees and Eligible Dependents Under Age 65

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

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

Monthly Cost	Tier 1 Less than \$60,000				Tier 2 \$60,000 - \$84,999			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGHP*</b>	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326
<b>BCBSMA</b>	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGHP*</b>	\$143	\$367	\$355	\$396	\$159	\$409	\$395	\$440
<b>BCBSMA</b>	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504

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
<b>HMO</b>								
<b>HUGHP*</b>	\$159	\$407	\$393	\$438	\$199	\$510	\$493	\$549
<b>BCBSMA</b>	\$182	\$467	\$451	\$503	\$222	\$570	\$551	\$614
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGHP*</b>	\$200	\$512	\$494	\$552	\$240	\$615	\$594	\$663
<b>BCBSMA</b>	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727

Monthly Cost	Tier 5 \$160,000 and above			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>				
<b>HUGHP*</b>	\$242	\$620	\$599	\$667
<b>BCBSMA</b>	\$265	\$680	\$657	\$732
<b>POS (BCBSMA PPO if you live outside New England)</b>				
<b>HUGHP*</b>	\$283	\$725	\$700	\$781
<b>BCBSMA</b>	\$306	\$785	\$758	\$845

\* You must reside in Massachusetts to enroll in HUGHP. Adult primary care is located primarily in Eastern Massachusetts.

**Local 26 and HUSPMGU (retired between 9/4/2014 and 11/26/2022)**

Monthly Cost	Tier 1 Less than \$55,000		Tier 2 \$55,000 – \$74,999	
	Individual	Family	Individual	Family
<b>HMO</b>				
<b>HUGHP*</b>	\$102	\$276	\$118	\$319
<b>BCBSMA</b>	\$125	\$339	\$141	\$382
<b>POS (BCBSMA PPO if you live outside New England)</b>				
<b>HUGHP*</b>	\$143	\$387	\$159	\$430
<b>BCBSMA</b>	\$166	\$450	\$182	\$493

Monthly Cost	Tier 3 \$75,000 – \$99,999		Tier 4 \$100,000 and above	
	Individual	Family	Individual	Family
<b>HMO</b>				
<b>HUGHP*</b>	\$159	\$428	\$199	\$537
<b>BCBSMA</b>	\$182	\$491	\$222	\$600
<b>POS (BCBSMA PPO if you live outside New England)</b>				
<b>HUGHP*</b>	\$200	\$539	\$240	\$648
<b>BCBSMA</b>	\$223	\$602	\$263	\$711

**SEIU Arboretum**

Monthly Cost	Tier 1 Less than \$55,000				Tier 2 \$55,000 - \$74,999			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGHP*</b>	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326
<b>BCBSMA<sup>†</sup></b>	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGHP*</b>	\$143	\$367	\$355	\$396	\$159	\$409	\$395	\$440
<b>BCBSMA<sup>†</sup></b>	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504

Monthly Cost	Tier 3 \$75,000 – \$99,999				Tier 4 \$100,000 and above			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGHP*</b>	\$159	\$407	\$393	\$438	\$199	\$510	\$493	\$549
<b>BCBSMA<sup>†</sup></b>	\$182	\$467	\$451	\$503	\$222	\$570	\$551	\$614
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGHP*</b>	\$200	\$512	\$494	\$552	\$240	\$615	\$594	\$663
<b>BCBSMA<sup>†</sup></b>	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727

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## SEIU Custodian

Monthly Cost	Tier 1 Less than \$60,000				Tier 2 \$60,000 - \$79,999			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGH*</b>	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326
<b>BCBSMA</b>	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGH*</b>	\$143	\$367	\$355	\$396	\$159	\$409	\$395	\$440
<b>BCBSMA</b>	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504

Monthly Cost	Tier 3 \$80,000 – \$99,999				Tier 4 \$100,000 and above			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGH*</b>	\$159	\$407	\$393	\$438	\$199	\$510	\$493	\$549
<b>BCBSMA</b>	\$182	\$467	\$451	\$503	\$222	\$570	\$551	\$614
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGH*</b>	\$200	\$512	\$494	\$552	\$240	\$615	\$594	\$663
<b>BCBSMA</b>	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727

## ATC and HUPA

Monthly Cost	Tier 1 Less than \$60,000				Tier 2 \$60,000 - \$79,999			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGH*</b>	\$102	\$262	\$254	\$282	\$118	\$304	\$294	\$326
<b>BCBSMA<sup>†</sup></b>	\$125	\$322	\$312	\$347	\$141	\$364	\$352	\$391
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGH*</b>	\$143	\$367	\$355	\$395	\$159	\$409	\$395	\$440
<b>BCBSMA<sup>†</sup></b>	\$166	\$427	\$413	\$460	\$182	\$469	\$453	\$504

Monthly Cost	Tier 3 \$80,000 – \$109,999				Tier 4 \$110,000 and above			
	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family	Individual	Individual+ Spouse/DP	Individual+ Child(ren)	Family
<b>HMO</b>								
<b>HUGH*</b>	\$159	\$407	\$393	\$438	\$199	\$510	\$493	\$549
<b>BCBSMA<sup>†</sup></b>	\$182	\$467	\$451	\$503	\$222	\$570	\$551	\$614
<b>POS (BCBSMA PPO if you live outside New England)</b>								
<b>HUGH*</b>	\$200	\$512	\$494	\$552	\$240	\$615	\$594	\$663
<b>BCBSMA<sup>†</sup></b>	\$223	\$572	\$552	\$616	\$263	\$675	\$652	\$727

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## Retiree Dental Plan Monthly Rates

### Retired Members of ATC, HUPA , HUCTW,\* and SEIU

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

### Retired Members of Local 26 and HUSPMGU<sup>†</sup>

Individual	Family
\$60.79	\$119.79

### HURA Dental Plan

The HURA Dental Plan has been closed to new enrollees since before 2000

Individual	Family
\$52.77	\$104.08

## 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.

\* Includes HUSPMGU retired on or after 11/27/2022

<sup>†</sup> HUSPMGU retired between 9/4/2014 and 11/26/2022