

The Massachusetts Bankers Association

Blue Cross Blue Shield Program Regional Renewal Rates, Effective January 1, 2025 for banks with Medical and Dental

	EMPLOYEES							EARLY RETIREE								
	INDIVIDUAL	Standard Rates* COUPLE		SPMD	FAMILY	INDIVIDUAL	Exclusive CDH Product(s) Incentive Rates* COUPLE		SPMD	FAMILY	INDIVIDUAL	Exclusive CDH Product(s) Incentive Rates* COUPLE		SPMD	FAMILY	
REGION: NORTHEAST / NORTHSHORE BOSTON																
HMO BLUE NE	\$1,142.54	\$3,084.97	\$2,622.38	\$3,084.97						\$1,485.30	\$4,010.46	\$3,409.09	\$4,010.46			
HMO BLUE NE DEDUCTIBLE \$1250	\$971.66	\$2,623.60	\$2,230.19	\$2,623.60	\$952.23	\$2,571.12	\$2,185.58	\$2,571.12	\$1,263.16	\$3,410.68	\$2,899.24	\$3,410.68	\$1,237.89	\$3,342.46	\$2,841.26	\$3,342.46
HMO BLUE NE OPTIONS DEDUCTIBLE					\$908.56	\$2,453.19	\$2,085.34	\$2,453.19					\$1,181.13	\$3,189.15	\$2,710.94	\$3,189.15
HMO BLUE NE DEDUCTIBLE \$2000	\$903.87	\$2,440.56	\$2,074.59	\$2,440.56	\$885.79	\$2,391.74	\$2,033.10	\$2,391.74	\$1,175.03	\$3,172.72	\$2,696.97	\$3,172.72	\$1,151.53	\$3,109.27	\$2,643.03	\$3,109.27
BLUE CARE ELECT PPO DEDUCTIBLE \$1250	\$994.31	\$2,684.72	\$2,282.14	\$2,684.72	\$974.42	\$2,631.02	\$2,236.50	\$2,631.02	\$1,292.60	\$3,490.13	\$2,966.79	\$3,490.13	\$1,266.75	\$3,420.33	\$2,907.45	\$3,420.33
BLUE CARE ELECT SAVER (\$1750)	\$887.65	\$2,396.74	\$2,037.35	\$2,396.74	\$869.90	\$2,348.80	\$1,996.60	\$2,348.80	\$1,153.95	\$3,115.76	\$2,648.55	\$3,115.76	\$1,130.87	\$3,053.44	\$2,595.58	\$3,053.44
ACCESS BLUE NE SAVER \$3,000	\$777.33	\$2,098.88	\$1,784.15	\$2,098.88	\$761.78	\$2,056.90	\$1,748.47	\$2,056.90	\$1,010.53	\$2,728.54	\$2,319.40	\$2,728.54	\$990.31	\$2,673.97	\$2,273.01	\$2,673.97
HMO BLUE NE DEDUCTIBLE \$1250 w/ HCCS	\$917.25	\$2,476.68	\$2,105.30	\$2,476.68	\$898.90	\$2,427.14	\$2,063.19	\$2,427.14	\$1,192.42	\$3,219.68	\$2,736.89	\$3,219.68	\$1,168.57	\$3,155.28	\$2,682.15	\$3,155.28
HMO BLUE NE DEDUCTIBLE \$2000 w/ HCCS	\$853.25	\$2,303.88	\$1,958.42	\$2,303.88	\$836.19	\$2,257.81	\$1,919.25	\$2,257.81	\$1,109.23	\$2,995.05	\$2,545.94	\$2,995.05	\$1,087.04	\$2,935.15	\$2,495.02	\$2,935.15
BLUE CARE ELECT PPO DEDUCTIBLE \$1250 w/ HCCS	\$938.63	\$2,534.37	\$2,154.34	\$2,534.37	\$919.85	\$2,483.68	\$2,111.26	\$2,483.68	\$1,220.22	\$3,294.68	\$2,800.65	\$3,294.68	\$1,195.81	\$3,228.79	\$2,744.63	\$3,228.79
BLUE CARE ELECT PPO DEDUCTIBLE \$2000	\$928.91	\$2,508.16	\$2,132.06	\$2,508.16	\$910.33	\$2,457.99	\$2,089.41	\$2,457.99	\$1,207.58	\$3,260.61	\$2,771.67	\$3,260.61	\$1,183.42	\$3,195.39	\$2,716.24	\$3,195.39
BLUE CARE ELECT SAVER (\$3000)	\$795.79	\$2,148.73	\$1,826.53	\$2,148.73	\$779.88	\$2,105.75	\$1,789.99	\$2,105.75	\$1,034.53	\$2,793.35	\$2,374.48	\$2,793.35	\$1,013.83	\$2,737.47	\$2,326.99	\$2,737.47
BlueFit HMO ACCESS BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet		
BlueFit PPO BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet		
REGION: EASTERN																
HMO BLUE NE	\$1,105.92	\$2,985.84	\$2,538.12	\$2,985.84					\$1,437.70	\$3,881.60	\$3,299.55	\$3,881.60				
HMO BLUE NE DEDUCTIBLE \$1250	\$940.52	\$2,539.31	\$2,158.54	\$2,539.31	\$921.71	\$2,488.52	\$2,115.37	\$2,488.52	\$1,222.68	\$3,301.10	\$2,806.10	\$3,301.10	\$1,198.22	\$3,235.08	\$2,749.98	\$3,235.08
HMO BLUE NE OPTIONS DEDUCTIBLE					\$879.44	\$2,374.36	\$2,018.33	\$2,374.36					\$1,143.27	\$3,086.67	\$2,623.82	\$3,086.67
HMO BLUE NE DEDUCTIBLE \$2000	\$874.90	\$2,362.15	\$2,007.94	\$2,362.15	\$857.41	\$2,314.90	\$1,967.78	\$2,314.90	\$1,137.37	\$3,070.79	\$2,610.33	\$3,070.79	\$1,114.63	\$3,009.38	\$2,558.12	\$3,009.38
BLUE CARE ELECT PPO DEDUCTIBLE \$1250	\$962.56	\$2,598.79	\$2,209.11	\$2,598.79	\$943.31	\$2,546.82	\$2,164.92	\$2,546.82	\$1,251.32	\$3,378.43	\$2,871.84	\$3,378.43	\$1,226.30	\$3,310.86	\$2,814.40	\$3,310.86
BLUE CARE ELECT SAVER (\$1750)	\$859.31	\$2,320.03	\$1,972.14	\$2,320.03	\$842.12	\$2,273.63	\$1,932.70	\$2,273.63	\$1,117.10	\$3,016.04	\$2,563.79	\$3,016.04	\$1,094.76	\$2,955.72	\$2,512.51	\$2,955.72
ACCESS BLUE NE SAVER \$3,000	\$752.42	\$2,031.45	\$1,726.83	\$2,031.45	\$737.37	\$1,990.82	\$1,692.29	\$1,990.82	\$978.14	\$2,640.88	\$2,244.88	\$2,640.88	\$958.58	\$2,588.06	\$2,199.98	\$2,588.06
HMO BLUE NE DEDUCTIBLE \$1250 w/ HCCS	\$887.85	\$2,397.11	\$2,037.66	\$2,397.11	\$870.10	\$2,349.17	\$1,996.91	\$2,349.17	\$1,154.21	\$3,116.24	\$2,648.96	\$3,116.24	\$1,131.12	\$3,053.92	\$2,595.98	\$3,053.92
HMO BLUE NE DEDUCTIBLE \$2000 w/ HCCS	\$825.91	\$2,229.87	\$1,895.50	\$2,229.87	\$809.39	\$2,185.27	\$1,857.59	\$2,185.27	\$1,073.68	\$2,898.83	\$2,464.15	\$2,898.83	\$1,052.21	\$2,840.85	\$2,414.87	\$2,840.85
BLUE CARE ELECT PPO DEDUCTIBLE \$1250 w/ HCCS	\$908.65	\$2,453.26	\$2,085.40	\$2,453.26	\$890.48	\$2,404.20	\$2,043.69	\$2,404.20	\$1,181.25	\$3,189.24	\$2,711.01	\$3,189.24	\$1,157.63	\$3,125.46	\$2,656.79	\$3,125.46
BLUE CARE ELECT PPO DEDUCTIBLE \$2000	\$899.14	\$2,427.58	\$2,063.56	\$2,427.58	\$881.15	\$2,379.03	\$2,022.29	\$2,379.03	\$1,168.88	\$3,155.85	\$2,682.63	\$3,155.85	\$1,145.50	\$3,092.74	\$2,628.98	\$3,092.74
BLUE CARE ELECT SAVER (\$3000)	\$770.29	\$2,079.69	\$1,767.84	\$2,079.69	\$754.88	\$2,038.10	\$1,732.49	\$2,038.10	\$1,001.37	\$2,703.60	\$2,298.20	\$2,703.60	\$981.34	\$2,649.53	\$2,252.23	\$2,649.53
BlueFit HMO ACCESS BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet		
BlueFit PPO BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet		
REGION: SOUTHEAST																
HMO BLUE NE	\$1,072.35	\$2,895.21	\$2,461.08	\$2,895.21					\$1,394.06	\$3,763.78	\$3,199.40	\$3,763.78				
HMO BLUE NE DEDUCTIBLE \$1250	\$911.97	\$2,462.23	\$2,093.02	\$2,462.23	\$893.73	\$2,412.99	\$2,051.16	\$2,412.99	\$1,185.57	\$3,200.90	\$2,720.93	\$3,200.90	\$1,161.85	\$3,136.88	\$2,666.51	\$3,136.88
HMO BLUE NE OPTIONS DEDUCTIBLE					\$852.74	\$2,302.30	\$1,957.07	\$2,302.30					\$1,108.57	\$2,992.99	\$2,544.19	\$2,992.99
HMO BLUE NE DEDUCTIBLE \$2000	\$848.35	\$2,290.45	\$1,947.00	\$2,290.45	\$831.38	\$2,244.64	\$1,908.06	\$2,244.64	\$1,102.85	\$2,977.58	\$2,531.10	\$2,977.58	\$1,080.79	\$2,918.03	\$2,480.47	\$2,918.03
BLUE CARE ELECT PPO DEDUCTIBLE \$1250	\$933.17	\$2,519.45	\$2,141.66	\$2,519.45	\$914.51	\$2,469.06	\$2,098.83	\$2,469.06	\$1,213.12	\$3,275.29	\$2,784.16	\$3,275.29	\$1,188.86	\$3,209.78	\$2,728.47	\$3,209.78
BLUE CARE ELECT SAVER (\$1750)	\$833.07	\$2,249.20	\$1,911.93	\$2,249.20	\$816.41	\$2,204.21	\$1,873.69	\$2,204.21	\$1,082.99	\$2,923.96	\$2,485.51	\$2,923.96	\$1,061.33	\$2,865.48	\$2,435.80	\$2,865.48
ACCESS BLUE NE SAVER \$3,000	\$729.58	\$1,969.79	\$1,674.42	\$1,969.79	\$714.99	\$1,930.39	\$1,640.93	\$1,930.39	\$948.45	\$2,560.72	\$2,176.74	\$2,560.72	\$929.48	\$2,509.51	\$2,133.21	\$2,509.51
HMO BLUE NE DEDUCTIBLE \$1250 w/ HCCS	\$860.90	\$2,324.35	\$1,975.81	\$2,324.35	\$843.69	\$2,277.86	\$1,936.30	\$2,277.86	\$1,119.17	\$3,021.65	\$2,568.56	\$3,021.65	\$1,096.79	\$2,961.22	\$2,517.18	\$2,961.22
HMO BLUE NE DEDUCTIBLE \$2000 w/ HCCS	\$800.84	\$2,162.18	\$1,837.96	\$2,162.18	\$784.82	\$2,118.94	\$1,801.21	\$2,118.94	\$1,041.09	\$2,810.84	\$2,389.35	\$2,810.84	\$1,020.27	\$2,754.62	\$2,341.57	\$2,754.62
BLUE CARE ELECT PPO DEDUCTIBLE \$1250 w/ HCCS	\$880.91	\$2,378.36	\$2,021.73	\$2,378.36	\$863.29	\$2,330.79	\$1,981.29	\$2,330.79	\$1,145.19	\$3,091.87	\$2,628.24	\$3,091.87	\$1,122.28	\$3,030.03	\$2,575.68	\$3,030.03
BLUE CARE ELECT PPO DEDUCTIBLE \$2000	\$871.84	\$2,353.89	\$2,000.93	\$2,353.89	\$854.41	\$2,306.82	\$1,960.91	\$2,306.82	\$1,133.40	\$3,060.06	\$2,601.21	\$3,060.06	\$1,110.73	\$2,998.86	\$2,549.18	\$2,998.86
BLUE CARE ELECT SAVER (\$3000)	\$746.90	\$2,016.57	\$1,714.18	\$2,016.57	\$731.96	\$1,976.24	\$1,679.90	\$1,976.24	\$970.98	\$2,621.54	\$2,228.44	\$2,621.54	\$951.56	\$2,569.10	\$2,183.87	\$2,569.10
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BlueFit PPO BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet		

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Blue Cross Blue Shield Program Regional Renewal Rates, Effective January 1, 2025 for banks with Medical and Dental

	EMPLOYEES							EARLY RETIREE												
	INDIVIDUAL	Standard Rates* COUPLE		SPMD	FAMILY	INDIVIDUAL	Exclusive CDH Product(s) Incentive Rates* COUPLE		SPMD	FAMILY	INDIVIDUAL	Standard Rates* COUPLE		SPMD	FAMILY	INDIVIDUAL	Exclusive CDH Product(s) Incentive Rates* COUPLE		SPMD	FAMILY
REGION: CENTRAL																				
HMO BLUE NE	\$1,041.21	\$2,778.40	\$2,361.78	\$2,778.40							\$1,353.58	\$3,611.92	\$3,070.31	\$3,611.92						
HMO BLUE NE DEDUCTIBLE \$1250	\$885.49	\$2,362.88	\$2,008.56	\$2,362.88	\$867.78	\$2,315.62	\$1,968.39	\$2,315.62	\$1,151.14	\$3,071.74	\$2,611.13	\$3,071.74	\$1,128.12	\$3,010.30	\$2,558.91	\$3,010.30				
HMO BLUE NE OPTIONS DEDUCTIBLE					\$827.98	\$2,209.41	\$1,878.11	\$2,209.41					\$1,076.37	\$2,872.23	\$2,441.54	\$2,872.23				
HMO BLUE NE DEDUCTIBLE \$2000	\$823.72	\$2,198.02	\$1,868.43	\$2,198.02	\$807.24	\$2,154.06	\$1,831.06	\$2,154.06	\$1,070.83	\$2,857.43	\$2,428.96	\$2,857.43	\$1,049.41	\$2,800.28	\$2,380.38	\$2,800.28				
BLUE CARE ELECT PPO DEDUCTIBLE \$1250	\$906.12	\$2,417.91	\$2,055.35	\$2,417.91	\$888.00	\$2,369.56	\$2,014.24	\$2,369.56	\$1,177.96	\$3,143.29	\$2,671.95	\$3,143.29	\$1,154.40	\$3,080.42	\$2,618.51	\$3,080.42				
BLUE CARE ELECT SAVER (\$1750)	\$808.92	\$2,158.55	\$1,834.88	\$2,158.55	\$792.75	\$2,115.38	\$1,798.18	\$2,115.38	\$1,051.60	\$2,806.12	\$2,385.34	\$2,806.12	\$1,030.57	\$2,750.00	\$2,337.63	\$2,750.00				
ACCESS BLUE NE SAVER \$3,000	\$708.40	\$1,890.30	\$1,606.85	\$1,890.30	\$694.23	\$1,852.49	\$1,574.71	\$1,852.49	\$920.91	\$2,457.39	\$2,088.90	\$2,457.39	\$902.50	\$2,408.24	\$2,047.13	\$2,408.24				
HMO BLUE NE DEDUCTIBLE \$1250 w/ HCCS	\$835.91	\$2,230.55	\$1,896.08	\$2,230.55	\$819.19	\$2,185.94	\$1,858.16	\$2,185.94	\$1,086.68	\$2,899.72	\$2,464.91	\$2,899.72	\$1,064.95	\$2,841.73	\$2,415.61	\$2,841.73				
HMO BLUE NE DEDUCTIBLE \$2000 w/ HCCS	\$777.59	\$2,074.93	\$1,763.80	\$2,074.93	\$762.04	\$2,033.44	\$1,728.52	\$2,033.44	\$1,010.86	\$2,697.41	\$2,292.94	\$2,697.41	\$990.65	\$2,643.47	\$2,247.08	\$2,643.47				
BLUE CARE ELECT PPO DEDUCTIBLE \$1250 w/ HCCS	\$855.38	\$2,282.51	\$1,940.25	\$2,282.51	\$838.27	\$2,236.86	\$1,901.44	\$2,236.86	\$1,111.99	\$2,967.26	\$2,522.32	\$2,967.26	\$1,089.75	\$2,907.92	\$2,471.88	\$2,907.92				
BLUE CARE ELECT PPO DEDUCTIBLE \$2000	\$846.53	\$2,258.91	\$1,920.18	\$2,258.91	\$829.60	\$2,213.73	\$1,881.78	\$2,213.73	\$1,100.49	\$2,936.58	\$2,496.24	\$2,936.58	\$1,078.48	\$2,877.85	\$2,446.32	\$2,877.85				
BLUE CARE ELECT SAVER (\$3000)	\$725.22	\$1,935.20	\$1,645.01	\$1,935.20	\$710.71	\$1,896.49	\$1,612.11	\$1,896.49	\$942.78	\$2,515.76	\$2,138.52	\$2,515.76	\$923.93	\$2,465.44	\$2,095.75	\$2,465.44				
BlueFit HMO ACCESS BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet						
BlueFit PPO BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet						
REGION: WESTERN																				
HMO BLUE NE	\$981.36	\$2,546.21	\$2,164.41	\$2,546.21					\$1,275.76	\$3,310.07	\$2,813.73	\$3,310.07								
HMO BLUE NE DEDUCTIBLE \$1250	\$834.59	\$2,165.41	\$1,840.71	\$2,165.41	\$817.90	\$2,122.10	\$1,803.89	\$2,122.10	\$1,084.97	\$2,815.03	\$2,392.92	\$2,815.03	\$1,063.27	\$2,758.73	\$2,345.06	\$2,758.73				
HMO BLUE NE OPTIONS DEDUCTIBLE					\$780.38	\$2,024.76	\$1,721.15	\$2,024.76					\$1,014.50	\$2,632.19	\$2,237.49	\$2,632.19				
HMO BLUE NE DEDUCTIBLE \$2000	\$776.36	\$2,014.34	\$1,712.29	\$2,014.34	\$760.84	\$1,974.05	\$1,678.04	\$1,974.05	\$1,009.27	\$2,618.64	\$2,225.97	\$2,618.64	\$989.09	\$2,566.26	\$2,181.45	\$2,566.26				
BLUE CARE ELECT PPO DEDUCTIBLE \$1250	\$853.99	\$2,215.73	\$1,883.48	\$2,215.73	\$836.91	\$2,171.42	\$1,845.81	\$2,171.42	\$1,110.18	\$2,880.45	\$2,448.53	\$2,880.45	\$1,087.98	\$2,822.84	\$2,399.56	\$2,822.84				
BLUE CARE ELECT SAVER (\$1750)	\$762.38	\$1,978.06	\$1,681.45	\$1,978.06	\$747.13	\$1,938.50	\$1,647.82	\$1,938.50	\$991.10	\$2,571.48	\$2,185.88	\$2,571.48	\$971.27	\$2,520.05	\$2,142.17	\$2,520.05				
ACCESS BLUE NE SAVER \$3,000	\$667.67	\$1,732.33	\$1,472.57	\$1,732.33	\$654.32	\$1,697.68	\$1,443.11	\$1,697.68	\$867.97	\$2,252.03	\$1,914.34	\$2,252.03	\$850.61	\$2,206.99	\$1,876.05	\$2,206.99				
HMO BLUE NE DEDUCTIBLE \$1250 w/ HCCS	\$787.85	\$2,044.15	\$1,737.63	\$2,044.15	\$772.10	\$2,003.27	\$1,702.88	\$2,003.27	\$1,024.21	\$2,657.39	\$2,258.92	\$2,657.39	\$1,003.72	\$2,604.24	\$2,213.74	\$2,604.24				
HMO BLUE NE DEDUCTIBLE \$2000 w/ HCCS	\$732.89	\$1,901.53	\$1,616.40	\$1,901.53	\$718.23	\$1,863.50	\$1,584.07	\$1,863.50	\$952.75	\$2,471.99	\$2,101.32	\$2,471.99	\$933.70	\$2,422.55	\$2,059.29	\$2,422.55				
BLUE CARE ELECT PPO DEDUCTIBLE \$1250 w/ HCCS	\$806.16	\$2,091.65	\$1,778.01	\$2,091.65	\$790.04	\$2,049.82	\$1,742.45	\$2,049.82	\$1,048.01	\$2,719.15	\$2,311.41	\$2,719.15	\$1,027.05	\$2,664.77	\$2,265.18	\$2,664.77				
BLUE CARE ELECT PPO DEDUCTIBLE \$2000	\$797.87	\$2,070.13	\$1,759.72	\$2,070.13	\$781.91	\$2,028.73	\$1,724.52	\$2,028.73	\$1,037.23	\$2,691.17	\$2,287.63	\$2,691.17	\$1,016.49	\$2,637.35	\$2,241.88	\$2,637.35				
BLUE CARE ELECT SAVER (\$3000)	\$683.53	\$1,773.47	\$1,507.54	\$1,773.47	\$669.86	\$1,738.00	\$1,477.39	\$1,738.00	\$888.59	\$2,305.51	\$1,959.80	\$2,305.51	\$870.82	\$2,259.40	\$1,920.60	\$2,259.40				
BlueFit HMO ACCESS BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet						
BlueFit PPO BLUE SAVER						See BlueFit Rate Sheet								See BlueFit Rate Sheet						
ALL REGIONS:																				
	Senior																			
	Medex 2	\$219.50																		
	Part D	\$213.06																		
	Total	\$432.56																		
	Dental Blue Freedom																			
	Single	\$43.00	\$40.43	\$33.37																
	Family	\$133.02	\$125.03	\$103.22																

* Incentive Rates are available to Individual Banks within MBA that completely replace all current benefit plan offerings with a consumer driven plan or plan other than the HMO Blue NE plan.
• Banks can offer up to 3 medical plans. The HMO NE Options Deductible plan cannot be offered alongside the HMO Blue NE plan. Please refer to the list of available product offering combinations for the new HCCS products that were introduced for 2018.
• The rate differential between the lowest and highest option plan must be <= 35%.