



MEDICAL INSURANCE CONTRIBUTION BENCHMARKING SURVEY

2024

SURVEY DEMOGRAPHICS:

46 respondents from various asset sizes and regions.

KEY FINDINGS:

Average Contributions: Employee: 18% (medical), 52% (dental); Family: 28% (medical), 55% (dental).

Orthodontia Coverage: 39% offer it in dental plans.

Contribution Strategies:

- Fixed Percentage: Predictable costs but can lead to high out-of-pocket for employees.
- Fixed Dollar: Simple budgeting, potential for higher employee costs if healthcare expenses rise.
- Tiered Contributions: More equitable, complex administration.
- Wellness Incentives: Encourages healthy lifestyles, requires management.
- Full Coverage (Employee Only): Attractive, high employer cost.

BEST PRACTICES:

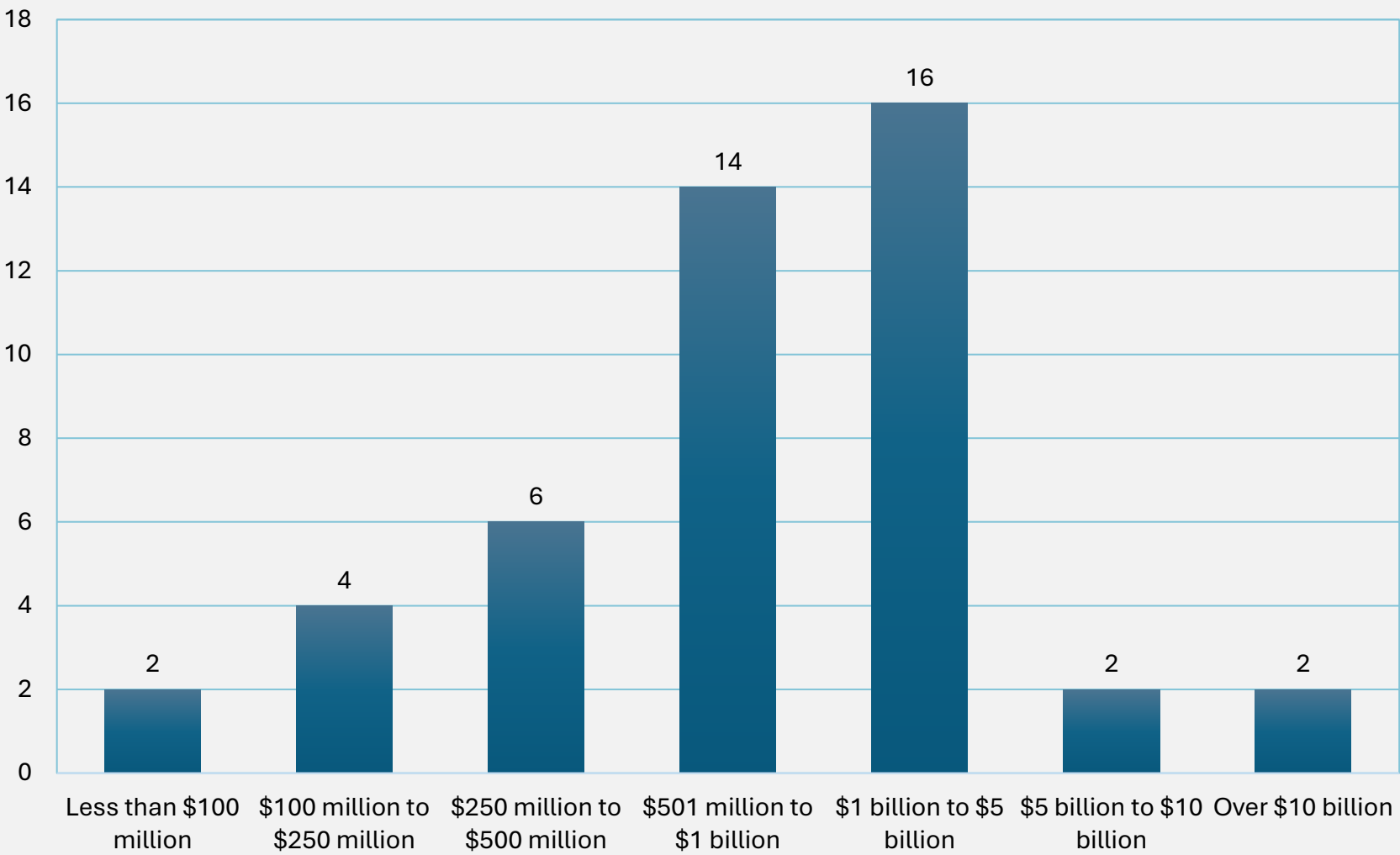
1. Assess Employee Needs: Regular surveys.
2. Balance Costs and Benefits: Sustainable strategies.
3. Clear Communication: Transparency in contributions.
4. Regular Review: Adapt to changes.
5. Supportive Programs: Align with goals and well-being.

CONCLUSION:

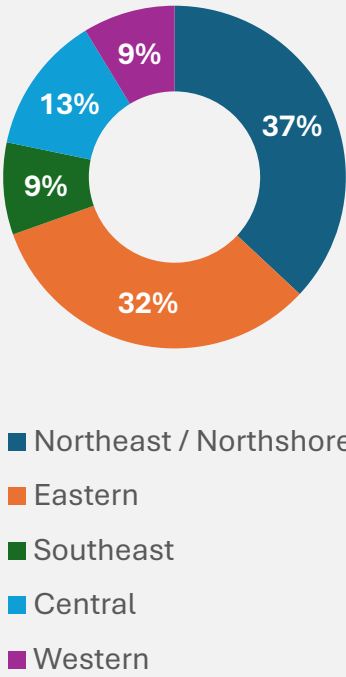
Effective contribution strategies balance employee support and financial stability. Regular review and clear communication are key.

SURVEY DEMOGRAPHICS

ASSET SIZE



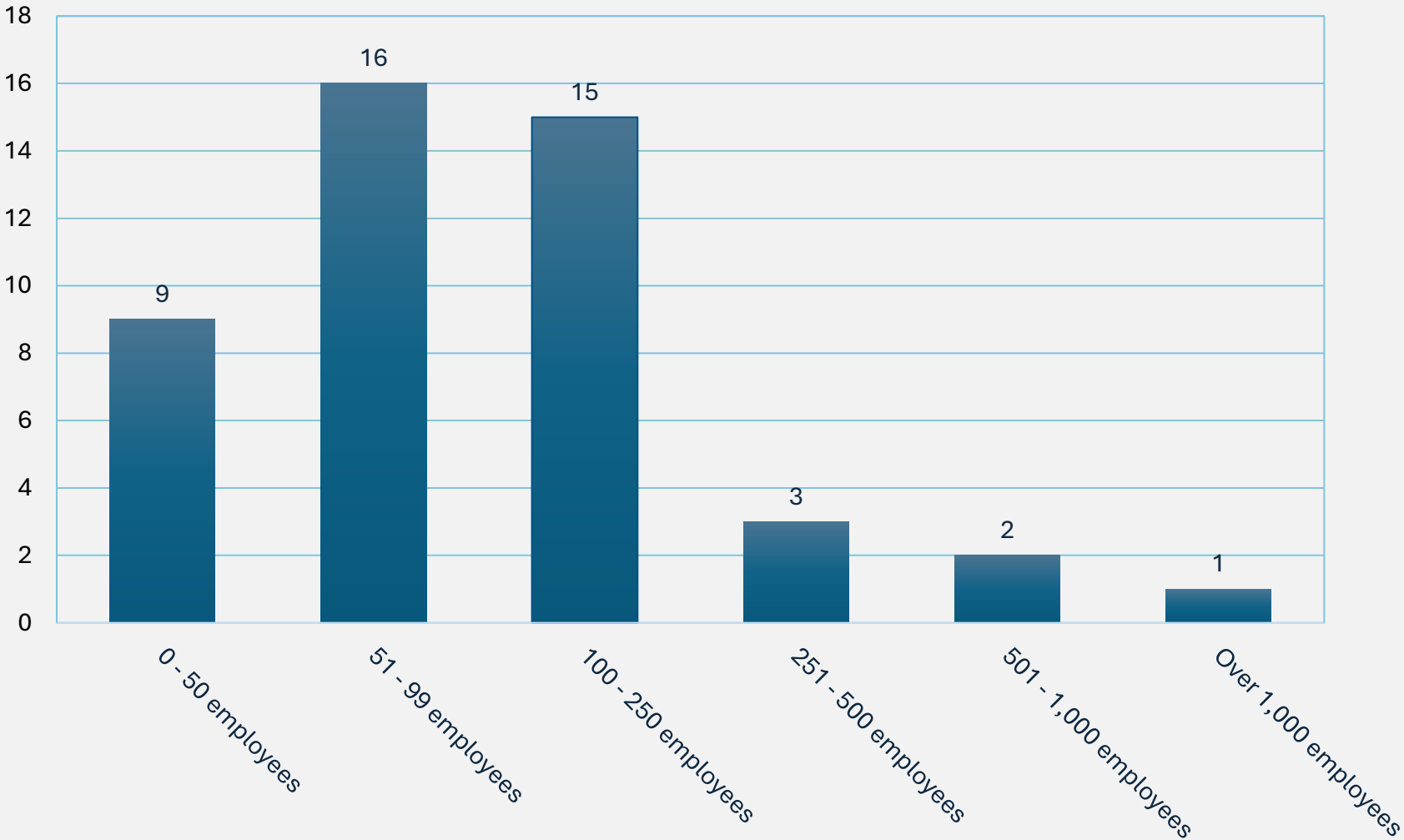
BANK REGION



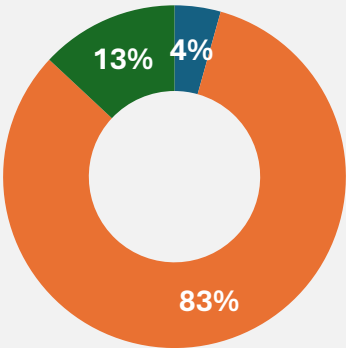
KEY FINDINGS:

- 46 respondents

BENEFIT ELIGIBLE EMPLOYEES



WHAT IS YOUR EXPECTED
EMPLOYEE COUNT IN THE
NEXT TWO YEARS?



- Reduced by 10%
- Little or no change
- Increase by more than 10%



NATIONAL BENCHMARKING

Average Employee Contribution	Medical	Dental
Employee	18%	52%
Employee + Spouse	26%	55%
Employee + Children	25%	55%
Family	28%	55%

Plan Design	PPO	HDHP (HSA)
Deductible	\$750 / \$1,500	\$2,000 / \$4,000
HSA Funding	N/A	\$500 / \$1,000
OOP Maximum	\$3,250 / \$7,000	\$4,000 / \$7,200
Copays	\$40	N/A
Coinsurance	20%	20%
Emergency Room	\$150	20%
Inpatient / Outpatient Services	20%	20%
Pharmacy	\$10 / \$35 / \$60 / \$100	20%
Mail-Order Pharmacy	\$20 / \$75 / \$125 / \$150	20%

Dental	Plan Design
Deductible	\$50 / \$150
Annual Maximum	\$1,500
Orthodontia	39% offer coverage, \$1,500 lifetime maximum

KEY FINDINGS:

- National survey results reflect median responses from the **financial services industry**.
- On average, employee-only tier contributes 18% of the cost of medical insurance and 52% of dental insurance.
- 39% of employers offer orthodontia coverage in the dental plan.



ALTERNATIVE CONTRIBUTION STRATEGIES

CONTRIBUTION STRATEGY: FIXED PERCENTAGE

Description:

Employers contribute a fixed percentage of the premium cost with employees covering the remaining amount.

Example:

Employer covers 70% of the premium, employee covers 30%.

Benefits:

Predictable costs for employers.

Encourages employee participation due to substantial employer contribution.

Drawbacks:

Employees may still face high out-of-pocket costs if premiums are high.

May not be as equitable for lower-paid employees.

Impact:

Generally positive employee perception but can strain budgets if premiums rise significantly.

EXAMPLE:
FIXED PERCENTAGE

	Defined Contribution	Monthly Premium	Employer Cost	Employee Cost	Contribution Percent
HIGH	Employee	\$1,029	\$814	\$214	21%
	Employee + Spouse	\$1,829	\$1,488	\$381	21%
	Employee + Children	\$1,714	\$1,357	\$357	21%
	Family	\$2,857	\$2,262	\$595	21%
MID	Employee	\$900	\$712	\$188	21%
	Employee + Spouse	\$1,600	\$1,267	\$333	21%
	Employee + Children	\$1,500	\$1,187	\$313	21%
	Family	\$2,500	\$1,979	\$521	21%
LOW	Employee	\$800	\$633	\$167	21%
	Employee + Spouse	\$1,422	\$1,126	\$296	21%
	Employee + Children	\$1,333	\$1,055	\$278	21%
	Family	\$2,222	\$1,759	\$463	21%

CONTRIBUTION STRATEGY:

FIXED DOLLAR CONTRIBUTION

Description:

Employers contribute a set dollar amount towards the premium with employees paying the difference.

Example:

Employer contributes a set dollar amount per month regardless of the total premium and medical plan selected by employees.

Benefits:

Simple to administer and budget.

Can be designed to cover a substantial portion of basic plans.

Drawbacks:

Employees bear more cost if they choose more expensive plans.

Fixed contributions may not keep pace with rising healthcare costs.

Impact:

Clear budgeting for employers but potential dissatisfaction among employees if contributions are perceived as insufficient.

EXAMPLE:
FIXED DOLLAR CONTRIBUTION

	Defined Contribution	Monthly Premium	Employer Cost	Employee Cost	Contribution Percent
HIGH	Employee	\$1,029	\$720	\$309	30%
	Employee + Spouse	\$1,829	\$1,280	\$549	30%
	Employee + Children	\$1,714	\$1,200	\$514	30%
	Family	\$2,857	\$2,000	\$857	30%
MID	Employee	\$900	\$720	\$180	20%
	Employee + Spouse	\$1,600	\$1,280	\$320	20%
	Employee + Children	\$1,500	\$1,200	\$300	20%
	Family	\$2,500	\$2,000	\$500	20%
LOW	Employee	\$800	\$720	\$80	10%
	Employee + Spouse	\$1,422	\$1,280	\$142	10%
	Employee + Children	\$1,333	\$1,200	\$133	10%
	Family	\$2,222	\$2,000	\$222	10%

CONTRIBUTION STRATEGY: TIERED CONTRIBUTIONS

Description:

Employer contributions vary based on factors such as employee salary, job classification, or family status.

Example:

Higher employer contributions for lower-paid employees or those with families.

Benefits:

More equitable, helping lower-income employees.
Can be tailored to meet diverse employee needs.

Drawbacks:

More complex to administer.
Potential for perceived unfairness if tiers are not transparent.

Impact:

Can improve morale among lower-paid employees but may require careful communication to prevent dissatisfaction.

EXAMPLE:
TIERED CONTRIBUTIONS

	Tiered Contribution	Monthly Premium	Employer Cost	Employee Cost	Contribution Percent
HIGH (>\$100k)	Employee	\$1,029	\$515	\$515	50%
	Employee + Spouse	\$1,829	\$915	\$915	50%
	Employee + Children	\$1,714	\$857	\$857	50%
	Family	\$2,857	\$1,428	\$1,428	50%
MID (\$50 - \$99k)	Employee	\$1,029	\$720	\$309	30%
	Employee + Spouse	\$1,829	\$1,280	\$549	30%
	Employee + Children	\$1,714	\$1,200	\$514	30%
	Family	\$2,857	\$2,000	\$857	30%
LOW (<\$50k)	Employee	\$1,029	\$926	\$103	10%
	Employee + Spouse	\$1,829	\$1,646	\$183	10%
	Employee + Children	\$1,714	\$1,543	\$171	10%
	Family	\$2,857	\$2,571	\$286	10%

CONTRIBUTION STRATEGY: WELLNESS PROGRAM INCENTIVES

Description:

Employers offer reduced payroll contributions for employees participating in wellness programs.

Example:

Additional employer contributions for employees who complete health assessments or participate in fitness programs.

Benefits:

Encourages healthier lifestyles and potentially reduces overall healthcare costs.
Can increase employee engagement.

Drawbacks:

May be seen as intrusive or unfair by some employees.
Requires ongoing management and monitoring.

Impact:

Can foster a healthier workforce and reduce long-term costs but may have mixed reception.

EXAMPLE:
WELLNESS PROGRAM INCENTIVES

	Tiered Contribution	Monthly Premium	Employer Cost	Employee Cost	Contribution Percent
WELLNESS INCENTIVE	Employee	\$1,029	\$770	\$259	25%
	Employee + Spouse	\$1,829	\$1,330	\$499	27%
	Employee + Children	\$1,714	\$1,250	\$464	27%
	Family	\$2,857	\$2,050	\$807	28%
NON-WELLNESS INCENTIVE	Employee	\$1,029	\$720	\$309	30%
	Employee + Spouse	\$1,829	\$1,280	\$549	30%
	Employee + Children	\$1,714	\$1,200	\$514	30%
	Family	\$2,857	\$2,000	\$857	30%

\$50 subsidy for employees completing the wellness requirement

CONTRIBUTION STRATEGY: FULL COVERAGE FOR EMPLOYEE ONLY

Description:

Employers cover the full premium cost for employee-only plans with additional costs for family coverage borne by employees.

Example:

Employer pays 100% of the premium for individual coverage, employee pays for dependents.

Benefits:

Significant perk for employees, enhancing recruitment and retention.
Simplifies cost management for employers.

Drawbacks:

High cost for employers, especially with rising premiums.
Additional cost burden for employees needing family coverage.

Impact:

Highly attractive to employees, but potentially unsustainable for employers in the long term.

EXAMPLE:
FULL COVERAGE FOR EMPLOYEE ONLY

	Defined Contribution	Monthly Premium	Employer Cost	Employee Cost	Contribution Percent
HIGH	Employee	\$1,029	\$1,029	\$0	0%
	Employee + Spouse	\$1,829	\$1,029	\$800	44%
	Employee + Children	\$1,714	\$1,029	\$685	40%
	Family	\$2,857	\$1,029	\$1,828	64%
MID	Employee	\$900	\$900	\$0	0%
	Employee + Spouse	\$1,600	\$900	\$700	44%
	Employee + Children	\$1,500	\$900	\$600	40%
	Family	\$2,500	\$900	\$1,600	64%
LOW	Employee	\$800	\$800	\$0	0%
	Employee + Spouse	\$1,422	\$800	\$622	44%
	Employee + Children	\$1,333	\$800	\$533	40%
	Family	\$2,222	\$800	\$1,422	64%

CONCLUSION

Choosing the right employer/employee contribution strategy for medical insurance is crucial for balancing costs and benefits. Employers must consider their financial capacity, employee demographics, and the competitive landscape to determine the most effective approach.

By carefully designing contribution strategies, employers can support their workforce's health needs while maintaining financial stability.

BEST PRACTICES

1. **Assess Employee Needs:** Conduct surveys to understand employee preferences and needs regarding healthcare coverage.
2. **Balance Costs and Benefits:** Opt for strategies that offer substantial support to employees without imposing unsustainable costs to the organization.
3. **Communicate Clearly:** Ensure transparency in how contributions are determined and communicate changes effectively to employees.
4. **Regularly Review and Adjust:** Periodically review contribution strategies to adapt to changing healthcare costs and employee needs.
5. **Employers should strive to create a supportive and sustainable healthcare benefits program that aligns with organizational goals and employee wellbeing.**

NEED HELP REVIEWING YOUR
MEDICAL PLAN OFFERINGS OR
CONTRIBUTION STRUCTURE?

CONTACT
CHAD POOK
FOR ASSISTANCE.

CPOOK@MASSBANKERS.ORG
617-502-3810



MASS BANKERS MEDICAL PLAN BENCHMARKING

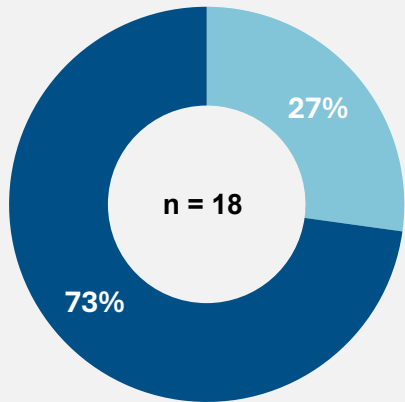
IN ORDER OF PLAN POPULARITY
by Number of Enrolled Employees

Blue Care Elect Saver

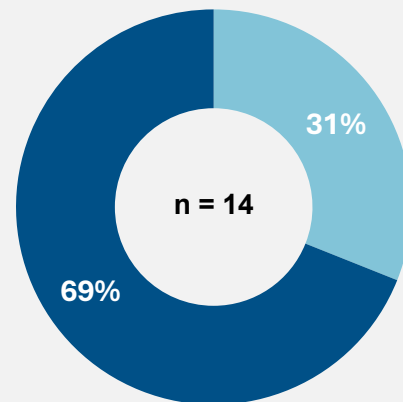
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

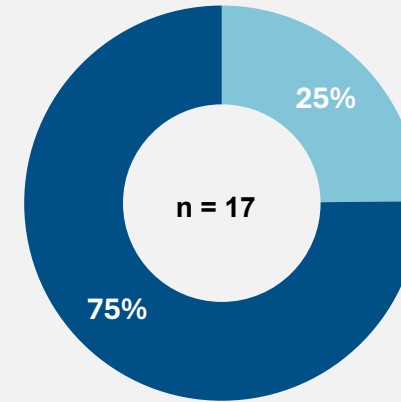
EMPLOYEE



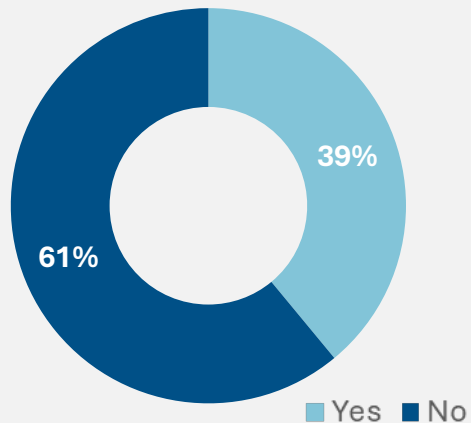
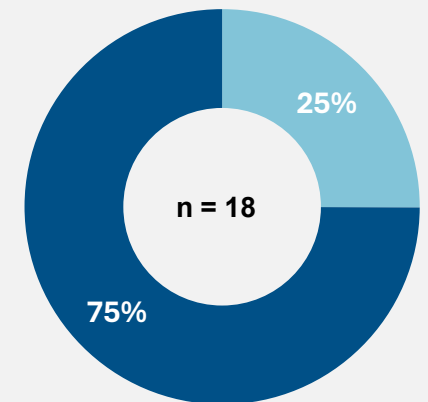
EMPLOYEE + SPOUSE



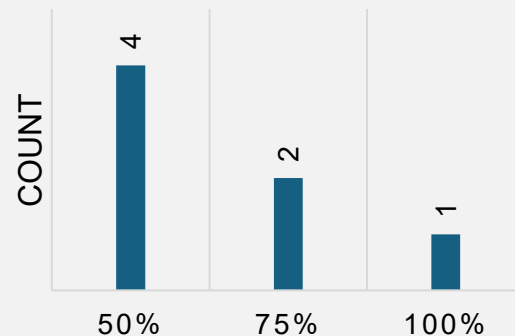
EMPLOYEE + CHILDREN



FAMILY



HSA OFFERED



FUNDING LEVEL

KEY FINDINGS:

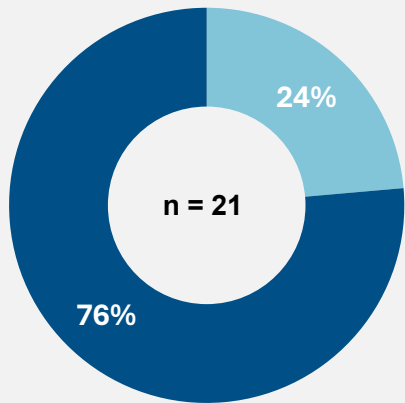
- Contribution percentages range from 0% to 32% with the average value being around 25%.
- Employers typically cover around 50% to 75% of the deductible amount. Some contributions depend on completing a wellness program with amounts like \$500 for individuals and \$1,000 for families.

HMO Blue New England \$1,250

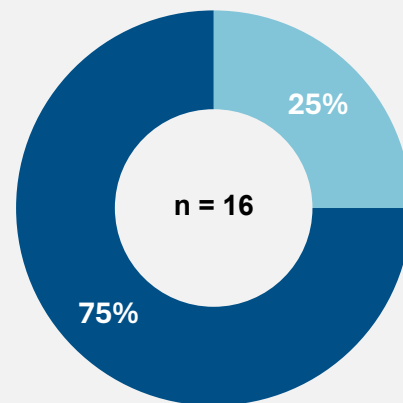
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

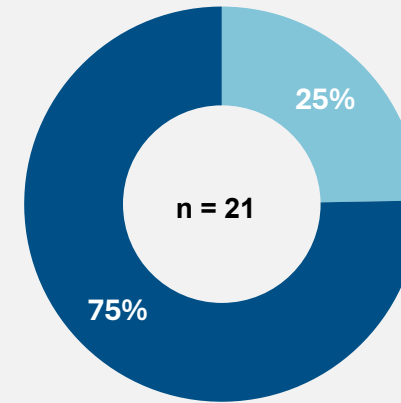
EMPLOYEE



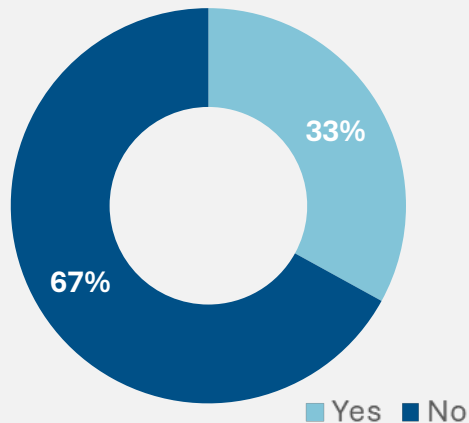
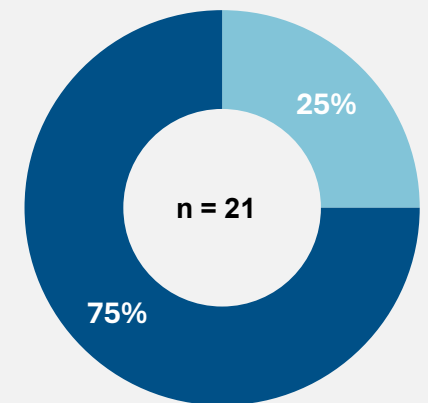
EMPLOYEE + SPOUSE



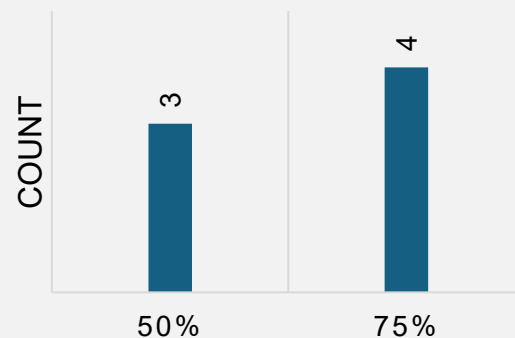
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

KEY FINDINGS:

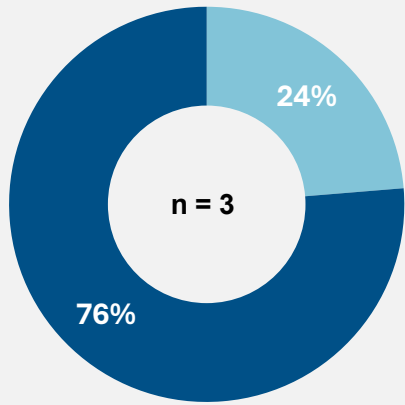
- Average employee contributions range from 16% to 32% across all coverage tiers while differentiated rates for full-time and part-time also common.
- Funding levels include percentage-based contributions where employees pay the first 25% of the deductible, and the HRA covers the remaining 75%.

HMO Blue New England Options Deductible

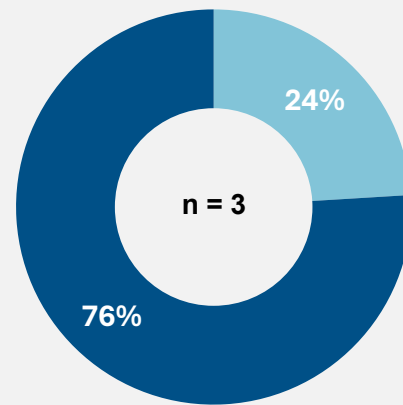
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

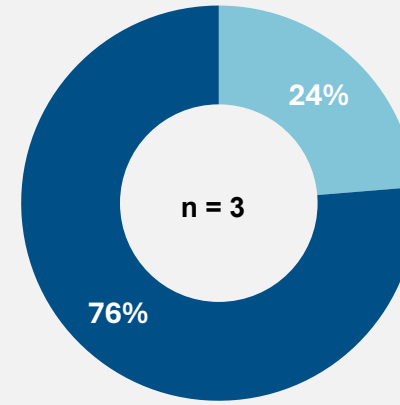
EMPLOYEE



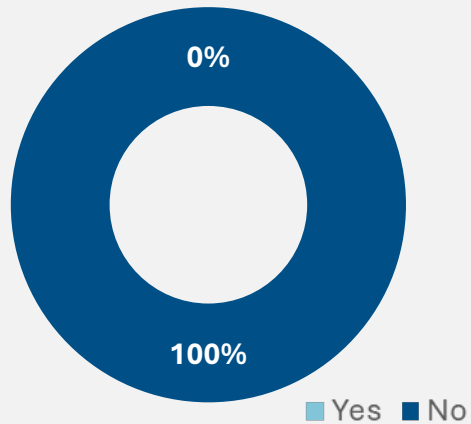
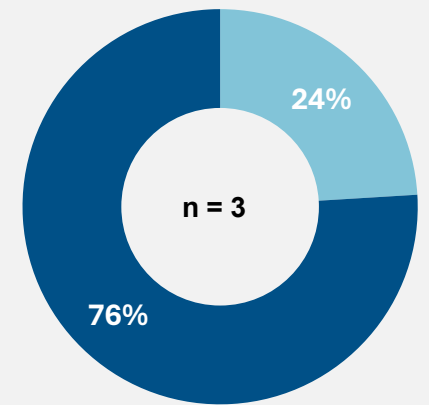
EMPLOYEE + SPOUSE



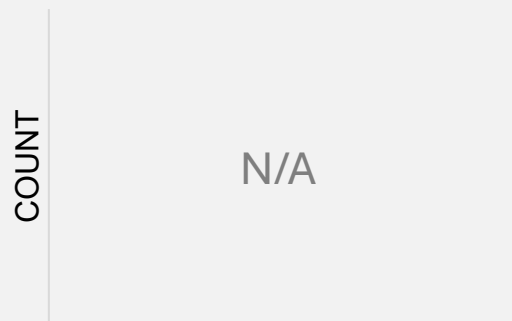
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

KEY FINDINGS:

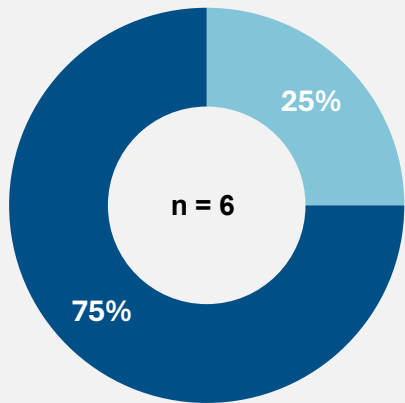
- Average employee contributions are consistent, 24% across all coverage tiers.
- HRA funding is not available with this specific medical plan.

HMO Blue New England \$2,000 Deductible

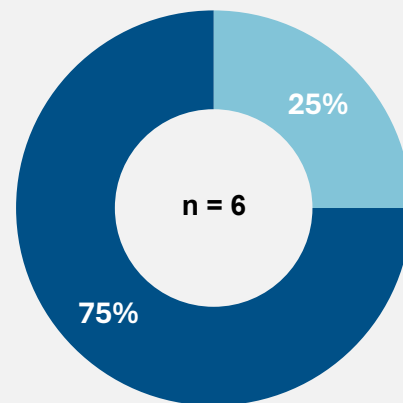
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

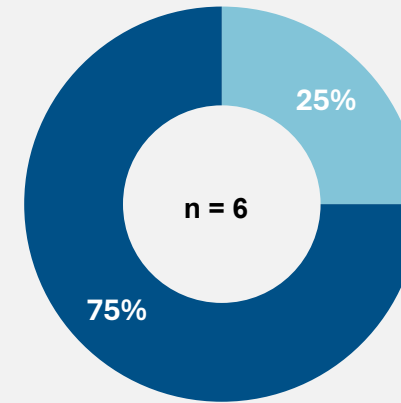
EMPLOYEE



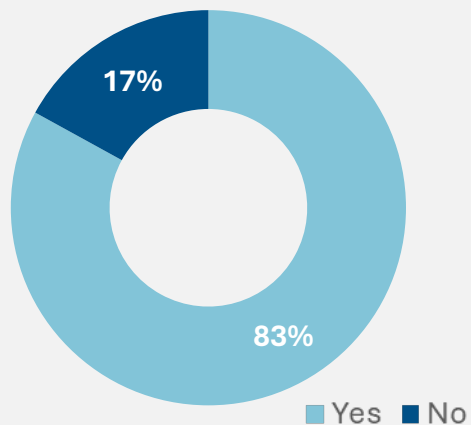
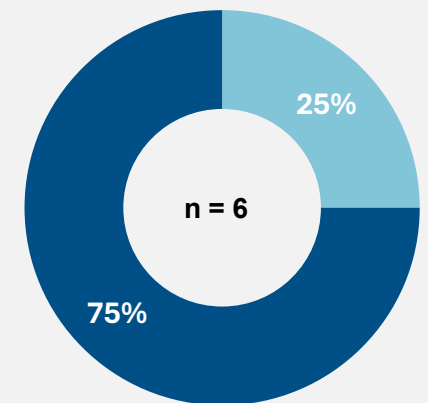
EMPLOYEE + SPOUSE



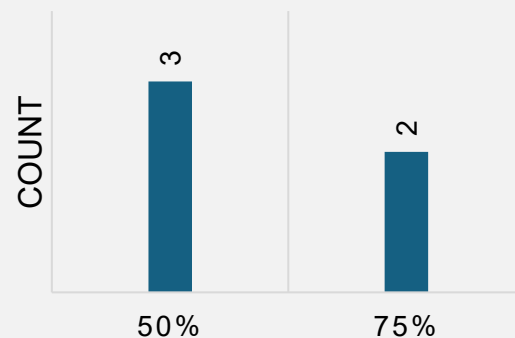
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

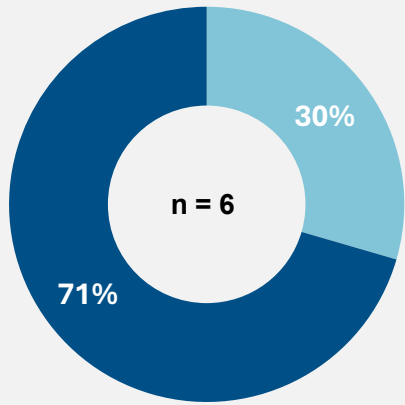
KEY FINDINGS:

- Contributions range from 20% to 30% across all coverage tiers. Differentiated rates for full-time and part-time employees are also common.
- Funding levels include percentage-based contributions, where employees pay the first 25% of the deductible, and the HRA covers the remaining 75%. Some responses indicate an equal 50% contribution from both the employee and employer.

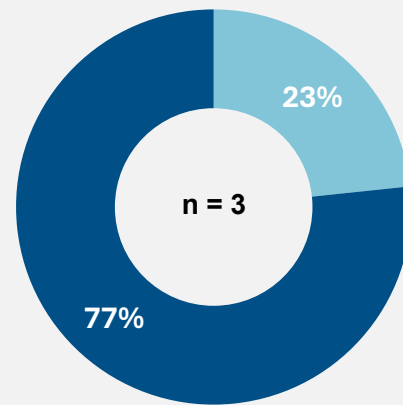
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

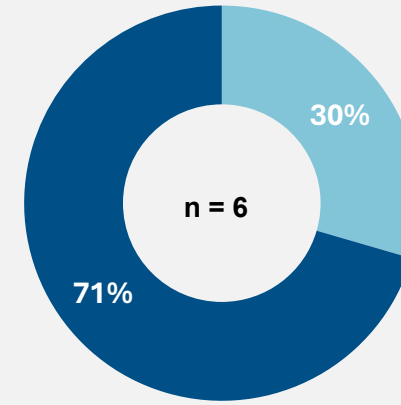
EMPLOYEE



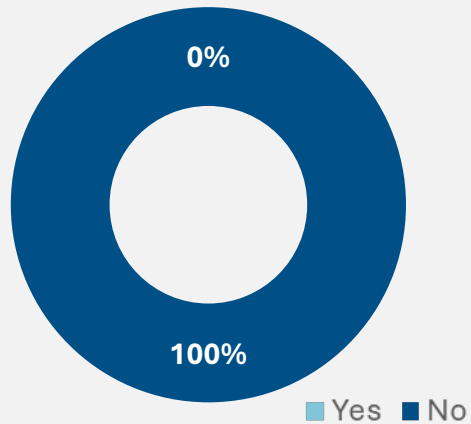
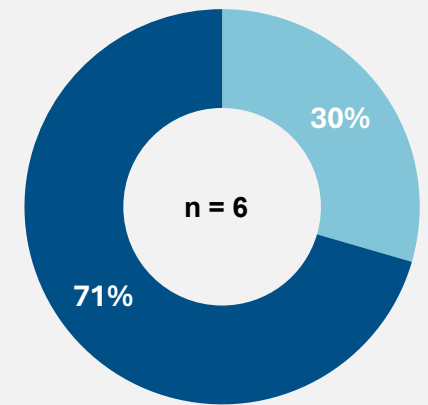
EMPLOYEE + SPOUSE



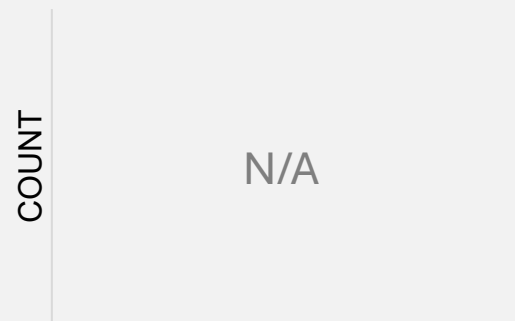
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

KEY FINDINGS:

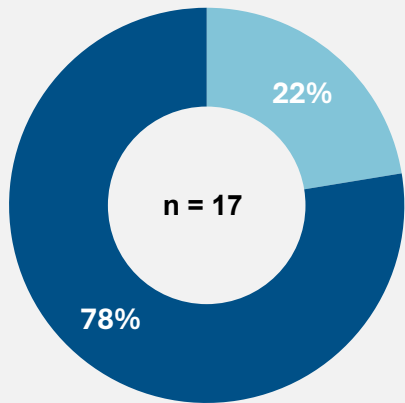
- Employee contributions range from 20% to 50% across all coverage tiers.
- HRA funding is not applicable for this specific plan since there is no deductible expense for employees.

Blue Care Elect \$1,250

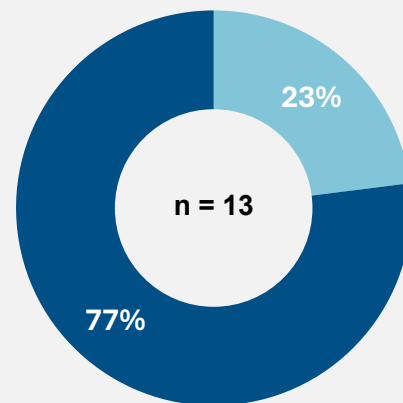
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

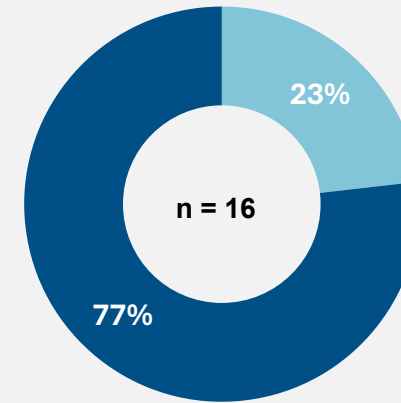
EMPLOYEE



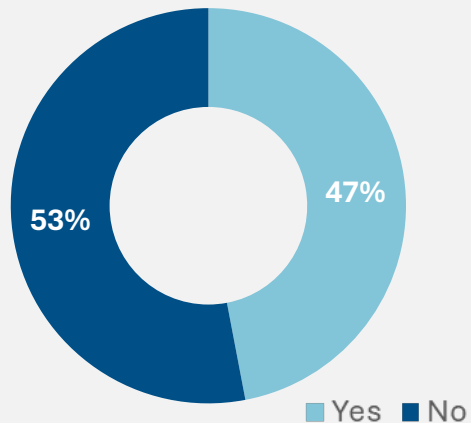
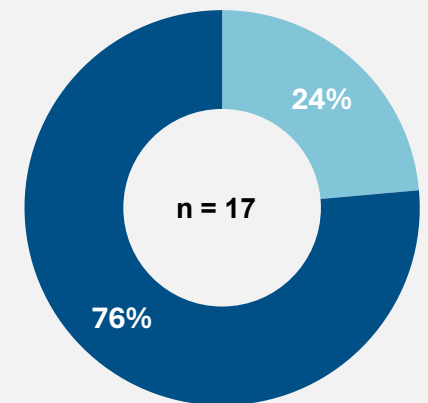
EMPLOYEE + SPOUSE



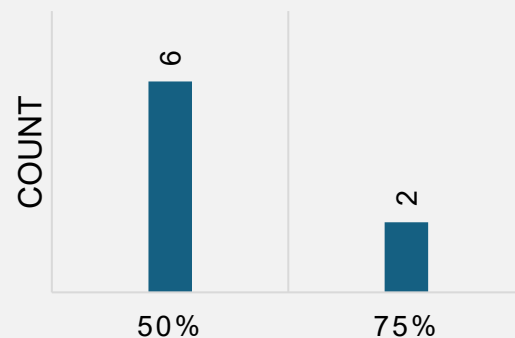
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

KEY FINDINGS:

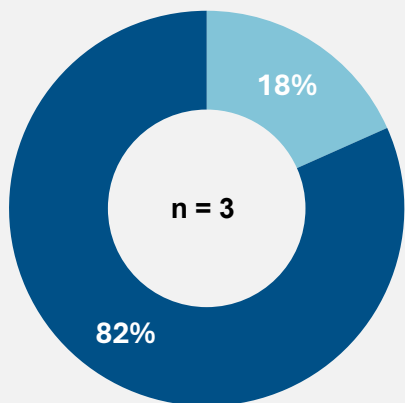
- The average insurance premium contribution for this medical plan is approximately 25%.
- Funding levels for HRAs vary significantly among respondents, with some employers providing fixed dollar contributions ranging from \$500 to \$2,000. Others base their contributions on a percentage of the deductible, commonly covering 50% to 75% of the costs.

HMO Blue New England \$1,250 w/ Hospital Choice Cost Share

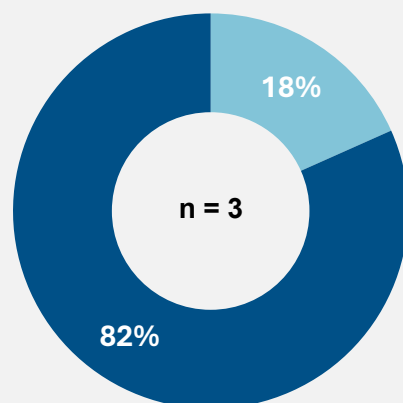
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

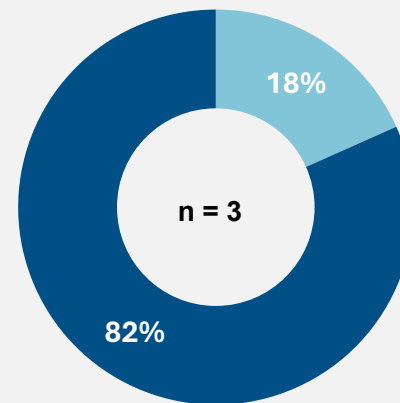
EMPLOYEE



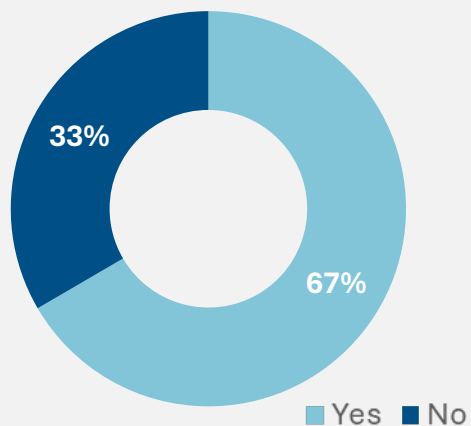
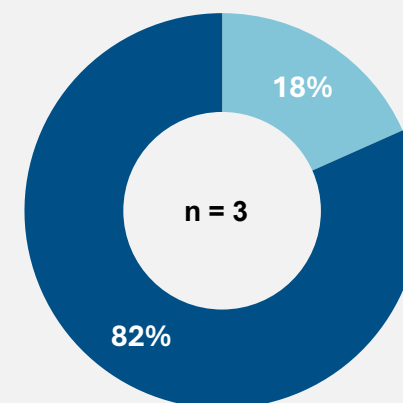
EMPLOYEE + SPOUSE



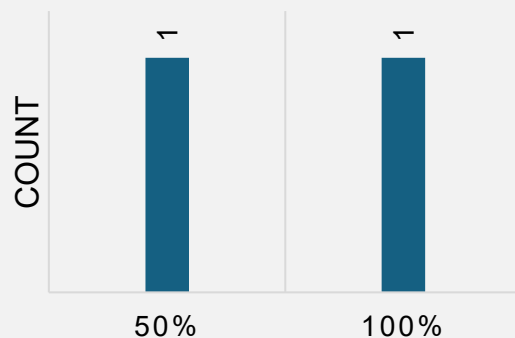
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

KEY FINDINGS:

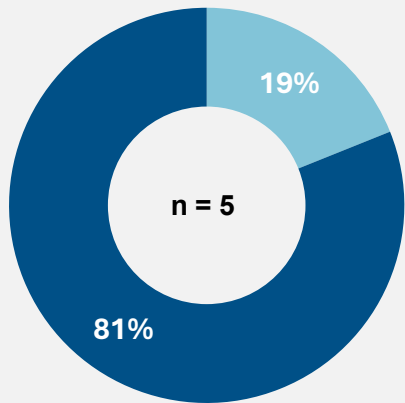
- Employee contributions range from 0% to 30% across all coverage tiers. This indicates that some banks may have no employee contribution while others require significant contributions.

Blue Care Elect \$1,250 w/ Hospital Choice Cost Share

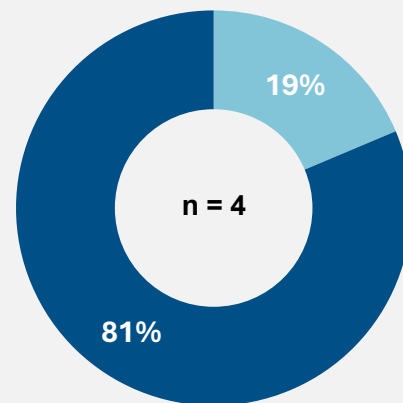
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

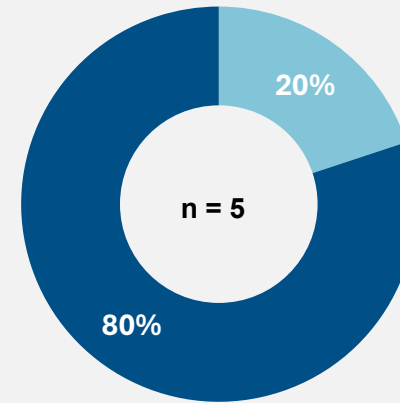
EMPLOYEE



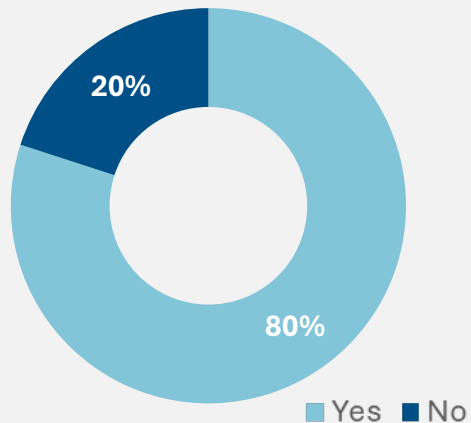
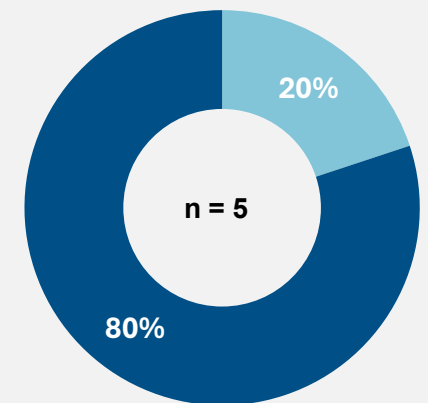
EMPLOYEE + SPOUSE



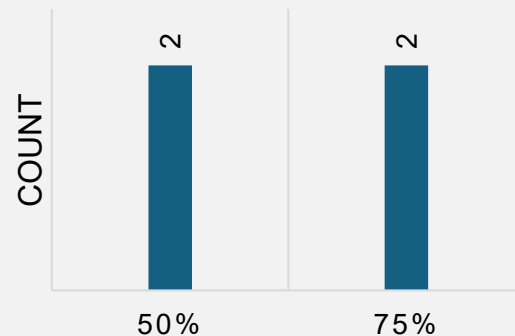
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

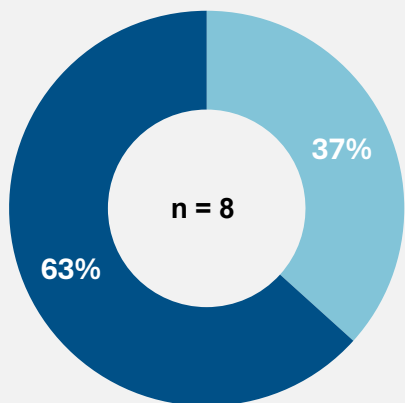
KEY FINDINGS:

- The average employee premium contribution for the Blue Care Elect \$1,250 with HCCS plan typically falls between 20% and 25%, with some reaching up to 29%.
- HRA funding levels include percentage-based contributions, with employees covering 25% to 50% of the deductible and the HRA covering the remainder.

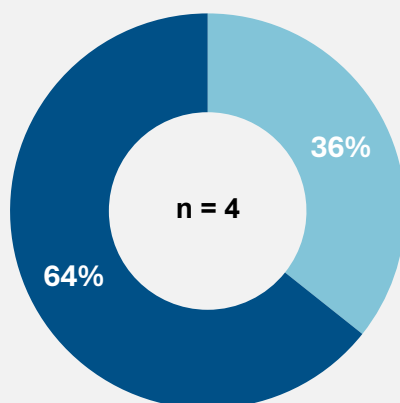
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

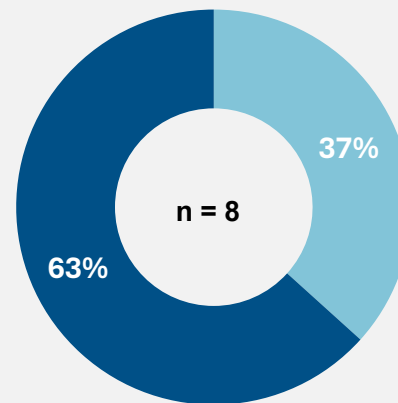
EMPLOYEE



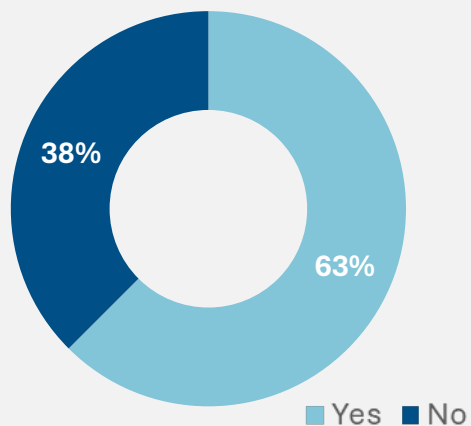
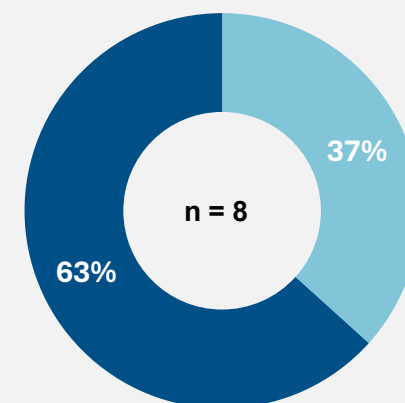
EMPLOYEE + SPOUSE



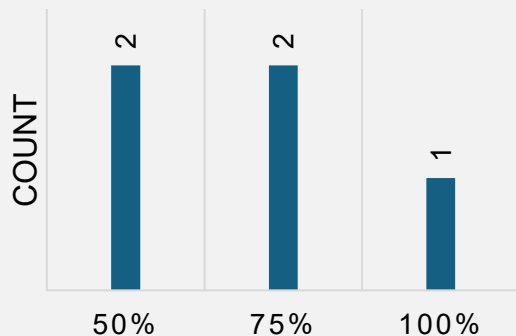
EMPLOYEE + CHILDREN



FAMILY



HRA OFFERED



FUNDING LEVEL

KEY FINDINGS:

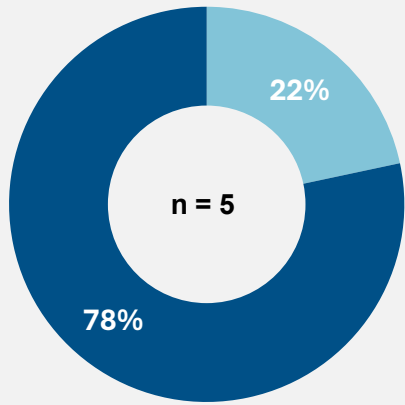
- The average employee contribution percentage is approximately 39% across all coverage tiers. This average includes a range of values from 20% to 30%, with some higher outlier values influencing the overall average.

Access Blue New England Saver

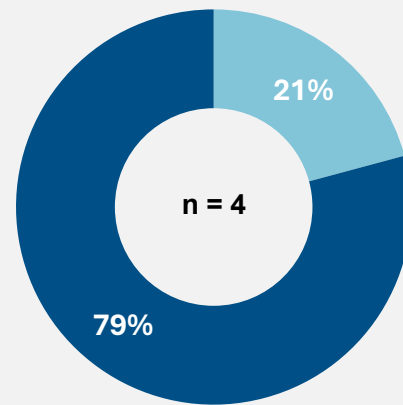
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

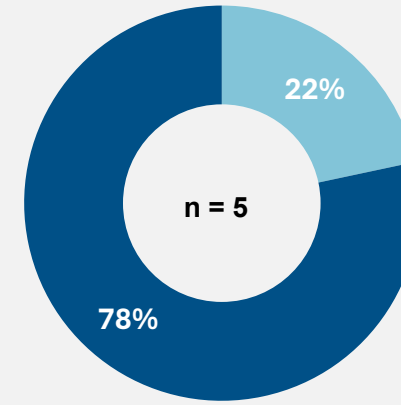
EMPLOYEE



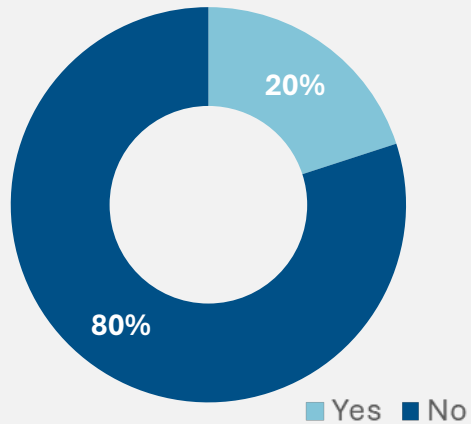
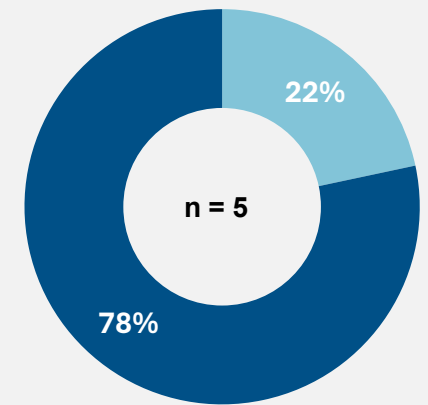
EMPLOYEE + SPOUSE



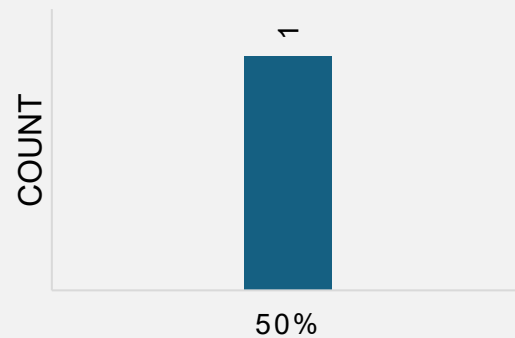
EMPLOYEE + CHILDREN



FAMILY



HSA OFFERED



FUNDING LEVEL

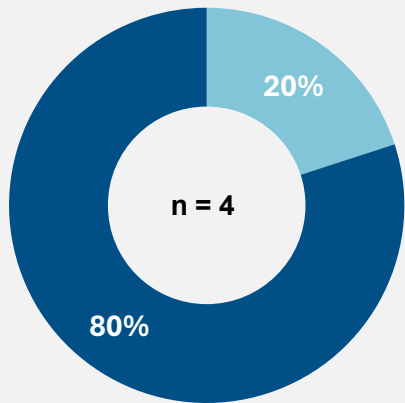
KEY FINDINGS:

- The average contribution percentage across various coverage tiers is consistent, hovering around 22%.
- When asked about an HSA offering, the majority of respondents (4 out of 5) indicated that this benefit is not provided.

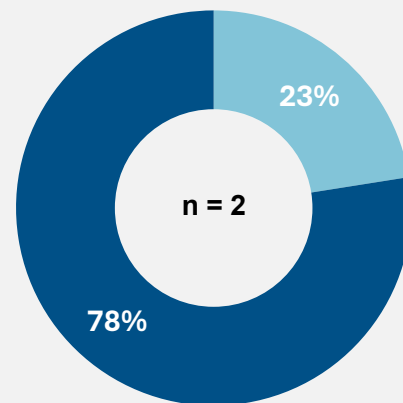
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

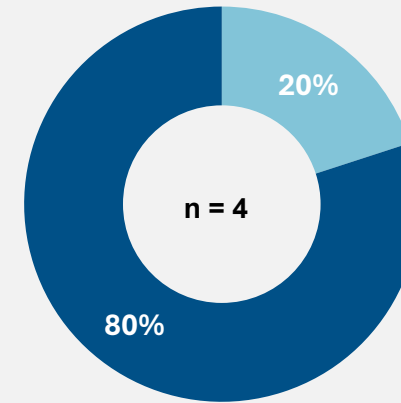
EMPLOYEE



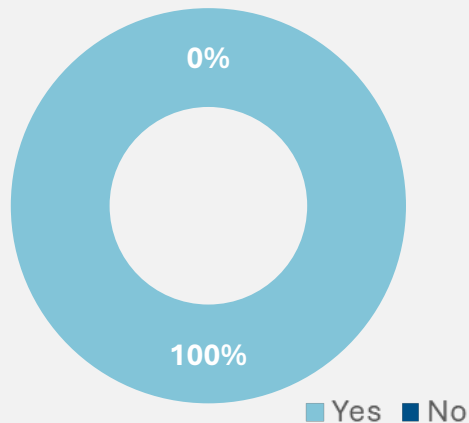
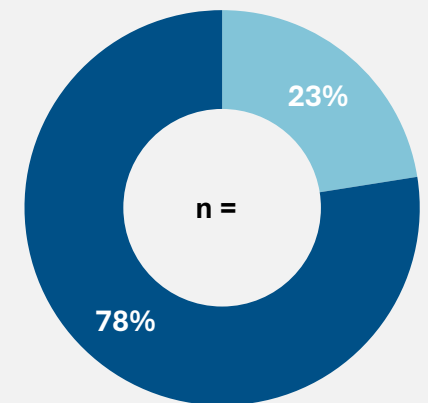
EMPLOYEE + SPOUSE



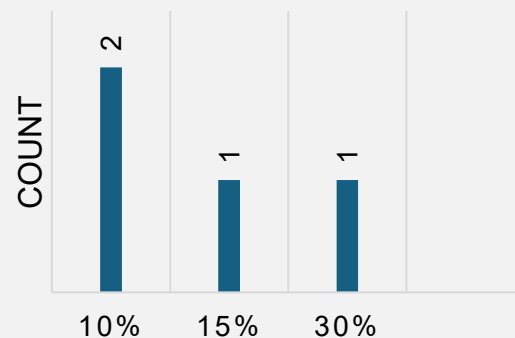
EMPLOYEE + CHILDREN



FAMILY



HSA OFFERED



FUNDING LEVEL

KEY FINDINGS:

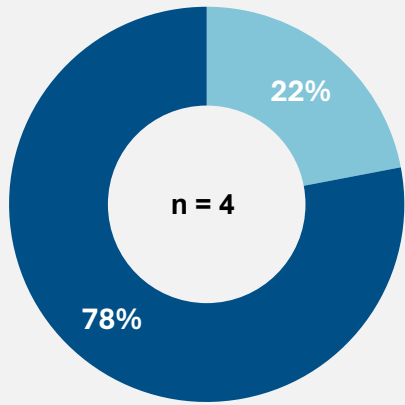
- Average employee contributions range from 15% to 25% across all coverage tiers. Differentiated rates are applied for full-time and part-time employees, ensuring flexibility in contribution requirements.
- HSA funding levels include fixed contributions like \$320 to \$420 per year and larger amounts like \$900 for individuals and \$1,800 for families.

BlueFit Preferred Blue PPO Saver

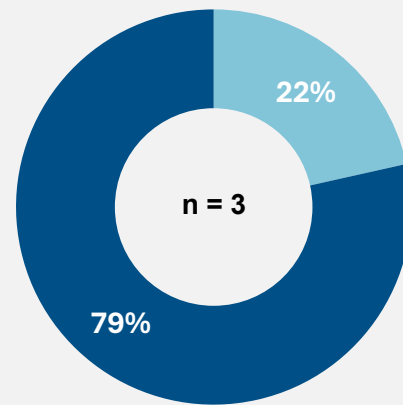
AVERAGE CONTRIBUTION PERCENTAGE

Employee Employer

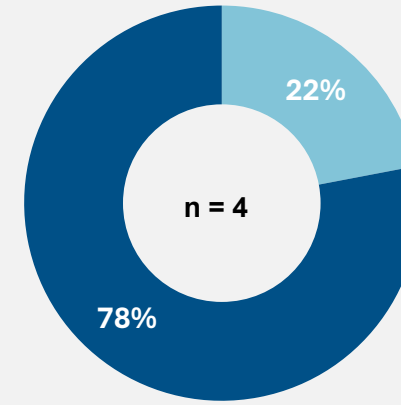
EMPLOYEE



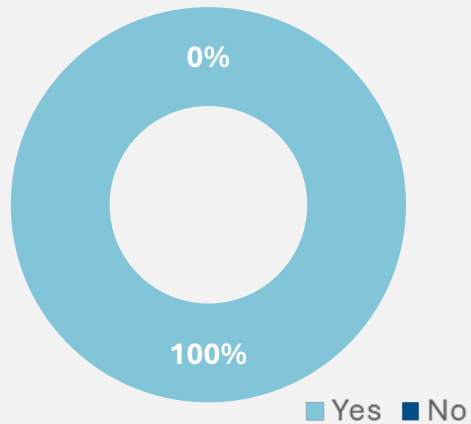
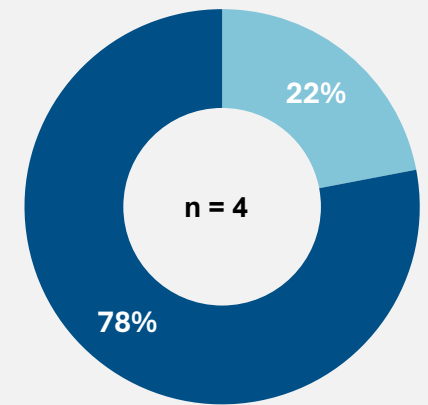
EMPLOYEE + SPOUSE



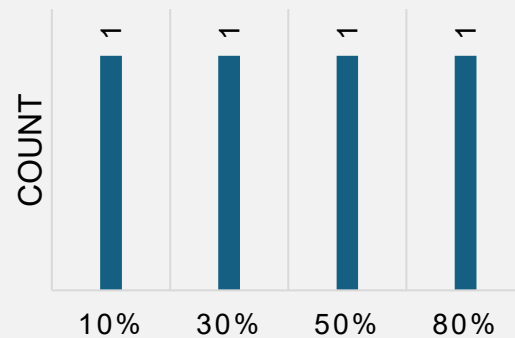
EMPLOYEE + CHILDREN



FAMILY



HSA OFFERED



FUNDING LEVEL

KEY FINDINGS:

- For the BlueFit Preferred Blue PPO Saver plan, employee contributions range from 15% to 32%.
- Funding levels include fixed contributions like \$900 for individuals and \$1,200 for families, as well as percentage-based contributions such as covering 50% of the deductible. Some employers also contribute amounts adjusted for wellness program incentives.



MASS BANKERS MEDICAL PLAN BENEFIT HIGHLIGHTS



PLAN DESIGN

BLUE CARE ELECT SAVER

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$1,750 per Individual contract, \$3,500 per Family contract
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$5 per visit after deductible, Specialist - \$10 per visit after deductible
Urgent Care and Limited Services Clinic	Urgent Care Center - \$10 per visit after deductible, Limited Services Clinic - \$5 per visit after deductible
ER Cost Share (per visit)	\$200 per visit after deductible
Inpatient Cost Share (per admit)	\$250 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	\$150 per admission after deductible
High Tech Radiology	Nothing after deductible
Pharmacy Cost Share	Retail - \$15/\$30/\$50 after deductible, Mail - \$30/\$60/\$150 after deductible



PLAN DESIGN

HMO BLUE NEW
ENGLAND \$1,250

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$1,250 per Member, \$2,500 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$35 per visit, Specialist - \$40 per visit
Urgent Care and Limited Services Clinic	Urgent Care Center - \$40 per visit, Limited Services Clinic - \$30 per visit
ER Cost Share (per visit)	\$250 per visit, no deductible
Inpatient Cost Share (per admit)	\$250 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	\$150 per admission after deductible
High Tech Radiology	Hospital: \$250 after deductible, Other covered providers: \$75 after deductible
Pharmacy Cost Share	Retail - \$20/\$40/\$70, no deductible, Mail - \$40/\$80/\$210, no deductible



PLAN DESIGN

HMO BLUE NEW ENGLAND OPTIONS DEDUCTIBLE

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

	Plan Highlights		
	Enhanced Tier	Standard Tier	Basic Tier
Medical Deductible	None	\$500 per Member, \$1,000 per Family	\$2,000 per Member, \$4,000 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family		
Office Visit - Preventive Care	Nothing		
Medical Care Outpatient Visit – PCP/Specialist	\$20 (PCP) / \$60 (Specialist)	- \$30 (PCP) / \$60 (Specialist)	\$55 (PCP) / \$60 (Specialist)
Urgent Care and Limited Services Clinic	\$60 per visit, Limited Services Clinic - \$15 per visit		
ER Cost Share (per visit)	\$250 per visit, no deductible		
Inpatient Cost Share (per admit)	\$150 per admission	\$150 per admission after deductible (\$200 per admission at select hospitals)	\$1,000 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	\$150 per admission	\$150 per admission after deductible (\$200 per admission at select hospitals)	\$1,000 per admission after deductible
High Tech Radiology	\$50	\$50 after deductible	\$450 after deductible
Pharmacy Cost Share	Retail - \$20/\$40/\$70, no deductible, Mail - \$40/\$80/\$210, no deductible		



PLAN DESIGN

HMO BLUE NEW ENGLAND \$2,000 DEDUCTIBLE

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$2,000 per Member, \$4,000 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$25 per visit, Specialist - \$45 per visit
Urgent Care and Limited Services Clinic	Urgent Care Center - \$45 per visit, Limited Services Clinic - \$20 per visit
ER Cost Share (per visit)	\$250 per visit, no deductible
Inpatient Cost Share (per admit)	\$250 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	\$150 per admission after deductible
High Tech Radiology	Hospital: \$250 after deductible, Other covered providers: \$75 after deductible
Pharmacy Cost Share	Retail - \$20/\$40/\$70, no deductible, Mail - \$40/\$80/\$210, no deductible



PLAN DESIGN

HMO BLUE NEW ENGLAND

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	None
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$30 per visit, Specialist - \$40 per visit
Urgent Care and Limited Services Clinic	Urgent Care Center - \$40 per visit, Limited Services Clinic - \$25 per visit
ER Cost Share (per visit)	\$250 per visit
Inpatient Cost Share (per admit)	\$500 per admission
Out-Patient Surgery Cost Share (per admit)	\$250 per admission
High Tech Radiology	Hospital: \$250, Other covered providers: \$50
Pharmacy Cost Share	Retail - \$20/\$40/\$70, Mail - \$40/\$80/\$210



PLAN DESIGN

BLUE CARE ELECT \$1,250

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$1,250 per Member, \$3,000 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$30 per visit after deductible, Specialist - \$40 per visit after deductible
Urgent Care and Limited Services Clinic	Urgent Care Center - \$40 per visit after deductible, Limited Services Clinic - \$25 per visit after deductible
ER Cost Share (per visit)	\$250 per visit after deductible
Inpatient Cost Share (per admit)	\$250 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	\$150 per admission after deductible
High Tech Radiology	Hospital: \$250 per visit after deductible, Other covered providers: \$75 after deductible
Pharmacy Cost Share	Retail - \$20/\$40/\$70, Mail - \$40/\$80/\$210



PLAN DESIGN

HMO BLUE NEW ENGLAND \$1,250 w/ HOSPITAL CHOICE COST SHARE

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$1,250 per Member, \$2,500 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$35 per visit, Specialist - \$40 per visit
Urgent Care and Limited Services Clinic	Urgent Care Center - \$40 per visit, Limited Services Clinic - \$30 per visit
ER Cost Share (per visit)	\$250 per visit, no deductible
Inpatient Cost Share (per admit)	Low Cost hospital: \$250 per admission after deductible, High Cost hospital: \$1,250 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	Low Cost hospital: \$150 per admission after deductible, High Cost hospital: \$1,150 per admission after deductible, Other covered providers: \$75 per admission after deductible
High Tech Radiology	Low Cost hospital: \$250 after deductible, High Cost hospital: \$700 after deductible, Other covered providers: \$50 after deductible
Pharmacy Cost Share	Retail - \$20/\$40/\$70, no deductible, Mail - \$40/\$80/\$210, no deductible



PLAN DESIGN

BLUE CARE ELECT
\$1,250 w/ HOSPITAL
CHOICE COST SHARE

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$1,250 per Member, \$3,000 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$30 per visit after deductible, Specialist - \$40 per visit after deductible
Urgent Care and Limited Services Clinic	Urgent Care Center - \$40 per visit after deductible, Limited Services Clinic - \$25 per visit after deductible
ER Cost Share (per visit)	\$250 per visit after deductible
Inpatient Cost Share (per admit)	Low Cost hospital: \$250 per admission after deductible, High Cost hospital: \$1,250 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	Low Cost hospital: \$150 per admission after deductible, High Cost hospital: \$1,150 per admission after deductible
High Tech Radiology	Low Cost hospital: \$250 after deductible, High Cost hospital: \$700 after deductible, Other covered providers: \$75 after deductible
Pharmacy Cost Share	Retail - \$20/\$40/\$70, Mail - \$40/\$80/\$210



PLAN DESIGN

HMO BLUE NEW ENGLAND
\$2,000 DEDUCTIBLE W/
HOSPITAL CHOICE COST
SHARE

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$2,000 per Member, \$4,000 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$25 per visit, Specialist - \$45 per visit
Urgent Care and Limited Services Clinic	Urgent Care Center - \$45 per visit, Limited Services Clinic - \$20 per visit
ER Cost Share (per visit)	\$250 per visit, no deductible
Inpatient Cost Share (per admit)	Low Cost hospital: \$250 per admission after deductible, High Cost hospital: \$1,250 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	Low Cost hospital: \$150 per admission after deductible, High Cost hospital: \$1,150 per admission after deductible, Other covered providers: \$150 per admission after deductible
High Tech Radiology	Low Cost hospital: \$250 after deductible, High Cost hospital: \$700 after deductible, Other covered providers: \$75 after deductible
Pharmacy Cost Share	Retail - \$20/\$40/\$70, no deductible, Mail - \$40/\$80/\$210, no deductible



PLAN DESIGN

ACCESS BLUE NEW ENGLAND SAVER

[BRAINSHARK RECORDING](#)

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$3,000 per Member, \$6,000 per Family
Out-of-Pocket Maximum	\$5,000 per Member, \$10,000 per Family
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP: \$25 Copayment per visit, Specialist: \$40 Copayment per visit
Urgent Care and Limited Services Clinic	Convenience care clinic: \$25 Copayment, Urgent care center: \$40 Copayment,
ER Cost Share (per visit)	\$200 Copayment
Inpatient Cost Share (per admit)	Deductible, then no charge
Out-Patient Surgery Cost Share (per admit)	Deductible, then no charge
High Tech Radiology	Deductible, then no charge
Pharmacy Cost Share	Deductible, then no charge



PLAN DESIGN

BLUEFIT HMO ACCESS
BLUE NEW ENGLAND
SAVER

SUMMARY OF BENEFITS AND COVERAGE

Plan Highlights	
Medical Deductible	\$3,200 per Individual contract, \$4,200 per Family contract
Out-of-Pocket Maximum	\$5,950 per Individual contract, \$11,900 per Family contract
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$25 per visit after deductible, Specialist - \$45 per visit after deductible
Urgent Care and Limited Services Clinic	\$25 per visit after deductible
ER Cost Share (per visit)	\$500 per visit after deductible
Inpatient Cost Share (per admit)	\$500 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	\$500 per admission after deductible
High Tech Radiology	\$500 after deductible
Pharmacy Cost Share	Retail - \$10/\$45/\$150/\$225, Mail (value) - \$10/\$45/\$150/\$225, Mail (other) - \$20/\$90/\$300/\$675



PLAN DESIGN

BLUEFIT PREFERRED
BLUE PPO SAVER

[SUMMARY OF BENEFITS AND COVERAGE](#)

Plan Highlights	
Medical Deductible	\$3,200 per Individual contract, \$4,200 per Family contract
Out-of-Pocket Maximum	\$5,950 per Individual contract, \$11,900 per Family contract
Office Visit - Preventive Care	Nothing
Medical Care Outpatient Visit – PCP/Specialist	PCP - \$25 per visit after deductible, Specialist - \$45 per visit after deductible
Urgent Care and Limited Services Clinic	\$25 per visit after deductible
ER Cost Share (per visit)	\$500 per visit after in-network deductible
Inpatient Cost Share (per admit)	\$500 per admission after deductible
Out-Patient Surgery Cost Share (per admit)	\$500 per admission after deductible
High Tech Radiology	\$500 after deductible
Pharmacy Cost Share	Retail - \$10/\$45/\$150/\$225, Mail (value) - \$10/\$45/\$150/\$225, Mail (other) - \$20/\$90/\$300/\$675

MASS BANKERS GROUP INSURANCE TRUST:

Product Premium Rate Relativities (2024)

PPO \$2,000 plan coming for 2025

Product	Product Premium Rate Relativities
HMO Blue New England	+20%
Blue Care Elect Deductible \$1,250	+2.3%
HMO Blue NE Deductible \$1,250	1.0%
Blue Care Elect Deductible \$1,250 + HCCS	-3.4%
HMO Blue NE Options Deductible	-4.6%
HMO Blue NE Deductible \$1,250 + HCCS	-5.6%
HMO Blue NE Deductible \$2,000	-7.0%
Blue Care Elect Saver \$1,750	-8.6%
HMO Blue NE Deductible \$2,000 + HCCS	-12.2%
Blue Care Elect Saver \$3,000	-18.1%
<i>BlueFit Preferred Blue PPO Saver*</i>	-17.5%
Access Blue NE Saver \$3,000	-20%
<i>BlueFit HMO Access Blue NE Saver*</i>	-25%
<ul style="list-style-type: none">• Relativities based on HMO Blue NE \$1,250 “CDH Exclusive Rate”.• This exhibit is intended to show the rate differentials between the products offered. The HMO Blue NE \$1,250 Deductible rate is used as the basis for the relativities. *BlueFit relativities do not include the cost for ACI for first year (\$25 PSPM).	