



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, Jessica.Bonzagni@bcbsma.com, and 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 Preferred Blue Saver (PPO)
<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 ☐ Oppositer 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: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).