

BlueFit Rating Sheet



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

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

REGION: NORTHEAST / NORTHSHORE BOSTON

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$724.74	\$1,956.88	\$1,663.45	\$1,956.88	\$942.16	\$2,543.95	\$2,162.48	\$2,543.95
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$749.74	\$1,981.88	\$1,688.45	\$1,981.88	\$967.16	\$2,568.95	\$2,187.48	\$2,568.95
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$797.21	\$2,152.57	\$1,829.79	\$2,152.57	\$1,036.38	\$2,798.34	\$2,378.73	\$2,798.34
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$822.21	\$2,177.57	\$1,854.79	\$2,177.57	\$1,061.38	\$2,823.34	\$2,403.73	\$2,823.34

REGION: EASTERN

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$701.51	\$1,894.01	\$1,610.00	\$1,894.01	\$911.97	\$2,462.22	\$2,093.01	\$2,462.22
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$726.51	\$1,919.01	\$1,635.00	\$1,919.01	\$936.97	\$2,487.22	\$2,118.01	\$2,487.22
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$771.66	\$2,083.41	\$1,771.00	\$2,083.41	\$1,003.17	\$2,708.44	\$2,302.31	\$2,708.44
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$796.66	\$2,108.41	\$1,796.00	\$2,108.41	\$1,028.17	\$2,733.44	\$2,327.31	\$2,733.44

REGION: SOUTHEAST

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$680.22	\$1,836.53	\$1,561.14	\$1,836.53	\$884.29	\$2,387.48	\$2,029.48	\$2,387.48
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$705.22	\$1,861.53	\$1,586.14	\$1,861.53	\$909.29	\$2,412.48	\$2,054.48	\$2,412.48
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$748.24	\$2,020.18	\$1,717.25	\$2,020.18	\$972.72	\$2,626.23	\$2,232.43	\$2,626.23
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$773.24	\$2,045.18	\$1,742.25	\$2,045.18	\$997.72	\$2,651.23	\$2,257.43	\$2,651.23

REGION: CENTRAL

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$660.47	\$1,762.42	\$1,498.14	\$1,762.42	\$858.62	\$2,291.14	\$1,947.59	\$2,291.14
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$685.47	\$1,787.42	\$1,523.14	\$1,787.42	\$883.62	\$2,316.14	\$1,972.59	\$2,316.14
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$726.52	\$1,938.66	\$1,647.95	\$1,938.66	\$944.48	\$2,520.25	\$2,142.34	\$2,520.25
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$751.52	\$1,963.66	\$1,672.95	\$1,963.66	\$969.48	\$2,545.25	\$2,167.34	\$2,545.25

REGION: WESTERN

	ACTIVE EMPLOYEES				EARLY RETIREE			
	INDIVIDUAL	COUPLE	SPMD	FAMILY	INDIVIDUAL	COUPLE	SPMD	FAMILY
BlueFit HMO Access Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$622.50	\$1,615.13	\$1,372.94	\$1,615.13	\$809.25	\$2,099.67	\$1,784.83	\$2,099.67
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$647.50	\$1,640.13	\$1,397.94	\$1,640.13	\$834.25	\$2,124.67	\$1,809.83	\$2,124.67
BlueFit PPO Blue Saver								
Blue Cross Blue Shield of Massachusetts Rates	\$684.75	\$1,776.65	\$1,510.24	\$1,776.65	\$890.18	\$2,309.64	\$1,963.31	\$2,309.64
Ancillary underwritten by USABLE ^{SM*}	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Health Equity SM HSA Fee ^{**}	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BLUEFIT MONTHLY PREMIUM	\$709.75	\$1,801.65	\$1,535.24	\$1,801.65	\$915.18	\$2,334.64	\$1,988.31	\$2,334.64

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

Important Information

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

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

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