

# WELCOME

# Mass Bankers Benefits Team

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Chad Pook  
VP Administration,  
Group Insurance Trust



Tanya Duncan  
Executive Vice President,  
Revenue and Strategy

# Group Insurance Plan Committee



Brett Dean  
Watertown Savings Bank  
President and CEO



Cheryl Corman  
Middlesex Savings Bank  
EVP & CHRO



Kathleen Murphy  
Mass Bankers  
President & CEO



Michael Wheeler  
North Shore Bank  
President & COO



Chuck Leach  
Lee Bank  
President & CEO



James Ferrara  
Bristol County Savings Bank  
EVP & CHRO



Kara Clark  
Winchester Cooperative Bank  
SVP & CFO



Margaret Sullivan  
Avidia Bank  
EVP & CFO



Maria Vafiades  
Coastal Heritage Bank  
SVP & CFO



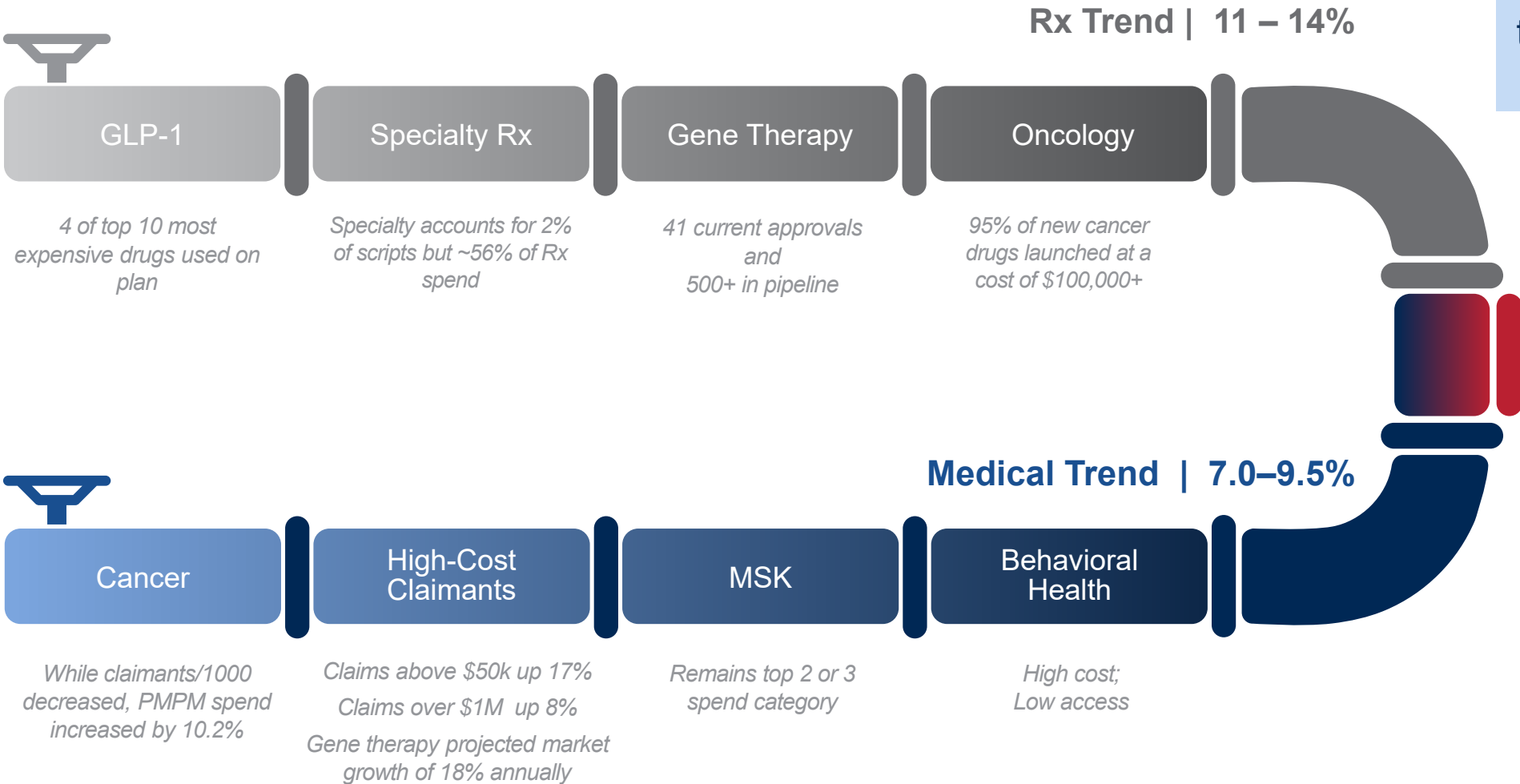
Matthew Burke  
Cape Cod 5  
CEO



Jim Kelly  
Managing Consultant,  
Brown & Brown

# Navigating Headwinds and Cost Pressures

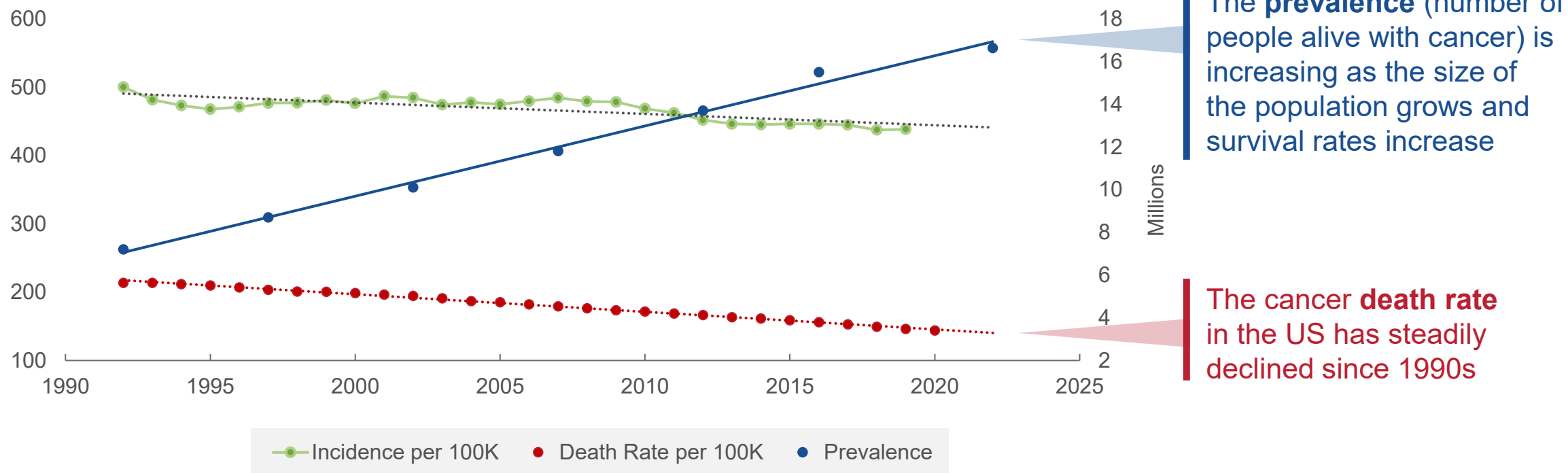
While costs are rising, MBA has aggressively negotiated with BCBS to ensure competitive rates for 2026



**SOURCES:**  
[Approved Cellular and Gene Therapy Products | FDA;](#)  
[The price of drugs for chronic myeloid leukemia \(CML\) is a reflection of the unsustainable prices of cancer drugs: from the perspective of a large group of CML experts - PMC](#)

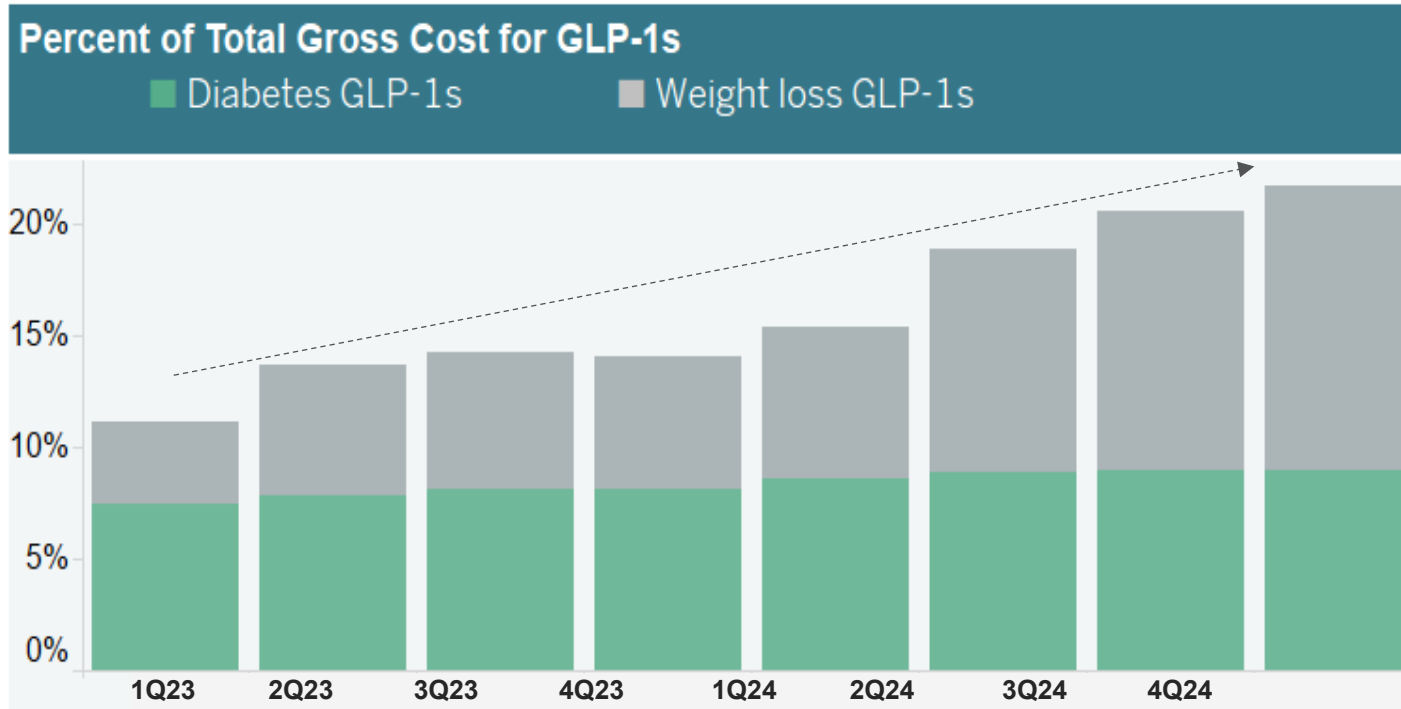
# CANCER: Increasing Prevalence and Advancing Treatments

Incidence, Death Rate, and Prevalence of All Cancers in U.S. Over Time



40% of individuals will be diagnosed with some form of cancer in their lifetime<sup>1</sup>

# GLP-1s: Benefit Considerations



*Plans covering both diabetes and weight loss GLP-1s. PharmaLogic book of business.*

- All plans cover diabetes GLP-1's as an essential health benefit.
- Plans covering weight-loss GLP-1s experienced high PMPM cost trends. For these plans, almost 20% of the total cost is related to GLP-1s in 2024.
- **Effective 1/1/26, BCBS is eliminating GLP-1's for weight-loss, due to the high cost and impact on employee contributions.**



# THANK YOU!

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# Speakers

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Jessica Bonzagni  
Senior Account  
Executive

Katie DiTullio  
Account Service  
Consultant



**MASSACHUSETTS**



# BETTER BY ASSOCIATION

September 23, 2025



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

- 2026 Medical Renewal
- Plan Changes/Enhancements
- New Plans to consider
- Member Value Programs
- Dental Renewal
- Retiree Renewal
- Program Updates and Reminders

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# 2026 RENEWAL

# 2026 RENEWAL

## Medical Trends

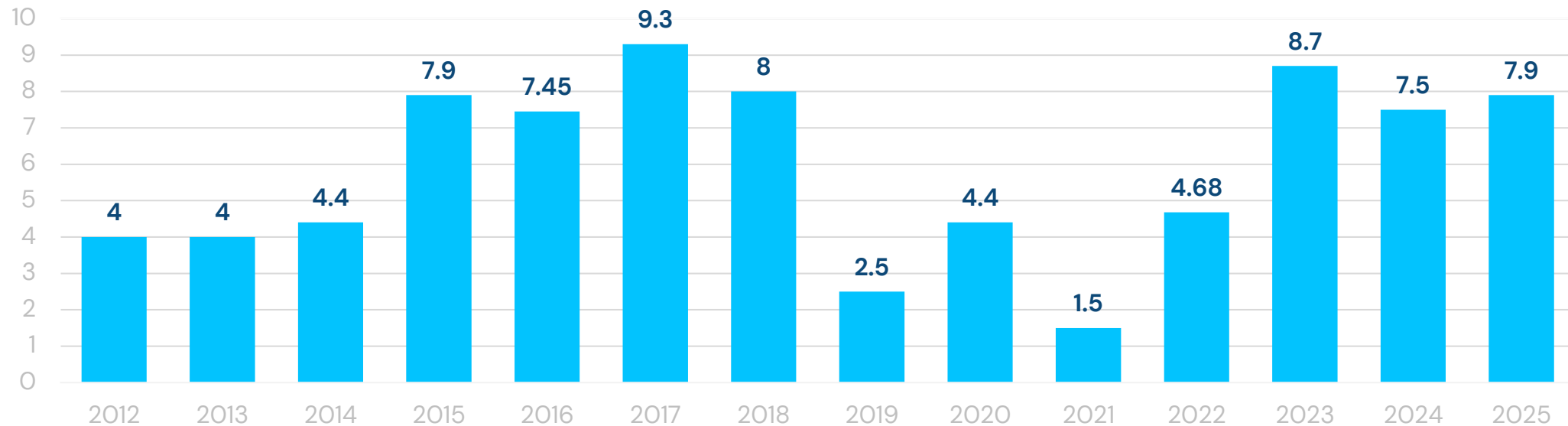


| Trends   | 2022  | 2023 | 2024  | 2025   | 2026 |
|--|-------|------|-------|--------|------|
| Managed Care   | 6.2%  | 6.5% | 7.1%  | 7.67%  | 8.6% |
| PPO  | 7.95% | 8.2% | 8.39% | 8.53%  | 9.8% |
| Pharmacy   | 8.98% | 9.8% | 9.4%  | 11.67% | 12%  |
| Pharmacy trend is weighted at approximately 20% of renewal |       |      |       |        |      |

| Composite Medical Renewal Increase               |
|--|
| 14.1%  |
| Composite Increase for all products, all regions |

# STABLE RATES YEAR OVER YEAR

## MBA Group Insurance Trust final renewal rate action



ACA fees account for approximately 2% in renewal years 2014–2016 and 2018–2020.

# 2026 RENEWAL

## Change/Enhancement Summary



### Change 1/2026

|   |  |
|---|--|
| <b>Fitness Reimbursement</b>  | Covered services are expanded to include <b>Athletic Shoes!</b> Defined as: Shoes designed to be worn for sports, exercising, or recreational activity. Categories: running/training/walking, court sports, field sports, outdoor sports, track and field, and specialty shoes (i.e. gymnastics, weightlifting, etc..) This is an MBA enhancement! |
| <b>Mind Body Reimbursement</b>  | Covered services will include Reiki & Reflexology! Members can submit reimbursement online via MyBlue. This is a BCBSMA enhancement.   |
| <b>GLP-1 coverage for Weight Loss</b>   | BCBSMA remains committed to covering GLP1 medications for Type 2 diabetes. We will no longer be covering the medications for weight loss.  |
| <b>Pharmacy Rebate Model</b>  | BCBSMA is changing to a Point-of-Sale Rebate Model. This may impact some members on plans like "Saver" and BlueFit Saver plans where the deductible applies to the pharmacy benefit.   |
| <b>Expanded No Cost Breast Cancer Screening Coverage</b>                        | In response to MA law, BCBSMA is removing cost share for eligible mammograms, MRIs, & ultrasounds. Members with an HSA-qualified plan must meet deductible before eligible services are offered at no cost. This is a BCBSMA core plan change.   |
| <b>No Cost Recovery Coaching</b>  | MA law requires members in MA have access to support for substance use disorder by seeing a licensed recovery coach at no additional cost. Members with an HSA-qualified plan must meet deductible before services are offered at no cost. This is a BCBSMA core plan change.  |
| <b>Out-Of-Pocket Costs for Select Medications That Treat Chronic Conditions</b> | MA legislation requires specific out of pocket costs for members prescribed medications for certain conditions (asthma, diabetes (select insulins) and heart conditions (CHF & CAD). \$0 generic & up to \$25 brand name. Deductible still applies for Saver/HSA plans.  |

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS | CONFIDENTIAL – NOT FOR DISTRIBUTION

**It's our responsibility**  
**TO ENSURE OUR  
CLIENTS AND MEMBERS  
GET THE BEST VALUE  
FOR THEIR PREMIUM  
DOLLARS**

**Effective January 1, 2026, GLP-1 medications for weight loss will no longer be covered.**

- We'll continue to cover these medications for type 2 diabetes. Indications other than type 2 diabetes won't be covered for these medications.
- This change goes into effect January 2026.



# WHAT THIS CHANGE MEANS FOR OUR MEMBERS

- Affected members will be notified about this change approximately 60 days in advance of the effective date (e.g., November 3, 2025 for January 1, 2026).
- Weight-loss medications may be health savings account and/or flexible spending arrangement eligible.
- Providers are being informed of our change in policy so they can support their patients through any necessary transition.
- Members diagnosed with obesity or who are interested in losing weight have many other options that are covered by Blue Cross to help them on their weight-loss journey.

|                       | Current                               | 2026                                  |
|-----------------------|---------------------------------------|---------------------------------------|
| In-Network Deductible | \$3,300/\$4,400 In-Network Deductible | \$3,400/\$4,600 In-Network Deductible |

- For 2026 the IRS is increasing the minimum deductible amounts for individual and family contracts enrolled on an HSA-Qualified HDHP (Saver Plans) again. In 2026 all Saver plans must comply with these new minimum deductible amounts (\$1,700 per individual contract and \$3,400 per family contract)
- The employer deductible contribution requirement will remain at 10%.
- Please note this increase reflects the minimum deductible amount and may require an increase again in 2027 in order to be in IRS compliance.

# NEW PLANS TO CONSIDER

# HMO BLUE NE \$3,000 DEDUCTIBLE

# HMO BLUE NEW ENGLAND

Network



## EXTENSIVE NETWORK

USE **HMO BLUE NE NETWORK** PROVIDERS  
IN MA, ME, NH, VT, CT AND RI

**CHOOSE PRIMARY CARE PHYSICIAN**  
(PCP) (CHANGE ANYTIME!)

**REFERRALS TO MOST HMO BLUE NE**  
**NETWORK SPECIALISTS**

## ACCESS TO QUALITY CARE

### **FIND A DOCTOR:**

- ONLINE [WWW.BLUECROSSMA.ORG](http://WWW.BLUECROSSMA.ORG)
- CALL PHYSICIAN SELECTION  
SERVICE: 1-800-821-1388

### **NO REFERRALS TO NETWORK:**

- OB/GYN CARE
- BEHAVIORAL HEALTH
- CHIROPRACTORS &  
ACUPUNCTURISTS
- EMERGENCIES
- ROUTINE VISION
- OUT-OF-AREA URGENT CARE

# HMO BLUE NE \$3,000 DEDUCTIBLE

## In-Network Medical Services



| MEDICAL SERVICES                |   | MEMBER COST SHARING                   |        |        |
|---------------------------------|---|---------------------------------------|--------|--------|
| DOCTOR<br>OFFICE<br>VISITS      | Deductible                              | \$3,000 individual<br>\$6,000 family  |        |        |
|                                 | Maximum Out of Pocket                   | \$5,000 individual<br>\$10,000 family |        |        |
|                                 | Routine health checkups & related tests | \$0                                   |        |        |
|                                 | PCP, OB/GYN, Behavioral Health visits   | \$25                                  |        |        |
|                                 | Specialist office visits                | \$45                                  |        |        |
| EMERGENCY<br>AND URGENT<br>CARE | Physical, Speech Therapy, Cardiac Rehab | \$45 after deductible                 |        |        |
|                                 | Emergency Room visits                   | \$250                                 |        |        |
|                                 | Urgent Care facilities                  | \$45                                  |        |        |
|                                 | Limited-Service Clinics                 | \$20                                  |        |        |
| EQUIPMENT                       | Durable Medical Equipment               | 20% after deductible                  |        |        |
| DIAGNOSTIC<br>TESTING           | Diagnostic Labs, X-Rays & other Tests   | \$0 after deductible                  |        |        |
|                                 | MRI's, PET Scans, & CT Scans            | \$0 after deductible                  |        |        |
| HOSPITAL                        | Hospital Day Surgery                    | \$0 after deductible                  |        |        |
|                                 | Inpatient Admissions                    | \$0 after deductible                  |        |        |
| PRESCRIPTION<br>DRUGS           | PRESCRIPTION DRUGS                      | TIER 1                                | TIER 2 | TIER 3 |
|                                 | Retail pharmacy (30-day supply)         | \$20                                  | \$40   | \$70   |
|                                 | Mail Order pharmacy (90-day supply)     | \$40                                  | \$80   | \$210  |

# BLUE CARE ELECT \$3,000 DEDUCTIBLE

# BLUE CROSS BLUE SHIELD PPO

Network



## EXTENSIVE NETWORK

**NATIONAL PPO NETWORK** BLUE  
CROSS BLUE SHIELD PPO PROVIDERS

**IN-NETWORK PPO** PROVIDERS:  
RICHER BENEFITS

**OUT-OF-NETWORK** PROVIDER:  
BENEFITS REDUCED

## ACCESS TO QUALITY CARE

**FREEDOM OF CHOICE** USE IN-  
NETWORK OR OUT-OF-NETWORK  
PROVIDERS

**NO REFERRALS REQUIRED** GO TO ANY  
LICENSED PROVIDER NATIONWIDE

### FIND A DOCTOR:

- ONLINE [WWW.BLUECROSSMA.ORG](http://WWW.BLUECROSSMA.ORG)
- CALL PHYSICIAN SELECTION  
SERVICE: 1-800-821-1388

BLUE CARE ELECT \$3,000 DEDUCTIBLE



In-Network Medical Services

|                                 |  | MEDICAL SERVICES                        | MEMBER COST SHARING                   |        |        |
|---------------------------------|--|---|---------------------------------------|--------|--------|
| DOCTOR<br>OFFICE<br>VISITS      |  | Deductible                              | \$3,000 individual<br>\$6,000 family  |        |        |
|                                 |  | Maximum Out<br>of Pocket                | \$5,000 individual<br>\$10,000 family |        |        |
|                                 |  | Routine health checkups & related tests | \$0                                   |        |        |
|                                 |  | PCP, OB/GYN, Behavioral Health visits   | \$30 after deductible                 |        |        |
|                                 |  | Specialist office visits                | \$40 after deductible                 |        |        |
| EMERGENCY<br>AND URGENT<br>CARE |  | Physical, Speech Therapy, Cardiac Rehab | \$40 after deductible                 |        |        |
|                                 |  | Emergency Room visits                   | \$250 after deductible                |        |        |
|                                 |  | Urgent Care facilities                  | \$40 after deductible                 |        |        |
|                                 |  | Limited-Service Clinics                 | \$25 after deductible                 |        |        |
| EQUIPMENT                       |  | Durable Medical Equipment               | 20% after deductible                  |        |        |
| DIAGNOSTIC<br>TESTING           |  | Diagnostic Labs, X-Rays & other Tests   | \$0 after deductible                  |        |        |
|                                 |  | MRI's, PET Scans, & CT Scans            | \$0 after deductible                  |        |        |
| HOSPITAL                        |  | Hospital Day Surgery                    | \$0 after deductible                  |        |        |
|                                 |  | Inpatient Admissions                    | \$0 after deductible                  |        |        |
| PRESCRIPTION<br>DRUGS           |  | PRESCRIPTION DRUGS                      | TIER 1                                | TIER 2 | TIER 3 |
|                                 |  | Retail pharmacy (30-day supply)         | \$20                                  | \$40   | \$70   |
|                                 |  | Mail Order pharmacy (90-day supply)     | \$40                                  | \$80   | \$210  |

ETTS

UTION

# BLUE CARE ELECT \$3,000 DEDUCTIBLE

## Out-of-Network Medical Services



|                              | MEDICAL SERVICES                        | MEMBER COST SHARING                  |
|------------------------------|---|--------------------------------------|
|                              | Deductible                              | \$3,000 individual<br>\$6,000 family |
| DOCTOR<br>OFFICE<br>VISITS   | Routine health checkups & related tests | 20% after deductible                 |
|                              | PCP, OB/GYN, Behavioral Health visits   | 20% after deductible                 |
|                              | Specialist office visits                | 20% after deductible                 |
|                              | Physical, Speech Therapy, Cardiac Rehab | 20% after deductible                 |
| EMERGENCY AND<br>URGENT CARE | Emergency Room visits                   | \$250 after deductible               |
|                              | Urgent Care facilities                  | 20% after deductible                 |
|                              | Limited-Service Clinics                 | 20% after deductible                 |
| EQUIPMENT                    | Durable Medical Equipment               | 40% after deductible                 |
| DIAGNOSTIC<br>TESTING        | Diagnostic Labs, X-Rays & other Tests   | 20% after deductible                 |
|                              | MRI's, PET Scans, & CT Scans            | 20% after deductible                 |
| HOSPITAL                     | Hospital Day Surgery                    | 20% after deductible                 |
|                              | Inpatient Admissions                    | 20% after deductible                 |

The amount the plan pays for covered services is based on the BCBSMA allowed amount. If an out-of-network provider charges more than the BCBSMA allowed amount, you may have to pay the difference

# Plan Enrollment Shifts



| Product                            | 2024  | 2025             |
|------------------------------------|-------|------------------|
| HMO Blue New England               | 647   | 540 (13 banks)   |
| HMO Blue NE \$1,250 Deductible     | 1,825 | 1,680 (39 banks) |
| HMO Blue NE \$1,250 + HCCS         | 304   | 253 (5 banks)    |
| HMO Blue NE \$2,000 Deductible     | 818   | 834 (16 banks)   |
| HMO Blue NE \$2,000 + HCCS         | 473   | 457 (16 banks)   |
| HMO Blue NE Options Deductible     | 1,586 | 1,571 (7 banks)  |
| Blue Care Elect \$1,250 Deductible | 634   | 477 (30 banks)   |
| Blue Care Elect \$1250 + HCCS      | 364   | 347 (6 banks)    |
| Blue Care Elect \$2,000            |       | 66 (3 banks)     |
| Blue Care Elect Saver \$1750       | 3,355 | 3,295 (44 banks) |
| Blue Care Elect Saver \$3,000      | 122   | 383 (7 banks)    |
| Access Blue NE Saver               | 89    | 74 (7 banks)     |
| BlueFit Access Saver               | 97    | 179 (7 banks)    |
| BlueFit PPO                        | 70    | 39 (4 banks)     |

# 2026 PRODUCT PREMIUM RATE RELATIVITIES

| Product  | Product premium rate relativities |
|--|-----------------------------------|
| HMO Blue New England                           | +20%                              |
| Blue Care Elect Deductible \$1,250             | +2.3%                             |
| HMO Blue NE Deductible \$1,250                 | 0%                                |
| Blue Care Elect Deductible \$1,250 + HCCS      | -3.4%                             |
| Blue Care Elect Deductible \$2,000             | -4.4%                             |
| HMO Blue NE Options Deductible                 | -4.6%                             |
| HMO Blue NE Deductible \$1,250 + HCCS          | -5.6%                             |
| Blue Care Elect Deductible \$3,000 <b>NEW!</b> | -6.6%                             |
| HMO Blue NE Deductible \$2,000                 | -7.0%                             |
| Blue Care Elect Saver \$1,750                  | -8.6%                             |
| HMO Blue NE Deductible \$3,000 <b>NEW!</b>     | -8.9%                             |
| HMO Blue NE Deductible \$2,000 + HCCS          | -12.2%                            |
| <b><i>BlueFit Preferred Blue PPO Saver</i></b> | <b>-17.5%</b>                     |
| Blue Care Elect Saver \$3,000                  | -18.1%                            |
| Access Blue NE Saver \$3,000                   | -20.0%                            |
| <b><i>BlueFit HMO Access Blue NE Saver</i></b> | <b>-25.0%</b>                     |

Note: Relativities based on HMO Blue NE \$1,250 "CDH Exclusive Rate".  
This chart is intended to show the rate differentials between the products offered.  
BlueFit relativities do not include the cost for ACI for first year (\$25 PSPM).

# VALUE ADD MEMBER PROGRAMS

# VALUABLE PROGRAMS FOR MEMBERS

## Reminder



### Livongo/Teledoc

- Diabetes Management
- Hypertension Management
- Weight Management
- Diabetes Prevention

### Women's Health

- Hinge –Pelvic Health
- Maven- Pregnancy, Postpartum & Menopause

### Hinge Health

- Musculoskeletal – Chronic back & joint pain
- Members with diagnosis in system are invited to participate

### Unique Reimbursements

- Fitness-\$300- Now includes Athletic Shoes!
- Mind Body-\$350- Now Includes Reiki & Reflexology!
- Weight Loss -\$400

### Well-Connection

- Telehealth providers for medical & mental health
- Confidential, highly rated, remote care
- Find link by logging into MyBlue account.

### GeoBlue

- Global Traveler Companion Plan
- Outside US

### Mental Health

- BCBSMA.org/MyBlue
- Member Advocates to help find the right care
- Traditional provider network
- Subspecialty groups
- Learn 2 Live – digital, self-guided

### Virtual PCP

- A new kind of Primary Care – Firefly Health
- Care coordination with specialist and to receive in person care
- \$0 copay visits (after deductible on Saver plans)

### Banking on Wellness

- Member incentives

# DENTAL AND RETIREE RENEWAL

# 2026 RENEWAL

Dental Blue Freedom



**3.9% Increase for Dental Blue Freedom Plans**  
4.9% capped increase for 2027

# TOTAL HEALTH SOLUTION: DENTAL BLUE<sup>®</sup> FREEDOM

| Option              | Deductible                            | Calendar-Year Maximum                      |
|---------------------|---------------------------------------|--|
| High (with Ortho)   | \$25 per individual, \$75 per family  | \$1,500 (\$2,000 Lifetime Ortho Max to 18) |
| Medium (with Ortho) | \$50 per individual, \$150 per family | \$1,000 (\$1,000 Lifetime Ortho Max to 18) |
| Low                 | \$75 per individual, \$225 per family | \$1,000                                    |

## Dental Blue Offering Guidelines

- Banks can offer any combination of two dental products
- Banks must contribute at least 50% of dental premium
- Banks that offer Mass Bankers dental pay **1.5%** lower premium on medical rates. If your bank offers medical and dental, you will use the “medical and dental” rate sheet.

**MBA Group Insurance Trust member banks pay **1.5% less in medical premiums** when they combine medical and dental coverage, and can choose two plans.**

## 2026 RENEWAL

### Retiree Program



| Medex 2 with Drug Plan                   |          |          |
|--|----------|----------|
|  | 2025     | 2026     |
| Medex 2                                  | \$219.50 | \$250.81 |
| Part D (\$10/\$25/\$45<br>2x mail-order) | \$213.06 | \$254.54 |

- Medex 2 premium will increase by 14.3%
- Part D Rx rates will increase by approx. 19.5 %
- Early Retiree Surcharge will remain at 30%
- Please refer to MBA Early Retiree Guidelines for details on minimum contribution levels

# PROGRAM UPDATES AND REMINDERS

# OPEN ENROLLMENT

## Planning & Support



**PATTI LOZZI**  
Account Service  
Consultant



**DEANNA SMITH**  
Sr. Account Service  
Consultant



**KATIE DITULLIO**  
Sr. Account Service  
Consultant



**ERIN CASTAGNOZZI**  
Manager  
Account Service

**To schedule open enrollment, plan education webinars, request materials or ask questions about benefits please contact your Dedicated Service Team.**


- **Email: [MassBankers@bcbsma.com](mailto:MassBankers@bcbsma.com)**
- **Phone: 1-800 -253-2988**

## 2026 RENEWAL

### Notify Blue Cross and MBA Renewal Decision by October 24<sup>th</sup>

- Please notify even if you are not making any plan changes for 2026
- Email completed form to:

[MassBankers@BCBSMA.com](mailto:MassBankers@BCBSMA.com), [Jessica.Bonzagni@bcbsma.com](mailto:Jessica.Bonzagni@bcbsma.com), [Cpook@massbankers.org](mailto:Cpook@massbankers.org)



MASSACHUSETTS

### MEDICAL & DENTAL EMPLOYEE BENEFIT SELECTION FORM

Renewal 1/1/25–12/31/25

Please fill out this form and send it to: [Massbankers@bcbsma.com](mailto:Massbankers@bcbsma.com), [Jessica.Bonzagni@bcbsma.com](mailto:Jessica.Bonzagni@bcbsma.com) and [Cpook@massbankers.org](mailto:Cpook@massbankers.org). This form will need to be returned by 11/1/2024. Late submissions could delay important steps in the open enrollment process.

#### Account information

Name of MBA member bank: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone number: \_\_\_\_\_

Primary contact: \_\_\_\_\_ Primary's role: \_\_\_\_\_

Primary's phone number: \_\_\_\_\_ Primary's email: \_\_\_\_\_

Additional contacts: \_\_\_\_\_

#### Medical

Will you be participating in the medical program offered through the Massachusetts Bankers Association?

☐ Yes, we will be offering the following: ☐ No, we will not participate.

**Please choose which Blue Cross Blue Shield of MA medical plan(s) you will be offering:**

| Plan type                        | Plan name   |
|----------------------------------|---|
| <input type="checkbox"/> Non-CDH | HMO Blue New England                              |
| <input type="checkbox"/> CDH     | HMO Blue New England \$1,250 Deductible           |
| <input type="checkbox"/> CDH     | HMO Blue New England \$1,250 Deductible with HCCS |
| <input type="checkbox"/> CDH     | HMO Blue New England \$2,000 Deductible           |
| <input type="checkbox"/> CDH     | HMO Blue New England \$2,000 Deductible with HCCS |
| <input type="checkbox"/> CDH     | HMO Blue New England Options Deductible v5        |
| <input type="checkbox"/> CDH     | Blue Care Elect \$1,250 Deductible                |
| <input type="checkbox"/> CDH     | Blue Care Elect \$1,250 Deductible with HCCS      |
| <input type="checkbox"/> CDH     | Blue Care Elect \$2,000 Deductible - NEW          |
| <input type="checkbox"/> CDH     | Blue Care Elect Saver \$1,750                     |
| <input type="checkbox"/> CDH     | Blue Care Elect Saver \$3,000 - NEW               |
| <input type="checkbox"/> CDH     | Access Blue New England Saver \$3,000             |
| <input type="checkbox"/> CDH     | BlueFit Access Blue Saver (HMO)                   |
| <input type="checkbox"/> CDH     | BlueFit Access Blue Saver (HMO)                   |
| <input type="checkbox"/> Non-CDH | Master Medical - Closed to New Enrollees          |

#### Will you be closing any products?

☐ Yes ☐ No If Yes, which products? \_\_\_\_\_

#### Will you be adding new products?

☐ Yes ☐ No

If Yes, do you need separate groups for COBRA or Early Retiree?

☐ COBRA only ☐ Early Retirement Only ☐ Both ☐ Neither

#### Do you need separate group numbers for branch locations?

☐ Yes ☐ No

#### Will you offer Medex® and Part D?

☐ Yes ☐ No

#### Will the family plan include coverage for domestic partners?

If Yes, please select an option here: ☐ Same gender ☐ Opposite gender ☐ Both

#### Do you offer any of the following?

☐ HRA ☐ HSA ☐ FSA If Yes, please advise:

a. Name of vendor: \_\_\_\_\_

b. How much does the bank fund the HRA and/or HSA? \_\_\_\_\_

#### Dental

Will you be participating in the dental program offered through the Massachusetts Bankers Association?

☐ Yes, we will be offering the following: ☐ No, we will not participate.

**Please choose which Blue Cross Blue Shield of MA dental plan(s) you will be offering. You can offer up to 2 plans.**

| Plan type                       | Plan name  |
|---------------------------------|--|
| <input type="checkbox"/> High   | Dental Blue® Freedom Program 2 100/80/50/50 (with Ortho) |
| <input type="checkbox"/> Medium | Dental Blue® Freedom Program 2 100/70/50/50 (with Ortho) |
| <input type="checkbox"/> Low    | Dental Blue® Freedom Program 2 100/70/50                 |

#### Will the family plan include coverage for domestic partners?

If yes, please select an option here: ☐ Same gender ☐ Opposite gender ☐ Both

Signed commitment is due on or before November 1.

Signature \_\_\_\_\_ Date \_\_\_\_\_

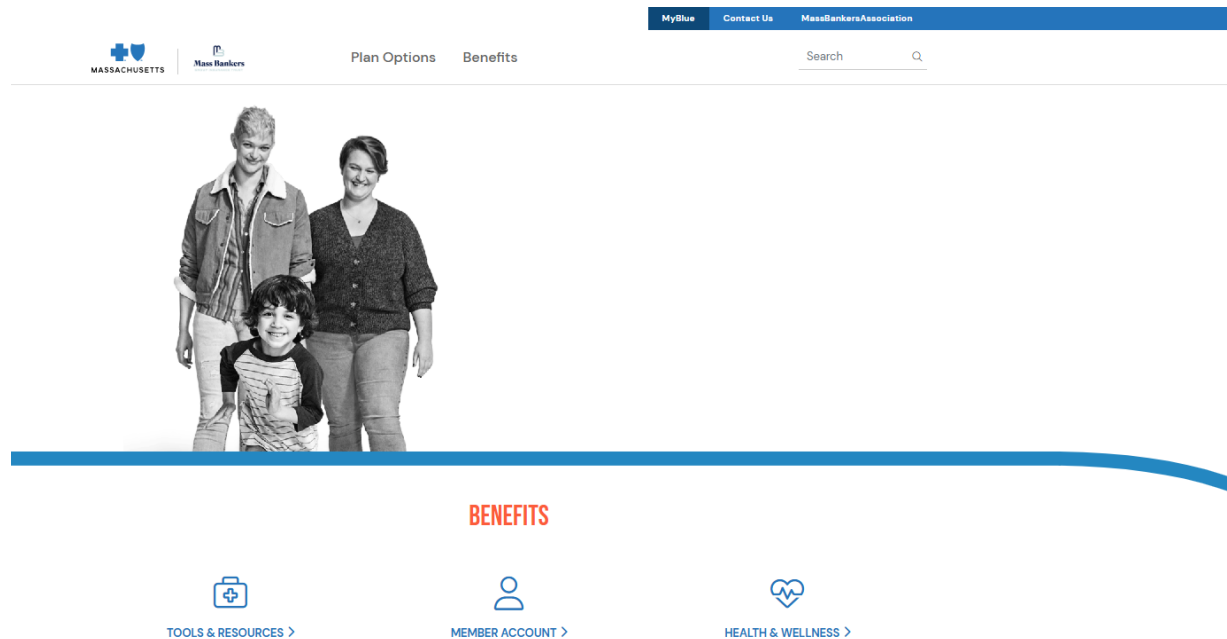
Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY 781) 438-2421. Si habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY 781) 438-2421. Se fala português, utilize os serviços gratuitos de assistência de idiomas. Ligue para os Serviços aos Membros, através do número no seu cartão (TTY 781) 438-2421.

# MASS BANKERS HR SITE

## MBA Microsite

Microsite for Banks to view Blue Cross Blue Shield benefit information

- Page includes
  - SBCs for all plans offered through MBA
  - Individual Brainshark's for each plan
  - Quick access to forms needed by HR team
- Update link will be shared as soon as plan information is available



Online destination for members to view their Blue Cross Blue Shield benefit information, and more!

- Home Page includes Plan Documents with Helpful Quick Links
- Bank can email link to employees where they can review plan options, download Summaries and Forms
- Page is customized with bank name and specific plan options

### Requests:

- Two-week lead time to have site created
- The option has been added to the bank selection forms on the bottom of page 2 (right above the signature).
- If you would like a microsite completed, please check off yes when you return the form.

Would you like BCBSMA to create an enrollment site and ekit for your Bank?

☐ Yes ☐ No



Home



EFFECTIVE: 1/1/2026

WELCOME MBA SAMPLE

# Health Care 101

Make smarter decisions for your health

Before choosing a plan, use this guide to make an informed decision.

Start Now



SAVE WITH  
BLUE365®



VISIT MYBLUE



FIND A DOCTOR



MEDICATION  
LOOK UP



CONTACT US

## ACCOUNT EDUCATION AND OPEN ENROLLMENT SUPPORT



- Account Education Line
- Webinar
- Open Enrollment Decision Support:
- In-Person Meetings/Support
- All account education requests can be sent to :
  - [MassBankers@bcbsma.com](mailto:MassBankers@bcbsma.com)

The following must be included in all requests:

**Subject Line:** Open Enrollment Support for [insert bank name]

**Body of E-mail:**

Bank Name:

Type of Request:

Date and time of Event:

Number of Expected Attendees:

Type of Literature You'd Like Available:

- **\*Please note, we can not plan or schedule any events until we have your bank selection form advising us of the plans you will offer for 2026.**

# THANK YOU FOR YOUR TIME TODAY

**We are HERE for You**

# Cost Management Strategy: Deductible Shifts + HRA Funding



## Objective

- Lower monthly premium costs
- Protect employees from significant increases in out-of-pocket expenses

## Approach

- Incrementally increase plan deductibles to capture premium savings
- Offset higher deductibles by introducing or increasing bank HRA contributions

## Benefits

- Bank: Guaranteed premium savings, better long-term cost management, flexibility in funding strategy
- Employee: Decreased in payroll deductions, continued access to a rich plan design, reduced impact of deductible increases

### Health Reimbursement Arrangement (HRA)

An employer-funded benefit that reimburses employees for qualified medical expenses

Employees don't contribute; the employer decides the annual allowance and sets the rules for what's covered

Funds are typically not portable if the employee leaves, and usually do not roll over

**Funds not used by employees remain with the employer**

# Scenario 1: HMO Blue Deductible Shift (\$0 → \$2,000)



## CURRENT

HMO BLUE NEW ENGLAND **\$0**  
DEDUCTIBLE PLAN

Employer sponsored Health  
Reimbursement Arrangement  
funding not applicable with this  
plan.



## PROPOSED

HMO Blue New England  
**\$2,000** Deductible Plan

To offset the higher out-of-pocket costs, the bank will  
cover the first 50% of the deductible which becomes a  
variable expense.

**This funding effectively lowers the deductible to  
\$1,000 for individuals and \$2,000 for families.**

# Plan Design Differences



|  | HMO Blue New England  | HMO Blue New England \$2,000 Deductible  |
|--|---|--|
| Medical Deductible                             | None  | \$2,000 per member<br>\$4,000 per family   |
| Out-of-Pocket Maximum                          | \$5,000 per member<br>\$10,000 per family                                       | \$5,000 per member<br>\$10,000 per family  |
| Office Visit - Preventive Care                 | Nothing   | Nothing  |
| Medical Care Outpatient Visit - PCP/Specialist | PCP - \$30 per visit<br>Specialist - \$45 per visit                             | PCP - \$30 per visit<br>Specialist - \$50 per visit                                |
| Urgent Care and Limited Services Clinic        | Urgent Care Center - \$45 per visit<br>Limited Services Clinic - \$25 per visit | Urgent Care Center - \$50 per visit<br>Limited Services Clinic - \$25 per visit    |
| ER Cost Share (per visit)                      | \$250 per visit   | \$250 per visit, no deductible   |
| Inpatient Cost Share (per admit)               | \$500 per admission   | \$250 per admission after deductible   |
| Out-Patient Surgery Cost Share (per admit)     | \$250 per admission   | \$150 per admission after deductible   |
| High Tech Radiology                            | Hospital: \$250<br>Other covered providers: \$50                                | Hospital: \$250 after deductible<br>Other covered providers: \$75 after deductible |
| Pharmacy Cost Share                            | Retail - \$20/\$40/\$70<br>Mail - \$40/\$80/\$210                               | Retail - \$20/\$40/\$70, no deductible<br>Mail - \$40/\$80/\$210, no deductible    |

# Plan Design Differences



|   | HMO Blue New England  | HMO Blue New England \$2,000 Deductible  |
|---|---|--|
| <b>Medical Deductible</b>                         | <b>None</b>   | <b>\$2,000 per member<br/>\$4,000 per family</b>                                   |
| Out-of-Pocket Maximum                             | \$5,000 per member<br>\$10,000 per family                                       | \$5,000 per member<br>\$10,000 per family  |
| Office Visit - Preventive Care                    | Nothing   | Nothing  |
| Medical Care Outpatient Visit - PCP/Specialist    | PCP - \$30 per visit<br>Specialist - \$45 per visit                             | PCP - \$30 per visit<br>Specialist - \$50 per visit                                |
| Urgent Care and Limited Services Clinic           | Urgent Care Center - \$45 per visit<br>Limited Services Clinic - \$25 per visit | Urgent Care Center - \$50 per visit<br>Limited Services Clinic - \$25 per visit    |
| ER Cost Share (per visit)                         | \$250 per visit   | \$250 per visit, no deductible   |
| <b>Inpatient Cost Share (per admit)</b>           | <b>\$500 per admission</b>  | <b>\$250 per admission after deductible</b>  |
| <b>Out-Patient Surgery Cost Share (per admit)</b> | <b>\$250 per admission</b>  | <b>\$150 per admission after deductible</b>  |
| High Tech Radiology                               | Hospital: \$250<br>Other covered providers: \$50                                | Hospital: \$250 after deductible<br>Other covered providers: \$75 after deductible |
| Pharmacy Cost Share                               | Retail - \$20/\$40/\$70<br>Mail - \$40/\$80/\$210                               | Retail - \$20/\$40/\$70, no deductible<br>Mail - \$40/\$80/\$210, no deductible    |

# Rates & Enrollment



## NORTHEAST / NORTHSHORE BOSTON– Medical & Dental Rates

|                       |            | CURRENT                    | PROPOSED                       |
|-----------------------|------------|----------------------------|--------------------------------|
| Cost Analysis         | Enrollment | HMO Blue NE \$0 Deductible | HMO Blue NE \$2,000 Deductible |
| Individual            | 33         | \$1,142.54                 | \$885.79                       |
| Couple                | 14         | \$3,084.97                 | \$2,391.74                     |
| SPMD                  | 8          | \$2,622.38                 | \$2,033.10                     |
| Family                | 20         | \$3,084.97                 | \$2,391.74                     |
| Total Monthly Premium |            | \$163,572                  | \$126,815                      |
| Total Annual Premium  |            | \$1,962,862                | \$1,521,780                    |
| Dollar Difference     |            | n/a                        | -\$441,082                     |
| Percent Difference    |            | n/a                        | -22.5%                         |

\$441,082 total annual premium savings

# Financial Overview



## Bank Impact

| Plan Offering                | CURRENT                    | PROPOSED                       |
|------------------------------|----------------------------|--------------------------------|
|                              | HMO Blue NE \$0 Deductible | HMO Blue NE \$2,000 Deductible |
| Premium                      | \$1,570,290                | \$1,217,423                    |
| Deductible Cost Share (Bank) | \$0                        | \$81,900                       |
| HRA Admin Fee                | \$0                        | \$3,355                        |
| <b>Total Annual Premium</b>  | <b>\$1,570,290</b>         | <b>\$1,302,678</b>             |
| <b>Dollar Difference</b>     | <b>n/a</b>                 | <b>-\$267,612</b>              |
| <b>Percent Difference</b>    | <b>n/a</b>                 | <b>-17.0%</b>                  |

Estimated 17.0% savings

### Notes

- Example assumes 75 enrolled employees
- Bank funds first 50% of the HMO Blue NE \$2,000 deductible
  - \$1,000 individual coverage / \$2,000 family coverage
- Budgeted 70% of the maximum Health Reimbursement Arrangement exposure as the estimated expense
  - 30% HRA forfeiture rate
- 80% employer premium contribution
- 20% employee premium contribution



## Employee Impact

| Plan Offering                    | CURRENT                    | PROPOSED                       |
|----------------------------------|----------------------------|--------------------------------|
|                                  | HMO Blue NE \$0 Deductible | HMO Blue NE \$2,000 Deductible |
| Premium                          | \$392,572                  | \$304,358                      |
| Deductible Cost Share (Employee) | \$0                        | \$46,800                       |
| HRA Admin Fee                    | \$0                        | \$0                            |
| <b>Total Annual Premium</b>      | <b>\$392,572</b>           | <b>\$351,158</b>               |
| <b>Dollar Difference</b>         | <b>n/a</b>                 | <b>-\$41,414</b>               |
| <b>Percent Difference</b>        | <b>n/a</b>                 | <b>-10.5%</b>                  |

Estimated 10.5% savings

### Notes

- Example assumes 75 enrolled employees
- While employees could be responsible for the second half of their deductible, in practice most never reach that amount. We assume only about 40% of this exposure is actually paid, which equates to ~\$46,800
- 80% employer premium contribution
- 20% employee premium contribution

# Employee Contribution Impact



|            | HMO Blue NE \$0 Deductible |                               |                          |
|------------|----------------------------|-------------------------------|--------------------------|
|            | Premium Rate               | Employee Contribution Percent | Employee Monthly Premium |
| Individual | \$1,142.54                 | 20.0%                         | \$228.51                 |
| Couple     | \$3,084.97                 | 20.0%                         | \$616.99                 |
| SPMD       | \$2,622.38                 | 20.0%                         | \$524.48                 |
| Family     | \$3,084.97                 | 20.0%                         | \$616.99                 |

|            | HMO Blue NE \$2000 Deductible |                               |                          |
|------------|-------------------------------|-------------------------------|--------------------------|
|            | Premium Rate                  | Employee Contribution Percent | Employee Monthly Premium |
| Individual | \$885.79                      | 20.0%                         | \$177.16                 |
| Couple     | \$2,391.74                    | 20.0%                         | \$478.35                 |
| SPMD       | \$2,033.10                    | 20.0%                         | \$406.62                 |
| Family     | \$2,391.74                    | 20.0%                         | \$478.35                 |

| Dollar Difference (Monthly) | Dollar Difference (Biweekly) |
|-----------------------------|------------------------------|
| -\$51.35                    | -\$23.70                     |
| -\$138.65                   | -\$63.99                     |
| -\$117.86                   | -\$54.40                     |
| -\$138.65                   | -\$63.99                     |

**This is employee savings!**



## Overall Impact

| Plan Offering                           | CURRENT                    | PROPOSED                       |
|---|----------------------------|--------------------------------|
|   | HMO Blue NE \$0 Deductible | HMO Blue NE \$2,000 Deductible |
| Premium                                 | \$1,962,862                | \$1,521,780                    |
| Deductible Cost Share (Bank + Employee) | \$0                        | \$128,700                      |
| HRA Admin Fee                           | \$0                        | \$3,355                        |
| <b>Total Annual Premium</b>             | <b>\$1,962,862</b>         | <b>\$1,653,835</b>             |
| <b>Dollar Difference</b>                | <b>n/a</b>                 | <b>-\$309,027</b>              |
| <b>Percent Difference</b>               | <b>n/a</b>                 | <b>-15.7%</b>                  |

Estimated 15.7% savings

### Notes

- Example assumes 75 enrolled employees
- Bank funds first 50% of the HMO Blue NE \$2,000 deductible
  - \$1,000 individual coverage / \$2,000 family coverage
- Budgeted 70% of the maximum Health Reimbursement Arrangement exposure as the estimated expense
  - 30% HRA forfeiture rate
- HealthEquity HRA administration fee: \$3.45 per employee per month

# Financial Summary



## Bank Impact

| Plan Offering                | CURRENT                    | PROPOSED                       |
|------------------------------|----------------------------|--------------------------------|
|                              | HMO Blue NE \$0 Deductible | HMO Blue NE \$2,000 Deductible |
| Premium                      | \$1,570,290                | \$1,217,423                    |
| Deductible Cost Share (Bank) | \$0                        | \$81,900                       |
| HRA Admin Fee                | \$0                        | \$3,355                        |
| <b>Total Annual Premium</b>  | <b>\$1,570,290</b>         | <b>\$1,302,678</b>             |
| <b>Dollar Difference</b>     | <b>n/a</b>                 | <b>-\$267,612</b>              |
| <b>Percent Difference</b>    | <b>n/a</b>                 | <b>-17.0%</b>                  |

## Employee Impact

| Plan Offering                    | CURRENT                    | PROPOSED                       |
|----------------------------------|----------------------------|--------------------------------|
|                                  | HMO Blue NE \$0 Deductible | HMO Blue NE \$2,000 Deductible |
| Premium                          | \$392,572                  | \$304,358                      |
| Deductible Cost Share (Employee) | \$0                        | \$46,800                       |
| HRA Admin Fee                    | \$0                        | \$0                            |
| <b>Total Annual Premium</b>      | <b>\$392,572</b>           | <b>\$351,158</b>               |
| <b>Dollar Difference</b>         | <b>n/a</b>                 | <b>-\$41,414</b>               |
| <b>Percent Difference</b>        | <b>n/a</b>                 | <b>-10.5%</b>                  |

## Overall Impact

| Plan Offering                           | CURRENT                    | PROPOSED                       |
|---|----------------------------|--------------------------------|
|   | HMO Blue NE \$0 Deductible | HMO Blue NE \$2,000 Deductible |
| Premium                                 | \$1,962,862                | \$1,521,780                    |
| Deductible Cost Share (Employee + Bank) | \$0                        | \$128,700                      |
| HRA Admin Fee                           | \$0                        | \$3,355                        |
| <b>Total Annual Premium</b>             | <b>\$1,962,862</b>         | <b>\$1,653,835</b>             |
| <b>Dollar Difference</b>                | <b>n/a</b>                 | <b>-\$309,027</b>              |
| <b>Percent Difference</b>               | <b>n/a</b>                 | <b>-15.7%</b>                  |

# Scenario 1: Blue Care Elect Deductible Shift (\$1,250 → \$2,000)



## CURRENT

### BLUE CARE ELECT **\$1,250** DEDUCTIBLE PLAN

The bank currently offers an HRA that pays the first 50% of the deductible.

**This reduces the employee's effective deductible to \$625 for individuals and \$1,500 for families.**



## PROPOSED

### BLUE CARE ELECT **\$2,000** DEDUCTIBLE PLAN

To offset the higher deductible, the bank will continue to cover the first 50%.

**This funding effectively lowers the deductible to \$1,000 for individuals and \$2,000 for families.**

# Plan Design Differences



|  | Blue Care Elect \$1,250   | Blue Care Elect \$2,000   |
|--|---|---|
| Medical Deductible                             | \$1,250 per member<br>\$3,000 per family  | \$2,000 per member<br>\$4,000 per family  |
| Out-of-Pocket Maximum                          | \$5,000 per member<br>\$10,000 per family   | \$5,000 per member<br>\$10,000 per family   |
| Office Visit - Preventive Care                 | Nothing   | Nothing   |
| Medical Care Outpatient Visit - PCP/Specialist | PCP - \$35 per visit after deductible<br>Specialist - \$50 per visit after deductible         | PCP - \$30 per visit after deductible<br>Specialist - \$40 per visit after deductible         |
| Urgent Care and Limited Services Clinic        | Urgent Care Center - \$50 after deductible<br>Limited Services Clinic - \$30 after deductible | Urgent Care Center - \$40 after deductible<br>Limited Services Clinic - \$25 after deductible |
| ER Cost Share (per visit)                      | \$250 per visit after deductible  | \$250 per visit after deductible  |
| Inpatient Cost Share (per admit)               | \$250 per admission after deductible  | Nothing per admission after deductible  |
| Out-Patient Surgery Cost Share (per admit)     | \$150 per admission after deductible  | Nothing per admission after deductible  |
| High Tech Radiology                            | Hospital: \$250 per visit after deductible<br>Other covered providers: \$75 after deductible  | Nothing per admission after deductible  |
| Pharmacy Cost Share                            | Retail - \$20/\$40/\$70 after deductible<br>Mail - \$40/\$80/\$210 after deductible           | Retail - \$20/\$40/\$70 after deductible<br>Mail - \$40/\$80/\$210 after deductible           |

# Plan Design Differences



|   | Blue Care Elect \$1,250   | Blue Care Elect \$2,000   |
|---|---|---|
| <b>Medical Deductible</b>                             | <b>\$1,250 per member<br/>\$3,000 per family</b>  | <b>\$2,000 per member<br/>\$4,000 per family</b>  |
| Out-of-Pocket Maximum                                 | \$5,000 per member<br>\$10,000 per family   | \$5,000 per member<br>\$10,000 per family   |
| Office Visit - Preventive Care                        | Nothing   | Nothing   |
| <b>Medical Care Outpatient Visit - PCP/Specialist</b> | <b>PCP - \$35 per visit after deductible<br/>Specialist - \$50 per visit after deductible</b>         | <b>PCP - \$30 per visit after deductible<br/>Specialist - \$40 per visit after deductible</b>         |
| <b>Urgent Care and Limited Services Clinic</b>        | <b>Urgent Care Center - \$50 after deductible<br/>Limited Services Clinic - \$30 after deductible</b> | <b>Urgent Care Center - \$40 after deductible<br/>Limited Services Clinic - \$25 after deductible</b> |
| ER Cost Share (per visit)                             | \$250 per visit after deductible  | \$250 per visit after deductible  |
| <b>Inpatient Cost Share (per admit)</b>               | <b>\$250 per admission after deductible</b>   | <b>Nothing per admission after deductible</b>   |
| <b>Out-Patient Surgery Cost Share (per admit)</b>     | <b>\$150 per admission after deductible</b>   | <b>Nothing per admission after deductible</b>   |
| <b>High Tech Radiology</b>                            | <b>Hospital: \$250 per visit after deductible<br/>Other covered providers: \$75 after deductible</b>  | <b>Nothing per admission after deductible</b>   |
| Pharmacy Cost Share                                   | Retail - \$20/\$40/\$70 after deductible<br>Mail - \$40/\$80/\$210 after deductible                   | Retail - \$20/\$40/\$70 after deductible<br>Mail - \$40/\$80/\$210 after deductible                   |

# Rates & Enrollment



## NORTHEAST / NORTSHORE BOSTON– Medical & Dental Rates

|                       |            | CURRENT                 | PROPOSED                |
|-----------------------|------------|-------------------------|-------------------------|
| Cost Analysis         | Enrollment | Blue Care Elect \$1,250 | Blue Care Elect \$2,000 |
| Individual            | 33         | \$974.42                | \$910.33                |
| Couple                | 14         | \$2,631.02              | \$2,457.99              |
| SPMD                  | 8          | \$2,236.50              | \$2,089.41              |
| Family                | 20         | \$2,631.02              | \$2,457.99              |
| Total Monthly Premium |            | \$139,503               | \$130,328               |
| Total Annual Premium  |            | \$1,674,030             | \$1,563,934             |
| Dollar Difference     |            | n/a                     | -\$110,097              |
| Percent Difference    |            | n/a                     | -6.6%                   |

\$110,097 total annual premium savings

# Financial Overview



## Bank Impact

| Plan Offering                | CURRENT                 | PROPOSED                |
|------------------------------|-------------------------|-------------------------|
|                              | Blue Care Elect \$1,250 | Blue Care Elect \$2,000 |
| Premium                      | \$1,339,228             | \$1,251,145             |
| Deductible Cost Share (Bank) | \$58,538                | \$81,900                |
| HRA Admin Fee                | \$3,355                 | \$3,355                 |
| <b>Total Annual Premium</b>  | <b>\$1,401,120</b>      | <b>\$1,336,400</b>      |
| <b>Dollar Difference</b>     | <b>n/a</b>              | <b>-\$64,720</b>        |
| <b>Percent Difference</b>    | <b>n/a</b>              | <b>-4.6%</b>            |

Estimated 4.6% savings

### Notes

- Example assumes 75 enrolled employees
- Bank funds first 50% of the Blue Care Elect \$2,000 deductible
  - \$1,000 individual coverage / \$2,000 family coverage
- Budgeted 70% of the maximum Health Reimbursement Arrangement exposure as the estimated expense
- 30% HRA forfeiture rate
- 80% employer premium contribution
- 20% employee premium contribution



## Employee Impact

| Plan Offering                    | CURRENT                 | PROPOSED                |
|----------------------------------|-------------------------|-------------------------|
|                                  | Blue Care Elect \$1,250 | Blue Care Elect \$2,000 |
| Premium                          | \$334,803               | \$312,789               |
| Deductible Cost Share (Employee) | \$33,450                | \$46,800                |
| HRA Admin Fee                    | \$0                     | \$0                     |
| <b>Total Annual Premium</b>      | <b>\$368,253</b>        | <b>\$359,589</b>        |
| <b>Dollar Difference</b>         | <b>n/a</b>              | <b>-\$8,664</b>         |
| <b>Percent Difference</b>        | <b>n/a</b>              | <b>-2.4%</b>            |

Estimated 2.4% savings

### Notes

- Example assumes 75 enrolled employees
- \$22,014 premium savings for employees
- While employees could be responsible for the second half of their deductible, in practice most never reach that amount. We assume only about 40% of this exposure is actually paid, which equates to ~\$46,800
- 80% employer premium contribution
- 20% employee premium contribution

# Employee Contribution Impact



|            | Blue Care Elect \$1,250 |                               |                          |
|------------|-------------------------|-------------------------------|--------------------------|
|            | Premium Rate            | Employee Contribution Percent | Employee Monthly Premium |
| Individual | \$974.42                | 20.0%                         | \$194.88                 |
| Couple     | \$2,631.02              | 20.0%                         | \$526.20                 |
| SPMD       | \$2,236.50              | 20.0%                         | \$447.30                 |
| Family     | \$2,631.02              | 20.0%                         | \$526.20                 |

|            | Blue Care Elect \$2,000 |                               |                          |
|------------|-------------------------|-------------------------------|--------------------------|
|            | Premium Rate            | Employee Contribution Percent | Employee Monthly Premium |
| Individual | \$910.33                | 20.0%                         | \$182.07                 |
| Couple     | \$2,457.99              | 20.0%                         | \$491.60                 |
| SPMD       | \$2,089.41              | 20.0%                         | \$417.88                 |
| Family     | \$2,457.99              | 20.0%                         | \$491.60                 |

| Dollar Difference (Monthly) | Dollar Difference (Biweekly) |
|-----------------------------|------------------------------|
| -\$12.82                    | -\$5.92                      |
| -\$34.61                    | -\$15.97                     |
| -\$29.42                    | -\$13.58                     |
| -\$34.61                    | -\$15.97                     |

This is employee savings!



## Overall Impact

| Plan Offering                           | CURRENT                 | PROPOSED                |
|---|-------------------------|-------------------------|
|   | Blue Care Elect \$1,250 | Blue Care Elect \$2,000 |
| Premium                                 | \$1,674,030             | \$1,563,934             |
| Deductible Cost Share (Bank + Employee) | \$91,988                | \$128,700               |
| HRA Admin Fee                           | \$3,355                 | \$3,355                 |
| <b>Total Annual Premium</b>             | <b>\$1,769,373</b>      | <b>\$1,695,989</b>      |
| <b>Dollar Difference</b>                | <b>n/a</b>              | <b>-\$73,384</b>        |
| <b>Percent Difference</b>               | <b>n/a</b>              | <b>-4.1%</b>            |

Estimated 4.1% savings

### Notes

- Example assumes 75 enrolled employees
- Bank funds first 50% of the HMO Blue NE \$2000 deductible
  - \$1,000 individual coverage / \$2,000 family coverage
- Budgeted 70% of the maximum Health Reimbursement Arrangement exposure as the estimated expense
- 30% HRA forfeiture rate
- HealthEquity HRA administration fee: \$3.45 per employee per month

# Financial Summary



## Bank Impact

| Plan Offering         | CURRENT                 | PROPOSED                |
|-----------------------|-------------------------|-------------------------|
|                       | Blue Care Elect \$1,250 | Blue Care Elect \$2,000 |
| Premium               | \$1,339,228             | \$1,251,145             |
| Deductible Cost Share | \$58,538                | \$81,900                |
| HRA Admin Fee         | \$3,355                 | \$3,355                 |
| Total Annual Premium  | \$1,401,120             | \$1,336,400             |
| Dollar Difference     | n/a                     | -\$64,720               |
| Percent Difference    | n/a                     | -4.6%                   |

## Employee Impact

| Plan Offering         | CURRENT                 | PROPOSED                |
|-----------------------|-------------------------|-------------------------|
|                       | Blue Care Elect \$1,250 | Blue Care Elect \$2,000 |
| Premium               | \$334,803               | \$312,789               |
| Deductible Cost Share | \$33,450                | \$46,800                |
| HRA Admin Fee         | \$0                     | \$0                     |
| Total Annual Premium  | \$368,253               | \$359,589               |
| Dollar Difference     | n/a                     | -\$8,664                |
| Percent Difference    | n/a                     | -2.4%                   |

## Overall Impact

| Plan Offering         | CURRENT                 | PROPOSED                |
|-----------------------|-------------------------|-------------------------|
|                       | Blue Care Elect \$1,250 | Blue Care Elect \$2,000 |
| Premium               | \$1,674,030             | \$1,563,934             |
| Deductible Cost Share | \$91,988                | \$128,700               |
| HRA Admin Fee         | \$3,355                 | \$3,355                 |
| Total Annual Premium  | \$1,769,373             | \$1,695,989             |
| Dollar Difference     | n/a                     | -\$73,384               |
| Percent Difference    | n/a                     | -4.1%                   |

# HERE for You

- Benchmarking
- Plan selections
- Contribution strategies
- Scenario modeling
- Funding arrangements (HRA, HSA, FSA)



## Contact Me –

Chad Pook

Email: [cpook@massbankers.org](mailto:cpook@massbankers.org)

Phone: 617-502-3810



## Summary

Incremental changes in plan design can help reduce the impact of renewal increases, while still maintaining competitive benefits through employer-funded Health Reimbursement strategies that offset deductible costs for employees.

Deductible expenses are not guaranteed. Employers benefit if utilization is lower than expected, while also capping their maximum exposure.

# Vendor Partners

- Blue Cross Blue Shield of Massachusetts
- VSP
- The Hartford
- AIG
- Nationwide
- AllOne Health
- HealthEquity
- LegalShield / IDShield





**Thank you!**