



2024 PLAN RATES FOR RETIREES AGED 65 AND OVER

Monthly Rates for Unions Hired or Rehired on or After January 1, 2014
(or on or after January 1, 2020 for SEIU Arboretum)

- ATC, HUCTW, HUPA, Local 26, and SEIU Custodian Union Hired/Rehired on or after January 1, 2016
- SEIU Arboretum Union Hired/Rehired on or after January 1, 2020

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+	\$337	\$260	44%	\$337	\$262	44%	\$337	\$287	46%
29	\$327	\$270	45%	\$327	\$272	45%	\$327	\$297	48%
28	\$317	\$280	47%	\$317	\$282	47%	\$317	\$307	49%
27	\$308	\$289	48%	\$308	\$291	49%	\$308	\$316	51%
26	\$298	\$299	50%	\$298	\$301	50%	\$298	\$326	52%
25	\$289	\$308	52%	\$289	\$310	52%	\$289	\$335	54%
24	\$279	\$318	53%	\$279	\$320	53%	\$279	\$345	55%
23	\$270	\$327	55%	\$270	\$329	55%	\$270	\$354	57%
22	\$260	\$337	56%	\$260	\$339	57%	\$260	\$364	58%
21	\$251	\$346	58%	\$251	\$348	58%	\$251	\$373	59%
20	\$241	\$356	60%	\$241	\$358	60%	\$241	\$383	61%
19	\$230	\$367	61%	\$230	\$369	62%	\$230	\$394	63%
18	\$221	\$376	63%	\$221	\$378	63%	\$221	\$403	65%
17	\$211	\$386	65%	\$211	\$388	65%	\$211	\$413	66%
16	\$202	\$395	66%	\$202	\$397	66%	\$202	\$422	68%
15	\$192	\$405	68%	\$192	\$407	68%	\$192	\$432	69%

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. As of 2020, the University's subsidy amount is capped at a 3% increase per year.

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 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.

Medical Plan Rates for Retirees and Eligible Dependents Under Age 65

How to read the charts below: Select your coverage level, depending upon whether you cover just yourself (or just your spouse/domestic partner under age 65), or yourself (or just your spouse/domestic partner under age 65) and eligible dependents. Along the top of the charts are medical plan options for retirees under age 65. Down the left side, find your years of pensionable service, then follow this across to your medical plan choice to see your monthly cost for 2024.

While retirees under age 65 have access to the same plans as active employees, the premium rates are calculated separately based on the usage/experience of those enrolled (retirees and their dependents). The University pays a portion of the premium. At 30 years of pensionable service, the subsidy reaches the maximum. As of 2020, the University's subsidy amount is capped at a 3% increase per year. All costs shown are for union retirees hired or re-hired on or after January 1, 2016 (January 1, 2020 for SEIU Arboretum) and meeting post-retirement requirements under these rules; for details, please see hr.harvard.edu/files/humanresources/files/retireehealthplan.pdf

Local 26

Individual Only Coverage

Plans & Total Monthly Cost	HMO		POS	
	HUGHP*	BCBS	HUGHP*	BCBS (Also PPO)
	\$1,168	\$1,201	\$1,227	\$1,260
Years of Service	Retiree Share			
30+	\$392	\$403	\$412	\$422
29	\$415	\$426	\$435	\$446
28	\$437	\$449	\$459	\$471
27	\$459	\$471	\$482	\$495
26	\$481	\$494	\$505	\$518
25	\$503	\$517	\$528	\$542
24	\$525	\$539	\$552	\$566
23	\$547	\$563	\$575	\$590
22	\$569	\$586	\$599	\$614
21	\$591	\$608	\$622	\$638
20	\$613	\$631	\$645	\$661
19	\$637	\$654	\$668	\$686
18	\$659	\$676	\$691	\$710
17	\$681	\$699	\$714	\$734
16	\$703	\$722	\$737	\$757
15	\$725	\$745	\$762	\$781

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

Family Coverage

Plans & Total Monthly Cost	HMO		POS	
	HUGHP*	BCBS	HUGHP*	BCBS (Also PPO)
	\$3,152	\$3,243	\$3,313	\$3,404
Years of Service	Retiree Share			
30+	\$1,057	\$1,089	\$1,112	\$1,143
29	\$1,117	\$1,149	\$1,175	\$1,208
28	\$1,177	\$1,211	\$1,238	\$1,272
27	\$1,237	\$1,273	\$1,301	\$1,337
26	\$1,296	\$1,334	\$1,364	\$1,401
25	\$1,357	\$1,396	\$1,427	\$1,466
24	\$1,417	\$1,458	\$1,489	\$1,531
23	\$1,476	\$1,519	\$1,552	\$1,595
22	\$1,536	\$1,580	\$1,615	\$1,660
21	\$1,596	\$1,642	\$1,678	\$1,724
20	\$1,656	\$1,704	\$1,741	\$1,789
19	\$1,715	\$1,766	\$1,804	\$1,854
18	\$1,776	\$1,827	\$1,866	\$1,918
17	\$1,836	\$1,889	\$1,929	\$1,983
16	\$1,895	\$1,950	\$1,992	\$2,047
15	\$1,955	\$2,011	\$2,055	\$2,112

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ATC, HUCTW, HUPA, SEIU Arboretum, and SEIU Custodiam

Individual Only Coverage

Plans & Total Monthly Cost	HMO		POS	
	HUGHP*	BCBS	HUGHP*	BCBS (Also PPO)
	\$1,168	\$1,201	\$1,227	\$1,260
Years of Service	Retiree Share			
30+	\$392	\$403	\$412	\$422
29	\$415	\$426	\$435	\$446
28	\$437	\$449	\$459	\$471
27	\$459	\$471	\$482	\$495
26	\$481	\$494	\$505	\$518
25	\$503	\$517	\$528	\$542
24	\$525	\$539	\$552	\$566
23	\$547	\$563	\$575	\$590
22	\$569	\$586	\$599	\$614
21	\$591	\$608	\$622	\$638
20	\$613	\$631	\$645	\$661
19	\$637	\$654	\$668	\$686
18	\$659	\$676	\$691	\$710
17	\$681	\$699	\$714	\$734
16	\$703	\$722	\$737	\$757
15	\$725	\$745	\$762	\$781

Individual Plus Spouse/Domestic Partner Coverage

Plans & Total Monthly Cost	HMO		POS	
	HUGHP*	BCBS	HUGHP*	BCBS (Also PPO)
	\$2,997	\$3,084	\$3,149	\$3,236
Years of Service	Retiree Share			
30+	\$1,005	\$1,034	\$1,056	\$1,086
29	\$1,061	\$1,093	\$1,116	\$1,148
28	\$1,118	\$1,151	\$1,175	\$1,208
27	\$1,176	\$1,210	\$1,235	\$1,270
26	\$1,232	\$1,268	\$1,296	\$1,332
25	\$1,289	\$1,327	\$1,355	\$1,393
24	\$1,345	\$1,386	\$1,415	\$1,454
23	\$1,403	\$1,444	\$1,474	\$1,516
22	\$1,460	\$1,503	\$1,535	\$1,578
21	\$1,516	\$1,561	\$1,594	\$1,638
20	\$1,574	\$1,620	\$1,654	\$1,700
19	\$1,631	\$1,678	\$1,713	\$1,762
18	\$1,687	\$1,737	\$1,773	\$1,823
17	\$1,744	\$1,795	\$1,834	\$1,884
16	\$1,802	\$1,854	\$1,893	\$1,946
15	\$1,858	\$1,913	\$1,953	\$2,008

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Individual Plus Children Coverage

Plans & Total Monthly Cost	HMO		POS	
	HUGHP*	BCBS	HUGHP*	BCBS (Also PPO)
	\$2,898	\$2,982	\$3,044	\$3,129
Years of Service	Retiree Share			
30+	\$970	\$998	\$1,019	\$1,048
29	\$1,025	\$1,055	\$1,077	\$1,108
28	\$1,080	\$1,112	\$1,134	\$1,168
27	\$1,135	\$1,168	\$1,193	\$1,227
26	\$1,190	\$1,226	\$1,250	\$1,286
25	\$1,245	\$1,282	\$1,309	\$1,345
24	\$1,300	\$1,338	\$1,366	\$1,405
23	\$1,356	\$1,395	\$1,424	\$1,464
22	\$1,411	\$1,452	\$1,482	\$1,524
21	\$1,466	\$1,509	\$1,540	\$1,583
20	\$1,521	\$1,565	\$1,597	\$1,643
19	\$1,576	\$1,621	\$1,655	\$1,702
18	\$1,631	\$1,679	\$1,713	\$1,762
17	\$1,686	\$1,735	\$1,771	\$1,821
16	\$1,741	\$1,792	\$1,829	\$1,881
15	\$1,797	\$1,849	\$1,886	\$1,940

Family Coverage

Plans & Total Monthly Cost	HMO		POS	
	HUGHP*	BCBS	HUGHP*	BCBS (Also PPO)
	\$3,223	\$3,317	\$3,388	\$3,481
Years of Service	Retiree Share			
30+	\$1,081	\$1,113	\$1,137	\$1,168
29	\$1,141	\$1,176	\$1,201	\$1,234
28	\$1,203	\$1,239	\$1,266	\$1,300
27	\$1,264	\$1,302	\$1,330	\$1,366
26	\$1,325	\$1,364	\$1,393	\$1,432
25	\$1,386	\$1,427	\$1,459	\$1,499
24	\$1,448	\$1,491	\$1,522	\$1,565
23	\$1,509	\$1,554	\$1,586	\$1,631
22	\$1,570	\$1,617	\$1,651	\$1,697
21	\$1,631	\$1,680	\$1,715	\$1,763
20	\$1,693	\$1,743	\$1,779	\$1,828
19	\$1,754	\$1,805	\$1,844	\$1,894
18	\$1,815	\$1,868	\$1,908	\$1,961
17	\$1,877	\$1,931	\$1,973	\$2,027
16	\$1,937	\$1,994	\$2,037	\$2,093
15	\$1,999	\$2,058	\$2,101	\$2,159

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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.