

Rate Sheets – Effective January 1, 2026



Use the headings below to navigate directly to each section

MEDICAL & DENTAL

- [NORTHEAST / NORTHSHORE BOSTON](#)
- [EASTERN](#)
- [SOUTHEAST](#)
- [CENTRAL](#)
- [WESTERN](#)

MEDICAL ONLY

- [NORTHEAST / NORTHSHORE BOSTON](#)
- [EASTERN](#)
- [SOUTHEAST](#)
- [CENTRAL](#)
- [WESTERN](#)

REGION: NORTHEAST / NORTHSHORE BOSTON

REGION: NORTHEAST / NORTHSHORE BOSTON



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,303.76	\$3,520.15	\$2,992.13	\$3,520.15	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,108.64	\$2,993.33	\$2,544.33	\$2,993.33	\$1,086.47	\$2,933.47	\$2,493.45	\$2,933.47
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,036.60	\$2,798.82	\$2,379.00	\$2,798.82
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,031.26	\$2,784.40	\$2,366.74	\$2,784.40	\$1,010.63	\$2,728.70	\$2,319.40	\$2,728.70
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,134.47	\$3,063.07	\$2,603.61	\$3,063.07	\$1,111.78	\$3,001.81	\$2,551.54	\$3,001.81
BLUE CARE ELECT SAVER \$1,750	\$1,012.74	\$2,734.40	\$2,324.24	\$2,734.40	\$992.49	\$2,679.72	\$2,277.76	\$2,679.72
ACCESS BLUE NE SAVER \$3,000	\$886.92	\$2,394.68	\$2,035.48	\$2,394.68	\$869.18	\$2,346.79	\$1,994.77	\$2,346.79
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,046.56	\$2,825.71	\$2,401.86	\$2,825.71	\$1,025.63	\$2,769.20	\$2,353.82	\$2,769.20
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$973.50	\$2,628.45	\$2,234.18	\$2,628.45	\$954.03	\$2,575.88	\$2,189.50	\$2,575.88
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,070.95	\$2,891.57	\$2,457.83	\$2,891.57	\$1,049.53	\$2,833.73	\$2,408.67	\$2,833.73
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,059.87	\$2,861.65	\$2,432.40	\$2,861.65	\$1,038.67	\$2,804.41	\$2,383.75	\$2,804.41
BLUE CARE ELECT SAVER \$3,000	\$907.98	\$2,451.55	\$2,083.81	\$2,451.55	\$889.82	\$2,402.51	\$2,042.14	\$2,402.51
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,035.47	\$2,795.77	\$2,376.40	\$2,795.77	\$1,014.76	\$2,739.85	\$2,328.87	\$2,739.85
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,009.97	\$2,726.92	\$2,317.88	\$2,726.92	\$989.77	\$2,672.38	\$2,271.52	\$2,672.38
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: NORTHEAST / NORTHSHORE BOSTON



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,694.89	\$4,576.20	\$3,889.77	\$4,576.20	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,441.23	\$3,891.32	\$3,307.62	\$3,891.32	\$1,412.41	\$3,813.51	\$3,241.48	\$3,813.51
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,347.58	\$3,638.47	\$3,092.70	\$3,638.47
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,340.64	\$3,619.73	\$3,076.77	\$3,619.73	\$1,313.82	\$3,547.31	\$3,015.22	\$3,547.31
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,474.81	\$3,981.99	\$3,384.69	\$3,981.99	\$1,445.31	\$3,902.34	\$3,316.99	\$3,902.34
BLUE CARE ELECT SAVER \$1,750	\$1,316.56	\$3,554.71	\$3,021.51	\$3,554.71	\$1,290.24	\$3,483.65	\$2,961.10	\$3,483.65
ACCESS BLUE NE SAVER \$3,000	\$1,153.00	\$3,113.10	\$2,646.14	\$3,113.10	\$1,129.93	\$3,050.81	\$2,593.19	\$3,050.81
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,360.53	\$3,673.43	\$3,122.42	\$3,673.43	\$1,333.32	\$3,599.96	\$3,059.97	\$3,599.96
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,265.55	\$3,416.99	\$2,904.44	\$3,416.99	\$1,240.24	\$3,348.65	\$2,846.35	\$3,348.65
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,392.24	\$3,759.05	\$3,195.19	\$3,759.05	\$1,364.39	\$3,683.85	\$3,131.28	\$3,683.85
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,377.83	\$3,720.14	\$3,162.12	\$3,720.14	\$1,350.27	\$3,645.73	\$3,098.87	\$3,645.73
BLUE CARE ELECT SAVER \$3,000	\$1,180.37	\$3,187.00	\$2,708.95	\$3,187.00	\$1,156.77	\$3,123.28	\$2,654.79	\$3,123.28
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,346.11	\$3,634.50	\$3,089.32	\$3,634.50	\$1,319.19	\$3,561.81	\$3,027.54	\$3,561.81
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,312.96	\$3,544.99	\$3,013.24	\$3,544.99	\$1,286.70	\$3,474.09	\$2,952.98	\$3,474.09
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: NORTHEAST / NORTHSHORE BOSTON



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$814.85	\$2,200.10	\$1,870.09	\$2,200.10	\$1,059.31	\$2,860.13	\$2,431.11	\$2,860.13
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$839.85	\$2,225.10	\$1,895.09	\$2,225.10	\$1,084.31	\$2,885.13	\$2,456.11	\$2,885.13

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$896.34	\$2,420.11	\$2,057.10	\$2,420.11	\$1,165.24	\$3,146.15	\$2,674.22	\$3,146.15
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$921.34	\$2,445.11	\$2,082.10	\$2,445.11	\$1,190.24	\$3,171.15	\$2,699.22	\$3,171.15

Regional Renewal Rates Effective January 1, 2026, for banks with MEDICAL AND DENTAL

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: EASTERN

REGION: EASTERN



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,262.04	\$3,407.51	\$2,896.38	\$3,407.51	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,073.16	\$2,897.53	\$2,462.90	\$2,897.53	\$1,051.70	\$2,839.59	\$2,413.65	\$2,839.59
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,003.44	\$2,709.29	\$2,302.89	\$2,709.29
HMO BLUE NE DEDUCTIBLE \$2,000	\$998.27	\$2,695.33	\$2,291.03	\$2,695.33	\$978.30	\$2,641.41	\$2,245.20	\$2,641.41
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,098.29	\$2,965.38	\$2,520.58	\$2,965.38	\$1,076.32	\$2,906.06	\$2,470.15	\$2,906.06
BLUE CARE ELECT SAVER \$1,750	\$980.47	\$2,647.27	\$2,250.18	\$2,647.27	\$960.86	\$2,594.32	\$2,205.17	\$2,594.32
ACCESS BLUE NE SAVER \$3,000	\$858.51	\$2,317.98	\$1,970.28	\$2,317.98	\$841.34	\$2,271.62	\$1,930.88	\$2,271.62
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,013.04	\$2,735.21	\$2,324.93	\$2,735.21	\$992.78	\$2,680.51	\$2,278.43	\$2,680.51
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$942.36	\$2,544.37	\$2,162.72	\$2,544.37	\$923.51	\$2,493.48	\$2,119.46	\$2,493.48
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,036.78	\$2,799.31	\$2,379.41	\$2,799.31	\$1,016.04	\$2,743.31	\$2,331.81	\$2,743.31
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,025.91	\$2,769.96	\$2,354.46	\$2,769.96	\$1,005.39	\$2,714.55	\$2,307.37	\$2,714.55
BLUE CARE ELECT SAVER \$3,000	\$878.90	\$2,373.03	\$2,017.08	\$2,373.03	\$861.32	\$2,325.56	\$1,976.73	\$2,325.56
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,002.31	\$2,706.24	\$2,300.30	\$2,706.24	\$982.26	\$2,652.10	\$2,254.29	\$2,652.10
HMO BLUE NE DEDUCTIBLE \$3,000	\$977.62	\$2,639.57	\$2,243.64	\$2,639.57	\$958.07	\$2,586.79	\$2,198.77	\$2,586.79
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: EASTERN



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,640.65	\$4,429.76	\$3,765.29	\$4,429.76	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,395.11	\$3,766.80	\$3,201.78	\$3,766.80	\$1,367.21	\$3,691.47	\$3,137.75	\$3,691.47
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,304.47	\$3,522.07	\$2,993.76	\$3,522.07
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,297.75	\$3,503.93	\$2,978.34	\$3,503.93	\$1,271.79	\$3,433.83	\$2,918.76	\$3,433.83
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,427.78	\$3,855.01	\$3,276.76	\$3,855.01	\$1,399.22	\$3,777.89	\$3,211.21	\$3,777.89
BLUE CARE ELECT SAVER \$1,750	\$1,274.61	\$3,441.45	\$2,925.23	\$3,441.45	\$1,249.12	\$3,372.62	\$2,866.73	\$3,372.62
ACCESS BLUE NE SAVER \$3,000	\$1,116.06	\$3,013.36	\$2,561.36	\$3,013.36	\$1,093.74	\$2,953.10	\$2,510.13	\$2,953.10
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,316.95	\$3,555.77	\$3,022.40	\$3,555.77	\$1,290.61	\$3,484.65	\$2,961.95	\$3,484.65
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,225.07	\$3,307.69	\$2,811.54	\$3,307.69	\$1,200.56	\$3,241.51	\$2,755.29	\$3,241.51
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,347.81	\$3,639.09	\$3,093.22	\$3,639.09	\$1,320.85	\$3,566.30	\$3,031.35	\$3,566.30
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,333.68	\$3,600.94	\$3,060.80	\$3,600.94	\$1,307.01	\$3,528.93	\$2,999.59	\$3,528.93
BLUE CARE ELECT SAVER \$3,000	\$1,142.57	\$3,084.94	\$2,622.20	\$3,084.94	\$1,119.72	\$3,023.24	\$2,569.76	\$3,023.24
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,303.00	\$3,518.10	\$2,990.39	\$3,518.10	\$1,276.94	\$3,447.74	\$2,930.58	\$3,447.74
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,270.91	\$3,431.46	\$2,916.74	\$3,431.46	\$1,245.49	\$3,362.82	\$2,858.40	\$3,362.82
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: EASTERN



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$788.78	\$2,129.69	\$1,810.24	\$2,129.69	\$1,025.41	\$2,768.60	\$2,353.31	\$2,768.60
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$813.78	\$2,154.69	\$1,835.24	\$2,154.69	\$1,050.41	\$2,793.60	\$2,378.31	\$2,793.60

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$867.65	\$2,342.66	\$1,991.26	\$2,342.66	\$1,127.95	\$3,045.46	\$2,588.64	\$3,045.46
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$892.65	\$2,367.66	\$2,016.26	\$2,367.66	\$1,152.95	\$3,070.46	\$2,613.64	\$3,070.46

Regional Renewal Rates Effective January 1, 2026, for banks with MEDICAL AND DENTAL

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: SOUTHEAST

REGION: SOUTHEAST



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,223.71	\$3,304.02	\$2,808.41	\$3,304.02	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,040.57	\$2,809.54	\$2,388.11	\$2,809.54	\$1,019.76	\$2,753.35	\$2,340.35	\$2,753.35
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$972.98	\$2,627.05	\$2,232.99	\$2,627.05
HMO BLUE NE DEDUCTIBLE \$2,000	\$967.96	\$2,613.49	\$2,221.47	\$2,613.49	\$948.60	\$2,561.22	\$2,177.04	\$2,561.22
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,064.76	\$2,874.85	\$2,443.62	\$2,874.85	\$1,043.46	\$2,817.34	\$2,394.74	\$2,817.34
BLUE CARE ELECT SAVER \$1,750	\$950.53	\$2,566.43	\$2,181.47	\$2,566.43	\$931.52	\$2,515.10	\$2,137.84	\$2,515.10
ACCESS BLUE NE SAVER \$3,000	\$832.45	\$2,247.62	\$1,910.47	\$2,247.62	\$815.80	\$2,202.66	\$1,872.26	\$2,202.66
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$982.30	\$2,652.21	\$2,254.38	\$2,652.21	\$962.65	\$2,599.16	\$2,209.28	\$2,599.16
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$913.76	\$2,467.15	\$2,097.08	\$2,467.15	\$895.48	\$2,417.80	\$2,055.13	\$2,417.80
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,005.11	\$2,713.80	\$2,306.73	\$2,713.80	\$985.01	\$2,659.53	\$2,260.60	\$2,659.53
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$994.78	\$2,685.91	\$2,283.02	\$2,685.91	\$974.88	\$2,632.18	\$2,237.35	\$2,632.18
BLUE CARE ELECT SAVER \$3,000	\$852.21	\$2,300.97	\$1,955.82	\$2,300.97	\$835.17	\$2,254.96	\$1,916.72	\$2,254.96
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$971.88	\$2,624.08	\$2,230.46	\$2,624.08	\$952.44	\$2,571.59	\$2,185.85	\$2,571.59
HMO BLUE NE DEDUCTIBLE \$3,000	\$947.95	\$2,559.47	\$2,175.55	\$2,559.47	\$928.99	\$2,508.27	\$2,132.03	\$2,508.27
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: SOUTHEAST



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,590.82	\$4,295.21	\$3,650.93	\$4,295.21	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,352.74	\$3,652.40	\$3,104.54	\$3,652.40	\$1,325.69	\$3,579.36	\$3,042.46	\$3,579.36
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,264.87	\$3,415.15	\$2,902.88	\$3,415.15
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,258.35	\$3,397.55	\$2,887.91	\$3,397.55	\$1,233.18	\$3,329.59	\$2,830.15	\$3,329.59
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,384.19	\$3,737.31	\$3,176.72	\$3,737.31	\$1,356.50	\$3,662.55	\$3,113.17	\$3,662.55
BLUE CARE ELECT SAVER \$1,750	\$1,235.69	\$3,336.36	\$2,835.91	\$3,336.36	\$1,210.98	\$3,269.65	\$2,779.20	\$3,269.65
ACCESS BLUE NE SAVER \$3,000	\$1,082.19	\$2,921.91	\$2,483.63	\$2,921.91	\$1,060.54	\$2,863.46	\$2,433.94	\$2,863.46
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,276.99	\$3,447.87	\$2,930.69	\$3,447.87	\$1,251.45	\$3,378.92	\$2,872.08	\$3,378.92
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,187.89	\$3,207.30	\$2,726.21	\$3,207.30	\$1,164.12	\$3,143.12	\$2,671.66	\$3,143.12
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,306.64	\$3,527.93	\$2,998.74	\$3,527.93	\$1,280.51	\$3,457.38	\$2,938.77	\$3,457.38
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,293.21	\$3,491.67	\$2,967.92	\$3,491.67	\$1,267.34	\$3,421.82	\$2,908.55	\$3,421.82
BLUE CARE ELECT SAVER \$3,000	\$1,107.87	\$2,991.25	\$2,542.56	\$2,991.25	\$1,085.72	\$2,931.44	\$2,491.73	\$2,931.44
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,263.44	\$3,411.29	\$2,899.59	\$3,411.29	\$1,238.17	\$3,343.06	\$2,841.60	\$3,343.06
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,232.34	\$3,327.32	\$2,828.22	\$3,327.32	\$1,207.69	\$3,260.76	\$2,771.65	\$3,260.76
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: SOUTHEAST



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$764.82	\$2,065.01	\$1,755.26	\$2,065.01	\$994.27	\$2,684.52	\$2,281.85	\$2,684.52
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$789.82	\$2,090.01	\$1,780.26	\$2,090.01	\$1,019.27	\$2,709.52	\$2,306.85	\$2,709.52

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$841.30	\$2,271.51	\$1,930.79	\$2,271.51	\$1,093.69	\$2,952.97	\$2,510.03	\$2,952.97
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$866.30	\$2,296.51	\$1,955.79	\$2,296.51	\$1,118.69	\$2,977.97	\$2,535.03	\$2,977.97

Regional Renewal Rates Effective January 1, 2026, for banks with MEDICAL AND DENTAL

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: CENTRAL

REGION: CENTRAL



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,188.12	\$3,170.38	\$2,695.01	\$3,170.38	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,010.31	\$2,695.91	\$2,291.69	\$2,695.91	\$990.10	\$2,641.98	\$2,245.84	\$2,641.98
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$944.73	\$2,520.92	\$2,142.93	\$2,520.92
HMO BLUE NE DEDUCTIBLE \$2,000	\$939.86	\$2,507.92	\$2,131.88	\$2,507.92	\$921.06	\$2,457.76	\$2,089.24	\$2,457.76
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,033.89	\$2,758.83	\$2,345.17	\$2,758.83	\$1,013.21	\$2,703.65	\$2,298.26	\$2,703.65
BLUE CARE ELECT SAVER \$1,750	\$922.99	\$2,462.91	\$2,093.62	\$2,462.91	\$904.53	\$2,413.65	\$2,051.75	\$2,413.65
ACCESS BLUE NE SAVER \$3,000	\$808.29	\$2,156.84	\$1,833.44	\$2,156.84	\$792.12	\$2,113.69	\$1,796.77	\$2,113.69
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$953.78	\$2,545.07	\$2,163.46	\$2,545.07	\$934.70	\$2,494.15	\$2,120.18	\$2,494.15
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$887.23	\$2,367.48	\$2,012.50	\$2,367.48	\$869.49	\$2,320.15	\$1,972.26	\$2,320.15
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$975.99	\$2,604.33	\$2,213.84	\$2,604.33	\$956.47	\$2,552.24	\$2,169.56	\$2,552.24
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$965.89	\$2,577.38	\$2,190.93	\$2,577.38	\$946.57	\$2,525.83	\$2,147.10	\$2,525.83
BLUE CARE ELECT SAVER \$3,000	\$827.47	\$2,208.02	\$1,876.95	\$2,208.02	\$810.92	\$2,163.86	\$1,839.41	\$2,163.86
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$943.66	\$2,518.06	\$2,140.50	\$2,518.06	\$924.79	\$2,467.71	\$2,097.70	\$2,467.71
HMO BLUE NE DEDUCTIBLE \$3,000	\$920.43	\$2,456.08	\$2,087.81	\$2,456.08	\$902.02	\$2,406.95	\$2,046.05	\$2,406.95
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: CENTRAL



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,544.56	\$4,121.50	\$3,503.53	\$4,121.50	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,313.40	\$3,504.68	\$2,979.19	\$3,504.68	\$1,287.13	\$3,434.58	\$2,919.60	\$3,434.58
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,228.15	\$3,277.20	\$2,785.81	\$3,277.20
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,221.82	\$3,260.30	\$2,771.45	\$3,260.30	\$1,197.38	\$3,195.09	\$2,716.02	\$3,195.09
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,344.06	\$3,586.49	\$3,048.73	\$3,586.49	\$1,317.17	\$3,514.74	\$2,987.74	\$3,514.74
BLUE CARE ELECT SAVER \$1,750	\$1,199.89	\$3,201.79	\$2,721.71	\$3,201.79	\$1,175.89	\$3,137.74	\$2,667.27	\$3,137.74
ACCESS BLUE NE SAVER \$3,000	\$1,050.78	\$2,803.90	\$2,383.48	\$2,803.90	\$1,029.76	\$2,747.81	\$2,335.80	\$2,747.81
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,239.91	\$3,308.58	\$2,812.49	\$3,308.58	\$1,215.11	\$3,242.40	\$2,756.23	\$3,242.40
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,153.40	\$3,077.73	\$2,616.26	\$3,077.73	\$1,130.34	\$3,016.20	\$2,563.95	\$3,016.20
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,268.79	\$3,385.64	\$2,878.00	\$3,385.64	\$1,243.41	\$3,317.92	\$2,820.43	\$3,317.92
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,255.66	\$3,350.60	\$2,848.21	\$3,350.60	\$1,230.54	\$3,283.57	\$2,791.23	\$3,283.57
BLUE CARE ELECT SAVER \$3,000	\$1,075.71	\$2,870.42	\$2,440.03	\$2,870.42	\$1,054.20	\$2,813.03	\$2,391.24	\$2,813.03
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,226.76	\$3,273.49	\$2,782.66	\$3,273.49	\$1,202.23	\$3,208.03	\$2,727.02	\$3,208.03
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,196.56	\$3,192.90	\$2,714.16	\$3,192.90	\$1,172.63	\$3,129.05	\$2,659.88	\$3,129.05
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: CENTRAL



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$742.58	\$1,981.49	\$1,684.38	\$1,981.49	\$965.35	\$2,575.94	\$2,189.70	\$2,575.94
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$767.58	\$2,006.49	\$1,709.38	\$2,006.49	\$990.35	\$2,600.94	\$2,214.70	\$2,600.94

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$816.83	\$2,179.63	\$1,852.82	\$2,179.63	\$1,061.88	\$2,833.53	\$2,408.67	\$2,833.53
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$841.83	\$2,204.63	\$1,877.82	\$2,204.63	\$1,086.88	\$2,858.53	\$2,433.67	\$2,858.53

Regional Renewal Rates Effective January 1, 2026, for banks with MEDICAL AND DENTAL

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: WESTERN

REGION: WESTERN



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,119.80	\$2,905.43	\$2,469.72	\$2,905.43	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$952.21	\$2,470.60	\$2,100.10	\$2,470.60	\$933.17	\$2,421.20	\$2,058.11	\$2,421.20
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$890.41	\$2,310.26	\$1,963.80	\$2,310.26
HMO BLUE NE DEDUCTIBLE \$2,000	\$885.84	\$2,298.40	\$1,953.72	\$2,298.40	\$868.12	\$2,252.42	\$1,914.64	\$2,252.42
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$974.40	\$2,528.18	\$2,149.04	\$2,528.18	\$954.91	\$2,477.61	\$2,106.05	\$2,477.61
BLUE CARE ELECT SAVER \$1,750	\$869.88	\$2,256.99	\$1,918.52	\$2,256.99	\$852.48	\$2,211.84	\$1,880.14	\$2,211.84
ACCESS BLUE NE SAVER \$3,000	\$761.82	\$1,976.62	\$1,680.19	\$1,976.62	\$746.58	\$1,937.08	\$1,646.58	\$1,937.08
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$898.95	\$2,332.42	\$1,982.63	\$2,332.42	\$880.97	\$2,285.76	\$1,942.98	\$2,285.76
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$836.22	\$2,169.66	\$1,844.28	\$2,169.66	\$819.50	\$2,126.27	\$1,807.41	\$2,126.27
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$919.84	\$2,386.62	\$2,028.71	\$2,386.62	\$901.44	\$2,338.88	\$1,988.13	\$2,338.88
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$910.37	\$2,362.05	\$2,007.82	\$2,362.05	\$892.16	\$2,314.80	\$1,967.66	\$2,314.80
BLUE CARE ELECT SAVER \$3,000	\$779.91	\$2,023.55	\$1,720.09	\$2,023.55	\$764.31	\$1,983.08	\$1,685.69	\$1,983.08
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$889.42	\$2,307.69	\$1,961.62	\$2,307.69	\$871.63	\$2,261.53	\$1,922.38	\$2,261.53
HMO BLUE NE DEDUCTIBLE \$3,000	\$867.52	\$2,250.87	\$1,913.32	\$2,250.87	\$850.17	\$2,205.85	\$1,875.05	\$2,205.85
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: WESTERN



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,455.74	\$3,777.06	\$3,210.63	\$3,777.06	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,237.87	\$3,211.78	\$2,730.12	\$3,211.78	\$1,213.12	\$3,147.56	\$2,675.54	\$3,147.56
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,157.53	\$3,003.33	\$2,552.93	\$3,003.33
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,151.59	\$2,987.92	\$2,539.83	\$2,987.92	\$1,128.56	\$2,928.16	\$2,489.04	\$2,928.16
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,266.72	\$3,286.63	\$2,793.75	\$3,286.63	\$1,241.38	\$3,220.88	\$2,737.86	\$3,220.88
BLUE CARE ELECT SAVER \$1,750	\$1,130.84	\$2,934.08	\$2,494.07	\$2,934.08	\$1,108.22	\$2,875.39	\$2,444.18	\$2,875.39
ACCESS BLUE NE SAVER \$3,000	\$990.37	\$2,569.61	\$2,184.26	\$2,569.61	\$970.55	\$2,518.19	\$2,140.55	\$2,518.19
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,168.64	\$3,032.15	\$2,577.44	\$3,032.15	\$1,145.26	\$2,971.49	\$2,525.87	\$2,971.49
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,087.09	\$2,820.56	\$2,397.58	\$2,820.56	\$1,065.35	\$2,764.16	\$2,349.63	\$2,764.16
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,195.79	\$3,102.60	\$2,637.31	\$3,102.60	\$1,171.87	\$3,040.53	\$2,584.56	\$3,040.53
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,183.48	\$3,070.66	\$2,610.17	\$3,070.66	\$1,159.81	\$3,009.24	\$2,557.96	\$3,009.24
BLUE CARE ELECT SAVER \$3,000	\$1,013.88	\$2,630.61	\$2,236.11	\$2,630.61	\$993.60	\$2,577.99	\$2,191.38	\$2,577.99
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,156.25	\$3,000.01	\$2,550.11	\$3,000.01	\$1,133.12	\$2,939.99	\$2,499.10	\$2,939.99
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,127.78	\$2,926.14	\$2,487.32	\$2,926.14	\$1,105.22	\$2,867.60	\$2,437.56	\$2,867.60
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: WESTERN



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$1,815.90	\$1,543.58	\$1,815.90	\$1,815.90	\$909.84	\$2,360.67	\$2,006.66	\$2,360.67
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$724.88	\$1,840.90	\$1,568.58	\$1,840.90	\$934.84	\$2,385.67	\$2,031.66	\$2,385.67

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$769.87	\$1,997.49	\$1,697.94	\$1,997.49	\$1,000.82	\$2,596.74	\$2,207.32	\$2,596.74
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$794.87	\$2,022.49	\$1,722.94	\$2,022.49	\$1,025.82	\$2,621.74	\$2,232.32	\$2,621.74

Regional Renewal Rates Effective January 1, 2026, for banks with MEDICAL AND DENTAL

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: NORTHEAST / NORTHSHORE BOSTON

REGION: NORTHEAST / NORTHSHORE BOSTON



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,323.08	\$3,572.32	\$3,036.47	\$3,572.32	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,125.07	\$3,037.69	\$2,582.04	\$3,037.69	\$1,102.57	\$2,976.94	\$2,530.40	\$2,976.94
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,051.96	\$2,840.29	\$2,414.25	\$2,840.29
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,046.54	\$2,825.66	\$2,401.81	\$2,825.66	\$1,025.61	\$2,769.15	\$2,353.77	\$2,769.15
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,151.29	\$3,108.48	\$2,642.21	\$3,108.48	\$1,128.26	\$3,046.30	\$2,589.36	\$3,046.30
BLUE CARE ELECT SAVER \$1,750	\$1,027.76	\$2,774.95	\$2,358.71	\$2,774.95	\$1,007.20	\$2,719.44	\$2,311.52	\$2,719.44
ACCESS BLUE NE SAVER \$3,000	\$900.06	\$2,430.16	\$2,065.64	\$2,430.16	\$882.06	\$2,381.56	\$2,024.33	\$2,381.56
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,062.07	\$2,867.59	\$2,437.45	\$2,867.59	\$1,040.83	\$2,810.24	\$2,388.70	\$2,810.24
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$987.93	\$2,667.41	\$2,267.30	\$2,667.41	\$968.17	\$2,614.06	\$2,221.95	\$2,614.06
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,086.82	\$2,934.41	\$2,494.25	\$2,934.41	\$1,065.08	\$2,875.72	\$2,444.36	\$2,875.72
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,075.57	\$2,904.04	\$2,468.43	\$2,904.04	\$1,054.06	\$2,845.96	\$2,419.07	\$2,845.96
BLUE CARE ELECT SAVER \$3,000	\$921.43	\$2,487.86	\$2,114.68	\$2,487.86	\$903.00	\$2,438.10	\$2,072.39	\$2,438.10
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,050.82	\$2,837.21	\$2,411.63	\$2,837.21	\$1,029.80	\$2,780.46	\$2,363.39	\$2,780.46
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,024.94	\$2,767.34	\$2,352.24	\$2,767.34	\$1,004.44	\$2,711.99	\$2,305.19	\$2,711.99
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: NORTHEAST / NORTHSHORE BOSTON



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,720.00	\$4,644.00	\$3,947.40	\$4,644.00	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,462.59	\$3,948.99	\$3,356.64	\$3,948.99	\$1,433.34	\$3,870.02	\$3,289.52	\$3,870.02
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,367.55	\$3,692.39	\$3,138.53	\$3,692.39
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,360.50	\$3,673.35	\$3,122.35	\$3,673.35	\$1,333.29	\$3,599.88	\$3,059.90	\$3,599.88
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,496.68	\$4,041.04	\$3,434.88	\$4,041.04	\$1,466.74	\$3,960.20	\$3,366.17	\$3,960.20
BLUE CARE ELECT SAVER \$1,750	\$1,336.09	\$3,607.44	\$3,066.33	\$3,607.44	\$1,309.36	\$3,535.27	\$3,004.98	\$3,535.27
ACCESS BLUE NE SAVER \$3,000	\$1,170.08	\$3,159.22	\$2,685.33	\$3,159.22	\$1,146.68	\$3,096.04	\$2,631.63	\$3,096.04
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,380.69	\$3,727.86	\$3,168.68	\$3,727.86	\$1,353.08	\$3,653.32	\$3,105.32	\$3,653.32
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,284.31	\$3,467.64	\$2,947.49	\$3,467.64	\$1,258.62	\$3,398.27	\$2,888.53	\$3,398.27
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,412.87	\$3,814.75	\$3,242.54	\$3,814.75	\$1,384.60	\$3,738.42	\$3,177.66	\$3,738.42
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,398.24	\$3,775.25	\$3,208.96	\$3,775.25	\$1,370.28	\$3,699.76	\$3,144.79	\$3,699.76
BLUE CARE ELECT SAVER \$3,000	\$1,197.86	\$3,234.22	\$2,749.09	\$3,234.22	\$1,173.90	\$3,169.53	\$2,694.10	\$3,169.53
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,366.07	\$3,688.39	\$3,135.13	\$3,688.39	\$1,338.74	\$3,614.60	\$3,072.41	\$3,614.60
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,332.42	\$3,597.53	\$3,057.90	\$3,597.53	\$1,305.77	\$3,525.58	\$2,996.74	\$3,525.58
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: NORTHEAST / NORTHSHORE BOSTON



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$826.93	\$2,232.71	\$1,897.80	\$2,232.71	\$1,075.01	\$2,902.52	\$2,467.14	\$2,902.52
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$851.93	\$2,257.71	\$1,922.80	\$2,257.71	\$1,100.01	\$2,927.52	\$2,492.14	\$2,927.52

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$909.62	\$2,455.98	\$2,087.58	\$2,455.98	\$1,182.51	\$3,192.77	\$2,713.85	\$3,192.77
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$934.62	\$2,480.98	\$2,112.58	\$2,480.98	\$1,207.51	\$3,217.77	\$2,738.85	\$3,217.77

Regional Renewal Rates Effective January 1, 2026, for banks with **MEDICAL ONLY**

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: EASTERN

REGION: EASTERN



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,280.75	\$3,458.03	\$2,939.32	\$3,458.03	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,089.07	\$2,940.49	\$2,499.42	\$2,940.49	\$1,067.29	\$2,881.68	\$2,449.43	\$2,881.68
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,018.30	\$2,749.41	\$2,337.00	\$2,749.41
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,013.05	\$2,735.24	\$2,324.95	\$2,735.24	\$992.79	\$2,680.53	\$2,278.45	\$2,680.53
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,114.45	\$3,009.02	\$2,557.66	\$3,009.02	\$1,092.16	\$2,948.83	\$2,506.51	\$2,948.83
BLUE CARE ELECT SAVER \$1,750	\$994.87	\$2,686.15	\$2,283.23	\$2,686.15	\$974.97	\$2,632.42	\$2,237.56	\$2,632.42
ACCESS BLUE NE SAVER \$3,000	\$871.26	\$2,352.40	\$1,999.54	\$2,352.40	\$853.83	\$2,305.34	\$1,959.54	\$2,305.34
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,028.08	\$2,775.82	\$2,359.44	\$2,775.82	\$1,007.52	\$2,720.30	\$2,312.26	\$2,720.30
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$956.32	\$2,582.06	\$2,194.75	\$2,582.06	\$937.19	\$2,530.41	\$2,150.85	\$2,530.41
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,052.04	\$2,840.51	\$2,414.43	\$2,840.51	\$1,031.00	\$2,783.70	\$2,366.15	\$2,783.70
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,041.15	\$2,811.11	\$2,389.44	\$2,811.11	\$1,020.33	\$2,754.89	\$2,341.66	\$2,754.89
BLUE CARE ELECT SAVER \$3,000	\$891.95	\$2,408.27	\$2,047.03	\$2,408.27	\$874.11	\$2,360.10	\$2,006.08	\$2,360.10
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,017.19	\$2,746.41	\$2,334.45	\$2,746.41	\$996.85	\$2,691.50	\$2,287.77	\$2,691.50
HMO BLUE NE DEDUCTIBLE \$3,000	\$992.14	\$2,678.78	\$2,276.96	\$2,678.78	\$972.30	\$2,625.21	\$2,231.43	\$2,625.21
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: EASTERN



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,664.98	\$4,495.45	\$3,821.13	\$4,495.45	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,415.79	\$3,822.63	\$3,249.24	\$3,822.63	\$1,387.48	\$3,746.20	\$3,184.27	\$3,746.20
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,323.79	\$3,574.23	\$3,038.10	\$3,574.23
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,316.97	\$3,555.82	\$3,022.45	\$3,555.82	\$1,290.63	\$3,484.70	\$2,962.00	\$3,484.70
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,448.79	\$3,911.73	\$3,324.97	\$3,911.73	\$1,419.81	\$3,833.49	\$3,258.46	\$3,833.49
BLUE CARE ELECT SAVER \$1,750	\$1,293.33	\$3,491.99	\$2,968.19	\$3,491.99	\$1,267.46	\$3,422.14	\$2,908.82	\$3,422.14
ACCESS BLUE NE SAVER \$3,000	\$1,132.64	\$3,058.13	\$2,599.41	\$3,058.13	\$1,109.98	\$2,996.95	\$2,547.40	\$2,996.95
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,336.50	\$3,608.55	\$3,067.27	\$3,608.55	\$1,309.78	\$3,536.41	\$3,005.95	\$3,536.41
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,243.22	\$3,356.69	\$2,853.19	\$3,356.69	\$1,218.35	\$3,289.55	\$2,796.11	\$3,289.55
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,367.65	\$3,692.66	\$3,138.76	\$3,692.66	\$1,340.30	\$3,618.81	\$3,075.99	\$3,618.81
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,353.50	\$3,654.45	\$3,106.28	\$3,654.45	\$1,326.43	\$3,581.36	\$3,044.16	\$3,581.36
BLUE CARE ELECT SAVER \$3,000	\$1,159.54	\$3,130.76	\$2,661.14	\$3,130.76	\$1,136.34	\$3,068.12	\$2,607.90	\$3,068.12
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,322.35	\$3,570.35	\$3,034.79	\$3,570.35	\$1,295.91	\$3,498.96	\$2,974.11	\$3,498.96
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,289.78	\$3,482.41	\$2,960.05	\$3,482.41	\$1,263.99	\$3,412.77	\$2,900.86	\$3,412.77
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: EASTERN



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$800.47	\$2,161.26	\$1,837.07	\$2,161.26	\$1,040.61	\$2,809.65	\$2,388.20	\$2,809.65
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$825.47	\$2,186.26	\$1,862.07	\$2,186.26	\$1,065.61	\$2,834.65	\$2,413.20	\$2,834.65

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$880.51	\$2,377.39	\$2,020.78	\$2,377.39	\$1,144.67	\$3,090.62	\$2,627.02	\$3,090.62
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$905.51	\$2,402.39	\$2,045.78	\$2,402.39	\$1,169.67	\$3,115.62	\$2,652.02	\$3,115.62

Regional Renewal Rates Effective January 1, 2026, for banks with **MEDICAL ONLY**

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: SOUTHEAST

REGION: SOUTHEAST



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,241.84	\$3,352.97	\$2,850.02	\$3,352.97	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,055.99	\$2,851.17	\$2,423.50	\$2,851.17	\$1,034.87	\$2,794.15	\$2,375.03	\$2,794.15
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$987.37	\$2,665.90	\$2,266.01	\$2,665.90
HMO BLUE NE DEDUCTIBLE \$2,000	\$982.29	\$2,652.18	\$2,254.36	\$2,652.18	\$962.64	\$2,599.13	\$2,209.26	\$2,599.13
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,080.59	\$2,917.59	\$2,479.95	\$2,917.59	\$1,058.98	\$2,859.25	\$2,430.36	\$2,859.25
BLUE CARE ELECT SAVER \$1,750	\$964.64	\$2,604.53	\$2,213.85	\$2,604.53	\$945.35	\$2,552.45	\$2,169.58	\$2,552.45
ACCESS BLUE NE SAVER \$3,000	\$844.80	\$2,280.96	\$1,938.82	\$2,280.96	\$827.90	\$2,235.33	\$1,900.03	\$2,235.33
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$996.86	\$2,691.52	\$2,287.79	\$2,691.52	\$976.92	\$2,637.68	\$2,242.03	\$2,637.68
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$927.27	\$2,503.63	\$2,128.08	\$2,503.63	\$908.72	\$2,453.54	\$2,085.51	\$2,453.54
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,020.08	\$2,754.22	\$2,341.08	\$2,754.22	\$999.68	\$2,699.14	\$2,294.27	\$2,699.14
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,009.53	\$2,725.73	\$2,316.87	\$2,725.73	\$989.34	\$2,671.22	\$2,270.54	\$2,671.22
BLUE CARE ELECT SAVER \$3,000	\$864.86	\$2,335.12	\$1,984.85	\$2,335.12	\$847.56	\$2,288.41	\$1,945.15	\$2,288.41
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$986.30	\$2,663.01	\$2,263.56	\$2,663.01	\$966.57	\$2,609.74	\$2,218.28	\$2,609.74
HMO BLUE NE DEDUCTIBLE \$3,000	\$962.01	\$2,597.43	\$2,207.81	\$2,597.43	\$942.77	\$2,545.48	\$2,163.66	\$2,545.48
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: SOUTHEAST



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,614.39	\$4,358.85	\$3,705.03	\$4,358.85	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,372.79	\$3,706.53	\$3,150.55	\$3,706.53	\$1,345.33	\$3,632.39	\$3,087.53	\$3,632.39
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,283.58	\$3,465.67	\$2,945.82	\$3,465.67
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,276.98	\$3,447.85	\$2,930.67	\$3,447.85	\$1,251.43	\$3,378.86	\$2,872.03	\$3,378.86
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,404.77	\$3,792.88	\$3,223.95	\$3,792.88	\$1,376.67	\$3,717.01	\$3,159.46	\$3,717.01
BLUE CARE ELECT SAVER \$1,750	\$1,254.03	\$3,385.88	\$2,878.00	\$3,385.88	\$1,228.96	\$3,318.19	\$2,820.46	\$3,318.19
ACCESS BLUE NE SAVER \$3,000	\$1,098.24	\$2,965.25	\$2,520.46	\$2,965.25	\$1,076.27	\$2,905.93	\$2,470.04	\$2,905.93
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,295.92	\$3,498.98	\$2,974.14	\$3,498.98	\$1,270.00	\$3,429.00	\$2,914.65	\$3,429.00
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,205.45	\$3,254.72	\$2,766.51	\$3,254.72	\$1,181.34	\$3,189.62	\$2,711.18	\$3,189.62
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,326.10	\$3,580.47	\$3,043.40	\$3,580.47	\$1,299.58	\$3,508.87	\$2,982.54	\$3,508.87
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,312.39	\$3,543.45	\$3,011.94	\$3,543.45	\$1,286.14	\$3,472.58	\$2,951.69	\$3,472.58
BLUE CARE ELECT SAVER \$3,000	\$1,124.32	\$3,035.66	\$2,580.31	\$3,035.66	\$1,101.83	\$2,974.94	\$2,528.70	\$2,974.94
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,282.19	\$3,461.91	\$2,942.63	\$3,461.91	\$1,256.54	\$3,392.66	\$2,883.76	\$3,392.66
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,250.61	\$3,376.65	\$2,870.15	\$3,376.65	\$1,225.60	\$3,309.12	\$2,812.75	\$3,309.12
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: SOUTHEAST



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$776.15	\$2,095.61	\$1,781.27	\$2,095.61	\$1,009.00	\$2,724.29	\$2,315.65	\$2,724.29
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$801.15	\$2,120.61	\$1,806.27	\$2,120.61	\$1,034.00	\$2,749.29	\$2,340.65	\$2,749.29

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$853.77	\$2,305.17	\$1,959.40	\$2,305.17	\$1,109.90	\$2,996.72	\$2,547.21	\$2,996.72
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$878.77	\$2,330.17	\$1,984.40	\$2,330.17	\$1,134.90	\$3,021.72	\$2,572.21	\$3,021.72

Regional Renewal Rates Effective January 1, 2026, for banks with **MEDICAL ONLY**

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: CENTRAL

REGION: CENTRAL



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,205.72	\$3,217.34	\$2,734.93	\$3,217.34	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,025.28	\$2,735.86	\$2,325.64	\$2,735.86	\$1,004.77	\$2,681.13	\$2,279.12	\$2,681.13
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$958.65	\$2,558.06	\$2,174.51	\$2,558.06
HMO BLUE NE DEDUCTIBLE \$2,000	\$953.71	\$2,544.88	\$2,163.30	\$2,544.88	\$934.64	\$2,493.99	\$2,120.04	\$2,493.99
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,049.16	\$2,799.58	\$2,379.81	\$2,799.58	\$1,028.18	\$2,743.60	\$2,332.22	\$2,743.60
BLUE CARE ELECT SAVER \$1,750	\$936.59	\$2,499.20	\$2,124.47	\$2,499.20	\$917.86	\$2,449.22	\$2,081.98	\$2,449.22
ACCESS BLUE NE SAVER \$3,000	\$820.22	\$2,188.68	\$1,860.51	\$2,188.68	\$803.82	\$2,144.91	\$1,823.30	\$2,144.91
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$967.86	\$2,582.64	\$2,195.40	\$2,582.64	\$948.50	\$2,530.98	\$2,151.48	\$2,530.98
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$900.30	\$2,402.36	\$2,042.15	\$2,402.36	\$882.29	\$2,354.30	\$2,001.30	\$2,354.30
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$990.42	\$2,642.84	\$2,246.57	\$2,642.84	\$970.61	\$2,589.98	\$2,201.63	\$2,589.98
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$980.16	\$2,615.46	\$2,223.30	\$2,615.46	\$960.56	\$2,563.16	\$2,178.84	\$2,563.16
BLUE CARE ELECT SAVER \$3,000	\$839.70	\$2,240.66	\$1,904.69	\$2,240.66	\$822.91	\$2,195.85	\$1,866.61	\$2,195.85
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$957.61	\$2,555.29	\$2,172.15	\$2,555.29	\$938.46	\$2,504.19	\$2,128.71	\$2,504.19
HMO BLUE NE DEDUCTIBLE \$3,000	\$934.03	\$2,492.37	\$2,118.66	\$2,492.37	\$915.35	\$2,442.52	\$2,076.29	\$2,442.52
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: CENTRAL



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,567.44	\$4,182.56	\$3,555.42	\$4,182.56	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,332.86	\$3,556.60	\$3,023.33	\$3,556.60	\$1,306.20	\$3,485.46	\$2,962.85	\$3,485.46
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,246.25	\$3,325.49	\$2,826.87	\$3,325.49
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,239.82	\$3,308.34	\$2,812.28	\$3,308.34	\$1,215.03	\$3,242.19	\$2,756.05	\$3,242.19
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,363.91	\$3,639.46	\$3,093.76	\$3,639.46	\$1,336.63	\$3,566.66	\$3,031.88	\$3,566.66
BLUE CARE ELECT SAVER \$1,750	\$1,217.57	\$3,248.96	\$2,761.81	\$3,248.96	\$1,193.22	\$3,183.99	\$2,706.58	\$3,183.99
ACCESS BLUE NE SAVER \$3,000	\$1,066.29	\$2,845.29	\$2,418.67	\$2,845.29	\$1,044.97	\$2,788.40	\$2,370.31	\$2,788.40
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,258.22	\$3,357.43	\$2,854.02	\$3,357.43	\$1,233.05	\$3,290.27	\$2,796.93	\$3,290.27
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,170.39	\$3,123.07	\$2,654.80	\$3,123.07	\$1,146.98	\$3,060.60	\$2,601.69	\$3,060.60
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,287.55	\$3,435.70	\$2,920.55	\$3,435.70	\$1,261.79	\$3,366.96	\$2,862.12	\$3,366.96
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,274.21	\$3,400.10	\$2,890.29	\$3,400.10	\$1,248.73	\$3,332.11	\$2,832.49	\$3,332.11
BLUE CARE ELECT SAVER \$3,000	\$1,091.61	\$2,912.85	\$2,476.10	\$2,912.85	\$1,069.78	\$2,854.60	\$2,426.58	\$2,854.60
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,244.89	\$3,321.86	\$2,823.78	\$3,321.86	\$1,220.00	\$3,255.45	\$2,767.33	\$3,255.45
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,214.24	\$3,240.08	\$2,754.26	\$3,240.08	\$1,189.96	\$3,175.29	\$2,699.19	\$3,175.29
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: CENTRAL



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$753.58	\$2,010.85	\$1,709.34	\$2,010.85	\$979.65	\$2,614.10	\$2,222.14	\$2,614.10
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$778.58	\$2,035.85	\$1,734.34	\$2,035.85	\$1,004.65	\$2,639.10	\$2,247.14	\$2,639.10

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$828.94	\$2,211.93	\$1,880.27	\$2,211.93	\$1,077.62	\$2,875.50	\$2,444.35	\$2,875.50
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$853.94	\$2,236.93	\$1,905.27	\$2,236.93	\$1,102.62	\$2,900.50	\$2,469.35	\$2,900.50

Regional Renewal Rates Effective January 1, 2026, for banks with **MEDICAL ONLY**

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.

REGION: WESTERN

REGION: WESTERN



EMPLOYEES	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,136.40	\$2,948.50	\$2,506.33	\$2,948.50	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$966.33	\$2,507.24	\$2,131.24	\$2,507.24	\$947.00	\$2,457.09	\$2,088.61	\$2,457.09
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$903.53	\$2,344.30	\$1,992.74	\$2,344.30
HMO BLUE NE DEDUCTIBLE \$2,000	\$898.88	\$2,332.23	\$1,982.48	\$2,332.23	\$880.90	\$2,285.58	\$1,942.82	\$2,285.58
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$988.85	\$2,565.67	\$2,180.91	\$2,565.67	\$969.07	\$2,514.35	\$2,137.28	\$2,514.35
BLUE CARE ELECT SAVER \$1,750	\$882.73	\$2,290.33	\$1,946.86	\$2,290.33	\$865.08	\$2,244.54	\$1,907.93	\$2,244.54
ACCESS BLUE NE SAVER \$3,000	\$773.06	\$2,005.78	\$1,704.98	\$2,005.78	\$757.60	\$1,965.67	\$1,670.89	\$1,965.67
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$912.21	\$2,366.82	\$2,011.88	\$2,366.82	\$893.97	\$2,319.49	\$1,971.65	\$2,319.49
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$848.53	\$2,201.60	\$1,871.43	\$2,201.60	\$831.56	\$2,157.57	\$1,834.01	\$2,157.57
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$933.47	\$2,421.98	\$2,058.77	\$2,421.98	\$914.80	\$2,373.54	\$2,017.59	\$2,373.54
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$923.81	\$2,396.92	\$2,037.46	\$2,396.92	\$905.33	\$2,348.97	\$1,996.71	\$2,348.97
BLUE CARE ELECT SAVER \$3,000	\$791.42	\$2,053.42	\$1,745.48	\$2,053.42	\$775.59	\$2,012.35	\$1,710.56	\$2,012.35
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$902.55	\$2,341.76	\$1,990.57	\$2,341.76	\$884.50	\$2,294.92	\$1,950.76	\$2,294.92
HMO BLUE NE DEDUCTIBLE \$3,000	\$880.33	\$2,284.10	\$1,941.57	\$2,284.10	\$862.72	\$2,238.41	\$1,902.73	\$2,238.41
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: WESTERN



EARLY RETIREE	Standard Rates*				Exclusive CDH Product(s) Incentive Rates*			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
HMO BLUE NE	\$1,477.32	\$3,833.05	\$3,258.23	\$3,833.05	n/a	n/a	n/a	n/a
HMO BLUE NE DEDUCTIBLE \$1,250	\$1,256.23	\$3,259.41	\$2,770.62	\$3,259.41	\$1,231.10	\$3,194.21	\$2,715.19	\$3,194.21
HMO BLUE NE OPTIONS DEDUCTIBLE	n/a	n/a	n/a	n/a	\$1,174.59	\$3,047.59	\$2,590.56	\$3,047.59
HMO BLUE NE DEDUCTIBLE \$2,000	\$1,168.54	\$3,031.89	\$2,577.21	\$3,031.89	\$1,145.17	\$2,971.26	\$2,525.67	\$2,971.26
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250	\$1,285.51	\$3,335.38	\$2,835.19	\$3,335.38	\$1,259.79	\$3,268.65	\$2,778.47	\$3,268.65
BLUE CARE ELECT SAVER \$1,750	\$1,147.55	\$2,977.43	\$2,530.92	\$2,977.43	\$1,124.60	\$2,917.89	\$2,480.31	\$2,917.89
ACCESS BLUE NE SAVER \$3,000	\$1,004.98	\$2,607.52	\$2,216.48	\$2,607.52	\$984.88	\$2,555.37	\$2,172.15	\$2,555.37
HMO BLUE NE DEDUCTIBLE \$1,250 w/ HCCS	\$1,185.87	\$3,076.86	\$2,615.44	\$3,076.86	\$1,162.16	\$3,015.34	\$2,563.14	\$3,015.34
HMO BLUE NE DEDUCTIBLE \$2,000 w/ HCCS	\$1,103.09	\$2,862.08	\$2,432.86	\$2,862.08	\$1,081.03	\$2,804.84	\$2,384.21	\$2,804.84
BLUE CARE ELECT PPO DEDUCTIBLE \$1,250 w/ HCCS	\$1,213.51	\$3,148.57	\$2,676.40	\$3,148.57	\$1,189.24	\$3,085.60	\$2,622.87	\$3,085.60
BLUE CARE ELECT PPO DEDUCTIBLE \$2,000	\$1,200.95	\$3,115.98	\$2,648.70	\$3,115.98	\$1,176.93	\$3,053.66	\$2,595.72	\$3,053.66
BLUE CARE ELECT SAVER \$3,000	\$1,028.85	\$2,669.45	\$2,269.13	\$2,669.45	\$1,008.27	\$2,616.06	\$2,223.74	\$2,616.06
BLUE CARE ELECT PPO DEDUCTIBLE \$3,000	\$1,173.32	\$3,044.30	\$2,587.76	\$3,044.30	\$1,149.85	\$2,983.40	\$2,535.99	\$2,983.40
HMO BLUE NE DEDUCTIBLE \$3,000	\$1,144.43	\$2,969.34	\$2,524.04	\$2,969.34	\$1,121.54	\$2,909.95	\$2,473.56	\$2,909.95
BlueFit HMO ACCESS BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			
BlueFit PPO BLUE SAVER	n/a	n/a	n/a	n/a	See BlueFit Rate Sheet			

REGION: WESTERN



BlueFit HMO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$710.25	\$1,842.82	\$1,566.46	\$1,842.82	\$923.33	\$2,395.66	\$2,036.39	\$2,395.66
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$735.25	\$1,867.82	\$1,591.46	\$1,867.82	\$948.33	\$2,420.66	\$2,061.39	\$2,420.66

BlueFit PPO Blue Saver	Active Employee				Early Retiree			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS RATES	\$781.28	\$2,027.10	\$1,723.10	\$2,027.10	\$1,015.66	\$2,635.22	\$2,240.03	\$2,635.22
ANCILLARY UNDERWRITTEN BY USABLESM ¹	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
HEALTH EQUITY® HSA FEE ²	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$806.28	\$2,052.10	\$1,748.10	\$2,052.10	\$1,040.66	\$2,660.22	\$2,265.03	\$2,660.22

Regional Renewal Rates Effective January 1, 2026, for banks with **MEDICAL ONLY**

Notes:

- ¹ USABLE, an independent company, underwrites the critical illness and accident coverage
- ² Health Equity, an independent company, offers the Health Savings Account
 - Minimum employer contribution of 10% to HSA Deductible (Bluefit members only)
 - USABLE Fees \$25 PSPSM applies
 - The HEQ Fee of \$2.75 PSPM 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%.

ALL REGIONS: MEDEX 2 & DENTAL



SENIOR

MEDEX 2	\$250.81
PART D	\$254.54
TOTAL	\$505.35

DENTAL BLUE FREEDOM

	INDIVIDUAL	FAMILY
HIGH PLAN	\$44.68	\$138.21
MEDIUM PLAN	\$42.01	\$129.91
LOW PLAN	\$34.67	\$107.25

Notes:

- * 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 in 2018.
- The rate differential between the lowest and highest option plan must be $\leq 35\%$.