

BlueFit Rating Sheet



Account Name: Massachusetts Bankers Association
Policy Period: 01/01/25 - 12/31/25

Regional Renewal Rates, Effective January 1, 2025 for banks with Medical and Dental

REGION: NORTHEAST / NORTHSHORE BOSTON

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$714.17	\$1,928.34	\$1,639.19	\$1,928.34	\$928.42	\$2,506.85	\$2,130.95	\$2,506.85
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$739.17	\$1,953.34	\$1,664.19	\$1,953.34	\$953.42	\$2,531.85	\$2,155.95	\$2,531.85
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$785.59	\$2,121.17	\$1,803.10	\$2,121.17	\$1,021.26	\$2,757.53	\$2,344.04	\$2,757.53
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$810.59	\$2,146.17	\$1,828.10	\$2,146.17	\$1,046.26	\$2,782.53	\$2,369.04	\$2,782.53

REGION: EASTERN

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$691.28	\$1,866.39	\$1,586.53	\$1,866.39	\$898.67	\$2,426.31	\$2,062.49	\$2,426.31
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$716.28	\$1,891.39	\$1,611.53	\$1,891.39	\$923.67	\$2,451.31	\$2,087.49	\$2,451.31
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$760.41	\$2,053.03	\$1,745.18	\$2,053.03	\$988.53	\$2,668.94	\$2,268.73	\$2,668.94
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$785.41	\$2,078.03	\$1,770.18	\$2,078.03	\$1,013.53	\$2,693.94	\$2,293.73	\$2,693.94

REGION: SOUTHEAST

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$670.30	\$1,809.74	\$1,538.37	\$1,809.74	\$871.39	\$2,352.66	\$1,999.88	\$2,352.66
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$695.30	\$1,834.74	\$1,563.37	\$1,834.74	\$896.39	\$2,377.66	\$2,024.88	\$2,377.66
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$737.33	\$1,990.72	\$1,692.21	\$1,990.72	\$958.53	\$2,587.93	\$2,199.87	\$2,587.93
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$762.33	\$2,015.72	\$1,717.21	\$2,015.72	\$983.53	\$2,612.93	\$2,224.87	\$2,612.93

REGION: CENTRAL

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$650.84	\$1,736.72	\$1,476.29	\$1,736.72	\$846.09	\$2,257.73	\$1,919.18	\$2,257.73
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$675.84	\$1,761.72	\$1,501.29	\$1,761.72	\$871.09	\$2,282.73	\$1,944.18	\$2,282.73
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$715.92	\$1,910.39	\$1,623.92	\$1,910.39	\$930.70	\$2,483.50	\$2,111.10	\$2,483.50
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$740.92	\$1,935.39	\$1,648.92	\$1,935.39	\$955.70	\$2,508.50	\$2,136.10	\$2,508.50

REGION: WESTERN

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$613.43	\$1,591.58	\$1,352.92	\$1,591.58	\$797.45	\$2,069.05	\$1,758.80	\$2,069.05
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$638.43	\$1,616.58	\$1,377.92	\$1,616.58	\$822.45	\$2,094.05	\$1,783.80	\$2,094.05
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$674.77	\$1,750.73	\$1,488.21	\$1,750.73	\$877.20	\$2,275.95	\$1,934.67	\$2,275.95
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity [®] HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$699.77	\$1,775.73	\$1,513.21	\$1,775.73	\$902.20	\$2,300.95	\$1,959.67	\$2,300.95

- * USABLE, an independent company, underwrites the critical illness and accident coverage
** Health Equity, an independent company, offers the Health Savings Account

Important Information

- Minimum employer contribution of 10% to HSA Deductible (Bluefit members only).
- USABLE Fees \$25 PSPSM applies
- The HEQ Fee of \$2.75 PSPSM is waived for 2024

- Banks can offer up to 3 medical plans. BlueFit plans cannot be offered alongside the HMO Blue NE plan.
- The rate differential between the lowest and highest option plan must be <= 35%.

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