



**HARVARD**  
Human Resources

**YOUR 2019 PROGRAMS AND PREMIUMS**

# AT A GLANCE

**FACULTY, ADMINISTRATIVE AND  
PROFESSIONAL STAFF, AND OTHER  
NONUNION STAFF**



## BENEFITS CONTACTS

**Have questions or need more information about your benefits?** Here's where you can find more information and answers. Remember: You can always find the latest benefits contact information at [hr.harvard.edu/vendor-contacts](https://hr.harvard.edu/vendor-contacts).

TOPIC	WHOM TO CONTACT	PHONE	ONLINE
<b>General Benefits Questions</b>	Harvard Benefits	617-496-4001	<a href="https://hr.harvard.edu/health-welfare-benefits">hr.harvard.edu/health-welfare-benefits</a> <a href="mailto:benefits@harvard.edu">benefits@harvard.edu</a>
<b>Dental Coverage</b>	Delta Dental	800-872-0500	<a href="https://deltadentalma.com">deltadentalma.com</a>
<b>Disability—Short Term (STD) and Long Term (LTD)</b>	Lincoln Financial Group	844-600-3978 (toll-free Harvard-dedicated line)	<a href="https://MyLincolnPortal.com">MyLincolnPortal.com</a>
<b>Flexible Spending Accounts (FSAs)—Health Care, Dependent Care, Limited Purpose</b> <b>Health Savings Account (HSA)</b>	Benefit Strategies	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	<a href="https://benstrat.com">benstrat.com</a> <a href="mailto:hvdflex@benstrat.com">hvdflex@benstrat.com</a>
<b>Legal Coverage</b>	Hyatt Legal Plan	800-821-6400	<a href="https://info.legalplans.com">info.legalplans.com</a> Access code: 9260452
<b>Life Insurance</b>	MetLife	800-638-6420 (Prompt 1)	<a href="https://metlife.com">metlife.com</a>
<b>Long Term Care (LTC) Insurance</b>	Genworth Life Insurance Company	800-416-3624	<a href="https://genworth.com/harvard">genworth.com/harvard</a>
<b>Identity Theft Protection</b>	InfoArmor	800-789-2720	<a href="https://infoarmor.com">infoarmor.com</a>
<b>Medical Coverage Questions:</b> Service Areas, Costs, Provider Networks, Emergency Coverage, and Referrals	Harvard University Group Health Plan (HUGHP): HMO, POS, POS Plus, and HDHP	617-495-2008	<a href="https://hughp.harvard.edu">hughp.harvard.edu</a>
	Harvard Pilgrim Health Care (HPHC): HMO, POS, POS Plus, and HDHP	888-333-4742	<a href="https://harvardpilgrim.org">harvardpilgrim.org</a>
<b>Prescription Drug Coverage</b>	Express Scripts (Harvard's Pharmacy Benefit Manager)	877-787-8684	<a href="https://express-scripts.com">express-scripts.com</a>
<b>Reimbursement Program</b>	Benefit Strategies	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	<a href="https://benstrat.com">benstrat.com</a> <a href="mailto:hvdflex@benstrat.com">hvdflex@benstrat.com</a>
<b>Tax-Deferred Annuity (TDA) Plan and Retirement Programs</b>	Harvard University Retirement Center (HURC)	800-527-1398	<a href="https://hr.harvard.edu/retirement">hr.harvard.edu/retirement</a>
	Fidelity	800-343-0860	<a href="https://fidelity.com/atwork">fidelity.com/atwork</a>
	TIAA	800-527-1398 Appointments: 800-732-8353	<a href="https://tiaa-cref.org">tiaa-cref.org</a>
	Vanguard	800-523-1188 Appointments: 800-662-0106, ext. 14500	<a href="https://vanguard.com">vanguard.com</a> <a href="https://meetvanguard.com">meetvanguard.com</a>
<b>Tuition Assistance Plan (TAP) and Tuition Reimbursement Plan (TRP)</b>	TAP Guidelines	617-496-4001	<a href="https://hr.harvard.edu/tuition-assistance">hr.harvard.edu/tuition-assistance</a>
	Non-Harvard course reimbursements: Benefit Strategies, LLC	855-HVD-FLEX (855-483-3539) (F) 603-232-1854	<a href="https://benstrat.com/harvard">benstrat.com/harvard</a> <a href="mailto:hvdtuition@benstrat.com">hvdtuition@benstrat.com</a>
<b>Vision Care</b>	Davis Vision	800-448-8245	<a href="https://davisvision.com/members">davisvision.com/members</a> Client Code 2556

# WELCOME TO YOUR HARVARD UNIVERSITY BENEFITS!

At Harvard, we are committed to offering an array of benefits that are part of your generous total rewards package. We encourage you to take the time to review your benefit options so that you can make the best choices for you and your family. And remember: You have **30 days from your date of hire or qualifying life event to make your benefit elections.**

## GET TO KNOW ALEX<sup>®</sup> YOUR MEDICAL PLAN COMPARISON TOOL

**Want help comparing your medical plan options?** ALEX is an interactive, animated, and personalized online tool that takes you through a series of questions to help determine the plan that may be right for you. Use it to compare your medical plan options, review coverage details, view dental and vision premiums, and more.

ALEX uses the responses you provide—including information about your family situation, location, coverage needs, and preferences—to help you make decisions. A practical and easy-to-use resource, ALEX makes it simple to choose your benefits. Visit [hr.harvard.edu/health-welfare-benefits](http://hr.harvard.edu/health-welfare-benefits) to get started.

The image displays three overlapping screenshots of the ALEX benefits tool interface. The top-left screenshot shows the 'alex' logo and 'Harvard University' branding, with the headline 'ALEX can help you make your best benefits decisions ever.' Below this is a 'Get Started' button and a disclaimer: 'ALEX provides a summary of your benefits and is accurate to the best of our knowledge. But you should fully review all of your benefits documents before enrolling. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. This is not an application for enrollment.' A note at the bottom states: 'ALEX is only for Harvard University Faculty and Nonunion Staff. Remember to enroll via PeopleSoft at [hr.harvard.edu](http://hr.harvard.edu).' The middle screenshot shows a 'Your Benefits' menu with the following items and 'GO' buttons: Medical, Dental, Vision, Tax Savings, Pharmacy Savings, New Benefits for 2018, and Enrollment. The bottom-right screenshot shows a recommendation: 'I'd recommend we start with Medical. I'll note any decisions you make, and you can take those with you when you go to enroll.'

# FACULTY, ADMINISTRATIVE AND PROFESSIONAL STAFF, AND OTHER NONUNION STAFF

## 2019 HEALTH PLANS (HPHC AND HUGHP)

Harvard offers subsidized medical coverage from Harvard University Group Health Plan (HUGHP) and Harvard Pilgrim Health Care (HPHC). You may select individual or family coverage from the following types of plans:

- **Health Maintenance Organization (HMO)**—With an HMO, you select a primary care physician (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 Plan (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**—With 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, the HDHP is offered in conjunction with an HSA. Except for in-network preventive care (for example, annual physicals and preventive screenings), **you'll pay the full cost of all services, including prescriptions, until you reach your deductible.** If you have family coverage, you need to meet the entire family deductible before the plan begins paying. In-network and out-of-network costs can be combined to satisfy the deductible. This plan does not meet the minimum medical coverage requirements for those holding a J1 visa.

IN-NETWORK				
	HMO	POS	POS PLUS	HDHP*
<b>DEDUCTIBLE</b>				
Individual	\$250	\$250	None	\$1,500
Family Maximum	\$750	\$750	None	\$3,000**
<b>OUT-OF-POCKET (OOP) MAXIMUM</b>				
Per Individual	\$1,500	\$1,500	\$2,000	\$3,000
Family Maximum	\$4,500	\$4,500	\$6,000	\$6,000**
<b>MEMBER COSTS</b>				
Inpatient Hospital	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Covered in full	Deductible, then 15% coinsurance
Emergency Room	\$100 copayment	\$100 copayment	\$100 copayment	Deductible, then 15% coinsurance
Preventive Care as Defined by Affordable Care Act	Covered in full	Covered in full	Covered in full	Covered in full
Office Visits—PCP & Specialist	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
Physical/Occupational Therapy (limited to 100 visits per calendar year)	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
Chiropractic Care (limited to 18 visits per calendar year)	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
Acupuncture (limited to 20 visits per calendar year)	\$30 copayment	\$30 copayment	\$30 copayment	Deductible, then 15% coinsurance
High-Tech Imaging (e.g., MRI, PET scan, CT scan)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Covered in full	Deductible, then 15% coinsurance
Mental Health/ Substance Abuse	Inpatient: Deductible, then 10% coinsurance Outpatient: \$30 copayment	Inpatient: Deductible, then 10% coinsurance Outpatient: \$30 copayment	Inpatient: Fully covered Outpatient: \$30 copayment	Deductible, then 15% coinsurance
Outpatient Diagnostic Labs/X-rays	Covered in full	Covered in full	Covered in full	Deductible, then 15% coinsurance

\* 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 and POS plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual and the full family out-of-pocket maximum before the plan covers costs including prescription drugs in full for any individual.

**You have 30 DAYS from your date of hire or qualifying life event to make your benefit elections.**

## 2019 HEALTH PLANS (HPHC AND HUGHP)

### OUT-OF-NETWORK

	POS	POS PLUS	HDHP*
<b>DEDUCTIBLE</b>			
Individual	\$750	\$750	\$1,500
Family Maximum	\$2,500	\$2,500	\$3,000**
<b>OUT-OF-POCKET (OOP) MAXIMUM</b>			
Per Individual	\$2,500	\$2,500	\$6,000
Family Maximum	\$7,500	\$7,500	\$12,000**
<b>MEMBER COSTS</b>			
Office Visits and Hospital Services	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

\* 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 and POS plans, if you enroll in HDHP family coverage, you must meet the full family deductible before coinsurance begins for any individual and the full family out-of-pocket maximum before the plan covers costs including prescription drugs in full for any individual.

### PRESCRIPTION DRUG COSTS\*

	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
<b>IN-NETWORK</b>	Retail at participating pharmacy (up to 30-day supply)		
	\$7	\$20	\$45
	Mail order through Express Scripts (up to 90-day supply)		
	\$14	\$50	\$110
<b>OUT-OF-NETWORK (POS ONLY)</b>	Submit receipt to be reimbursed for discounted in-network cost minus applicable in-network copayment.		

\* Unlike with the HMO and POS plans, if you enroll in HDHP coverage, you must meet the deductible before these prescription copayments apply. If you have HDHP family coverage, you must meet the full family deductible before these prescription drug copayment costs apply.

**You have 30 DAYS from your date of hire or qualifying life event to make your benefit elections.**

# FACULTY, ADMINISTRATIVE AND PROFESSIONAL STAFF, AND OTHER NONUNION STAFF

## TIERED RATES FOR 2019

Harvard offers four salary tiers for premiums based on your full-time equivalent (FTE) salary. If you work part time, your salary tier and premiums are based on your FTE salary.

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	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
<b>HMO</b>								
Harvard University Group Health Plan (HUGHP)	\$80	\$215	\$92	\$249	\$141	\$382	\$181	\$489
Harvard Pilgrim Health Care (HPHC)	\$99	\$266	\$111	\$300	\$160	\$433	\$200	\$540
<b>POS</b>								
HUGHP	\$115	\$309	\$127	\$343	\$176	\$476	\$216	\$583
HPHC	\$134	\$360	\$146	\$394	\$195	\$527	\$235	\$634
<b>POS Plus</b>								
HUGHP	\$129	\$347	\$141	\$381	\$190	\$514	\$230	\$621
HPHC	\$148	\$398	\$160	\$432	\$209	\$565	\$249	\$672
<b>HDHP</b>								
HUGHP	\$46	\$124	\$58	\$158	\$107	\$291	\$147	\$398
HPHC	\$46	\$124	\$58	\$158	\$107	\$291	\$147	\$398

### DENTAL PLAN PREMIUMS

Monthly Cost	
INDIVIDUAL	\$20
FAMILY	\$56

### VISION PLAN PREMIUMS

Monthly Cost	
INDIVIDUAL	\$6.29
FAMILY	\$14.47

### HYATT LEGAL PLAN

Monthly Cost of Coverage
\$16.50

### IDENTITY THEFT PROTECTION

Monthly Cost of Coverage
Individual \$9.95/Family \$17.95

### LONG TERM DISABILITY (LTD) PREMIUMS

Salary	Annual Cost per \$100 of Salary
Less than \$15,000	\$0.229
\$15,000-\$69,999	\$0.261
\$70,000-\$94,999	\$0.563
\$95,000 and above	\$0.710

### SUPPLEMENTAL LIFE INSURANCE PREMIUMS

Cost per Covered Individual (Employee, Spouse/Domestic Partner)			
Age	Monthly Cost per \$1,000 of Insurance*	Age	Monthly Cost per \$1,000 of Insurance*
< 25	\$0.020	55-59	\$0.144
25-29	\$0.023	60-64	\$0.184
30-34	\$0.027	65-69	\$0.336
35-39	\$0.032	70-74	\$0.535
40-44	\$0.040	75-79	\$0.982
45-49	\$0.059	80+	\$1.406
50-54	\$0.092		

\* Based on age of employee, not age of spouse/domestic partner.

Cost of Coverage for Dependent Child(ren)	
Coverage Amount	Monthly Cost of Coverage
\$5,000	\$0.50
\$10,000	\$1.00

One monthly premium covers all of your eligible children.

**You have 30 DAYS from your date of hire or qualifying life event to make your benefit elections.**