

2024
BENEFITS

Harvard Faculty, Administrative and
Professional Staff, and Other Nonunion Staff

OPEN ENROLLMENT
October 24–November 2, 2023



HARVARD
Human Resources

COMPARE MEDICAL PLANS

YOUR MEDICAL PLAN OPTIONS

Harvard offers you a choice of several medical plans. For 2024, Harvard will offer subsidized medical coverage from **Harvard University Group Health Plan** (HUGHP) and **Blue Cross Blue Shield of MA** (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.	✓	✓
POS Plus – Offering the same benefits as a traditional POS, the POS Plus plan has higher premiums and a higher out-of-pocket maximum in exchange for no deductible or coinsurance for in-network services.	✓	✓
High Deductible Health Plan (HDHP) – Featuring lower premiums and higher deductibles than a traditional health plan, an HDHP is offered in conjunction with an HSA. See page 12 for more information on HSAs.	✓	
Preferred Provider Organization (PPO) – This plan 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.	✓	
PPO Plus – This plan is available only to subscribers who reside outside of New England. It offers the same benefits as a traditional PPO but has higher premiums and a higher out-of-pocket maximum in exchange for no deductible or coinsurance for in-network services.	✓	

* If you enroll in a BCBSMA plan other than the HDHP, 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.

Want to know more about your medical plan options? Visit hr.harvard.edu/medical.

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 Open Enrollment 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.

HDHP is a medical plan with a higher deductible and, typically, lower monthly premium. However, you pay more health care costs yourself (deductible) before the plan starts to pay. Usually offered with a Health Savings Account (HSA).

HEALTH SAVINGS ACCOUNT (HSA) is a type of savings account that lets you set aside money on a pretax basis to pay for qualified medical expenses. You must be enrolled in an HDHP to contribute.

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	HMO	POS PPO*	POS PLUS PPO PLUS*	HDHP†
DEDUCTIBLE				
Per Individual	\$250	\$250	None	\$1,700
Family Maximum	\$750	\$750	None	\$3,400‡
OUT-OF-POCKET (OOP) MAXIMUM				
Per Individual	\$1,500	\$1,500	\$2,000	\$3,400
Family Maximum	\$4,500	\$4,500	\$6,000	\$6,800‡
MEMBER COSTS				
Inpatient Hospital	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Fully covered, no OOP cost to member	Deductible, then 15% coinsurance
Emergency Room	\$100 copay	\$100 copay	\$100 copay	Deductible, then 15% coinsurance
Preventive Care as Defined by Affordable Care Act	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member
Office Visits—PCP & Specialist	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
Telehealth via Well Connection (and non-Well Connection for behavioral health)	\$15 copay	\$15 copay	\$15 copay	Deductible, then 15% coinsurance
Physical/Occupational Therapy (limited to 100 visits per calendar year)	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
Chiropractic Care (limited to 18 visits per calendar year)	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
Acupuncture (limited to 20 visits per calendar year)	\$30 copay	\$30 copay	\$30 copay	Deductible, then 15% coinsurance
High-Tech Imaging (MRI, PET scan, CT scan, etc.)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Fully covered, no OOP cost to member	Deductible, then 15% coinsurance
Mental Health/Substance Abuse	Inpatient: deductible, then 10% coinsurance Outpatient: \$30 copay Telehealth: \$15 copay	Inpatient: deductible, then 10% coinsurance Outpatient: \$30 copay Telehealth: \$15 copay	Inpatient: fully covered Outpatient: \$30 copay Telehealth: \$15 copay	Deductible, then 15% coinsurance
Outpatient Diagnostic Labs/X-Rays	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Deductible, then 15% coinsurance

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

† Under the HDHP, amounts paid for both in-network and out-of-network care can be combined to satisfy the deductible.

‡ Unlike with the HMO, POS, and PPO plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual, and you must reach the full family out-of-pocket maximum before the plan covers the costs in full for any individual.

COMPARE MEDICAL PLANS

2024 HEALTH PLANS

OUT-OF-NETWORK	POS PPO*	POS PLUS PPO PLUS*	HDHP†
DEDUCTIBLE			
Per Individual	\$750	\$750	\$1,700
Family Maximum	\$2,500	\$2,500	\$3,400‡
OUT-OF-POCKET MAXIMUM			
Per Individual	\$2,500	\$2,500	\$6,800
Family Maximum	\$7,500	\$7,500	\$13,600‡
MEMBER COSTS			
Member-Paid Coinsurance	30% after out-of-network deductible	30% after out-of-network deductible	35% after out-of-network deductible
Mental Health	Inpatient: deductible, then 30% coinsurance Outpatient: 20% coinsurance, no deductible	Inpatient: deductible, then 30% coinsurance Outpatient: 20% coinsurance, no deductible	Deductible, then 35% coinsurance

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

† Under the HDHP, amounts paid for both in-network and out-of-network care can be combined to satisfy the deductible.

‡ Unlike the HMO, POS, and PPO plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual, and you must reach the full family out-of-pocket maximum before the plan covers the costs in full for any individual.

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

* Unlike with other plans, if you enroll in HDHP coverage, you must meet the deductible before prescription copayments apply. If you have HDHP family coverage, you must meet the full family deductible before prescription drug copayment costs apply. You do not need to satisfy the deductible to receive the drugs on the preventive medications list at the copays listed above. Per IRS guidelines, only drugs on preventive medication lists may bypass the deductible.

COMPARE MEDICAL PLANS

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 2024, Tiers 2–4 have been adjusted upwards, and a new Tier 5 has been added. You will automatically be placed in the right tier based on your FTE salary.

MONTHLY COST BY SALARY TIER	TIER 1 LESS THAN \$60,000				TIER 2 \$60,000–\$84,999			
	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE/DP	EMPLOYEE + CHILD(REN)	FAMILY
HMO								
HUGHP*	\$98	\$253	\$245	\$272	\$114	\$293	\$283	\$315
BCBSMA	\$121	\$312	\$302	\$336	\$137	\$352	\$340	\$379
POS								
HUGHP*	\$142	\$363	\$352	\$392	\$158	\$403	\$390	\$435
BCBSMA	\$166	\$423	\$409	\$456	\$182	\$463	\$447	\$499
POS Plus								
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
PPO†								
BCBSMA	\$166	\$423	\$409	\$456	\$182	\$463	\$447	\$499
PPO Plus†								
BCBSMA	\$182	\$467	\$452	\$504	\$198	\$507	\$490	\$547

* 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.