



MASSACHUSETTS

REEVALUATE. REDISCOVER. RENEW.

2022 Benefits Decision Guide

Open Enrollment November 1-16, 2021
bluecrossma.org/associate

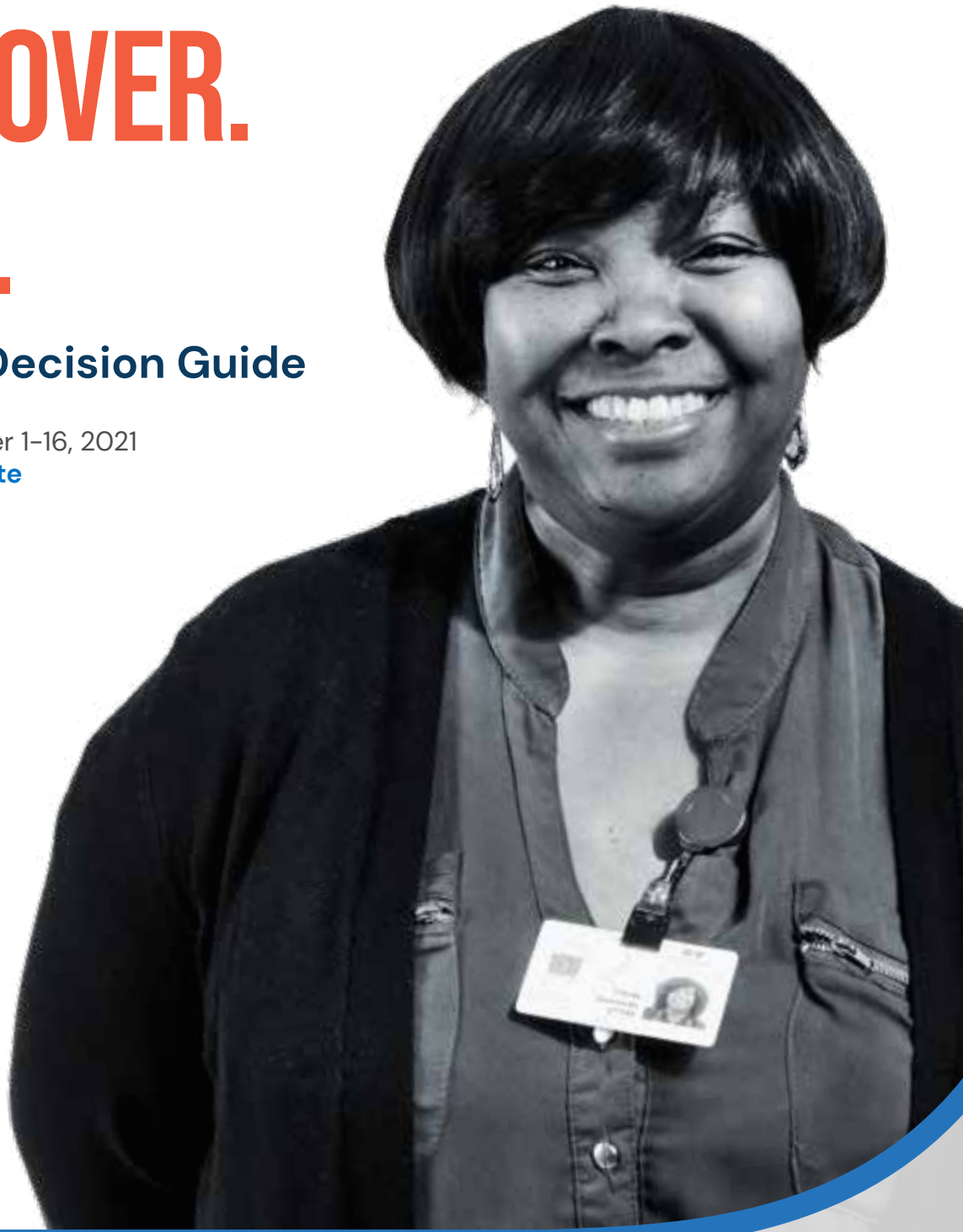


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VIRTUAL OPEN ENROLLMENT KICK-OFF EVENT

Mark your calendars for November 3, 2021 at 12:00 p.m.

We'll be hosting a virtual session to review your benefit options and answer your questions live.

IN THE SPOTLIGHT FOR 2022

PLAN RATES

MEDICAL PLANS

For associates earning over \$70K per year, rates will increase by 3.1% for both medical plans. For associates earning under \$70K per year, there will be no cost increase.

DENTAL AND VISION PLANS

We're pleased to announce no rate increases for our Dental and Vision plans in 2022.

HEALTH FINANCIAL ACCOUNTS

EMPLOYER CONTRIBUTIONS

Health savings account (HSA) and health reimbursement arrangement (HRA) contributions from Blue Cross will remain the same for 2022 to help you offset costs.

FLEXIBLE SPENDING ACCOUNT (FSA) ROLLOVER

If you elect a Health Care, Limited Purpose, or Dependent Care FSA for 2022, any unused funds will roll over from your 2021 balance.

PHARMACY BENEFITS

\$0 COPAYS ON CERTAIN MEDICATIONS

You can receive certain medications used to treat the following conditions at \$0 copay: blood pressure and heart conditions, high cholesterol, depression, diabetes, respiratory conditions, substance use disorder, and smoking cessation. If you choose the HMO plan, you'll be eligible for these \$0 copays when your coverage begins. If you choose the PPO plan, you must first meet your deductible due to IRS rules.

NEW! SAVINGS ON ELIGIBLE MEDICATIONS THROUGH PILLARRX

We've partnered with PillarRx Consulting, an independent company, to bring you the Cost-Share Assistance Program. This program applies coupons from manufacturers of eligible medications when you fill your prescription, reducing your out-of-pocket cost to anywhere between \$0 and \$35. If you or a dependent is taking an eligible medication, a Care Team Coordinator from PillarRx will call you to help you enroll in the program.

ENROLL TODAY

Get started at bluecrossma.org/associate.

If You Don't Enroll, Here's What Will Happen

Here's what will carry over: Medical, Dental, Vision, Disability, Life Insurance, HSA Contributions

Here's what won't carry over: FSA Elections and Contributions. To open a Health Care, Limited Purpose, or Dependent Care FSA for 2022, you must elect one through Workday. If you do elect to renew your FSA, any remaining funds from your 2021 balance will roll over to 2022.

MAKING YOUR HEALTH PLAN A WELLNESS PLAN

Our plans are built for overall wellness, with programs designed for a 360-degree view of your health.

Let's highlight some of the 2022 benefits that can help support you physically, emotionally, financially, and socially.



DIABETES MANAGEMENT MADE EASY

Managing a chronic condition? Here's constant support.

Livongo for Diabetes is a no-cost, innovative program that helps eligible members take control of their health. Here's how it works:



SYNCED TO YOUR SMART DEVICE

When you join, you get a Bluetooth®-enabled blood glucose meter and access to the Livongo app, where you can see all the parts of your management plan in one place.



TIMELY SUPPORT

Livongo offers live, one-on-one coaching from certified diabetes educators whenever you need it, and real-time insights and feedback on your progress.



NO-COST BENEFITS

Get unlimited testing strips and lancets delivered right to your door, plus personalized programs built by Livongo—all at no cost to you.

SAVE UP TO \$720 ANNUALLY ON PRESCRIPTION SUPPLIES.*

SHOW DIABETES WHO'S BOSS

Learn more at join.livongo.com.



*Calculation: Tier 2 copay x 12 months x 2 for the cost of lancets and strips.

KEEPING MENTAL HEALTH TOP OF MIND

Learn to Live, your no-cost, online mental health tool, is here.

Learn to Live is a judgment-free way to assess and explore your feelings, thoughts, emotions, and mind.* Designed by mental health specialists, the tool can be used as often as you like with programs to support:

- 
STRESS, ANXIETY & WORRY
- 
DEPRESSION
- 
INSOMNIA
- 
SUBSTANCE USE DISORDER
- 
SOCIAL ANXIETY

TAKE THE 7-MINUTE ASSESSMENT

Sign up at learntolive.com/partners and enter code: BCBSMA.



*Learn to Live is available to Blue Cross associates and family members age 13 or older.

A LITTLE FINESSE FOR YOUR FINANCES

Get unbiased financial guidance at no cost to you with Financial Finesse.

KEEPING YOUR BOTTOM LINE TOP OF MIND

Learn how to be financially fit with help from Financial Finesse, an independent financial wellness company. Their coaches can help you create a personalized action plan to achieve your financial goals, including:

- 
MANAGING DEBT
- 
PLANNING FOR A LIFE EVENT
- 
GROWING YOUR INVESTMENTS
- 
RETIRING COMFORTABLY

IMPROVE YOUR FINANCIAL HEALTH

Visit ffhub.com/thrive for additional resources, including webinars and a Financial Wellness Assessment. To talk with a Financial Coach, call **1-833-224-5233**, Monday to Friday, 9:00 a.m. to 8:00 p.m. ET.





**SO MUCH HAS HAPPENED
OVER THE PAST YEAR.**

**MAKE SURE YOUR PLAN
STILL WORKS BEST FOR YOU.**

**NOW IS YOUR CHANCE TO
REEVALUATE, REDISCOVER,
AND RENEW YOUR PLAN.**

QUESTIONS?

Visit bluecrossma.org/associate.
Email AskHR@bcbsma.com.
Call 1-617-246-4747.

OVERVIEW

BENEFITS OFFERED IN 2022

BENEFIT	KEY FEATURES	ELIGIBILITY ¹
MEDICAL Pages 12–23	Blue Care Elect Saver—Choice (PPO) includes an HSA with Blue Cross contributions. Network Blue New England Deductible (HMO) includes an HRA with Blue Cross contributions.	
DENTAL Page 24	Dental Blue® covers in-network preventive care, basic care (e.g., fillings, root canals), major care (e.g., crowns, dentures, implants), and orthodontia.	You can enroll: <ul style="list-style-type: none"> • Yourself • Your spouse/domestic partner • Your children up to age 26
VISION Page 24	Blue 20/20 , powered by EyeMed Vision Care®, covers comprehensive eye exams, eyeglasses, and more.	
FINANCIAL ACCOUNTS Pages 17, 21	A Blue Cross-funded account is automatically paired with each medical plan to help offset your costs. Depending on the plan selected, these include: PPO: Health Savings Account (HSA) HMO: Health Reimbursement Arrangement (HRA) If you elect a Health Care, Limited Purpose, or Dependent Care FSA for 2022, any unused funds will roll over from your 2021 balance. These options (no Blue Cross funding) include: <ul style="list-style-type: none"> • Health Care FSA • Limited Purpose FSA • Dependent Care FSA 	Financial accounts available for each plan: PPO <ul style="list-style-type: none"> • HSA* • Limited Purpose FSA • Dependent Care FSA HMO <ul style="list-style-type: none"> • HRA • Health Care FSA • Dependent Care FSA Financial accounts available if you don't elect a medical plan: <ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA <small>*Domestic partners are not eligible for Blue Cross contribution.</small>
LIFE INSURANCE Page 26	Basic coverage of 1x your annual salary is automatically provided for full-time associates. You have the option to buy additional coverage up to 2x your annual salary, ² up to a maximum of \$750,000.	Basic coverage automatically provided for: Full-time associates who work 30 or more hours per week
LONG-TERM DISABILITY (LTD) Page 26	Basic coverage of 60% of your monthly salary is automatically provided for full-time associates. You have the option to buy additional LTD coverage equal to 66 2/3% of your monthly salary, ² up to a monthly maximum of \$12,500.	Basic coverage automatically provided for: Full-time associates who work 30 or more hours per week

Unlock the Power of Your Plan

Sign in to MyBlue and tap into all of your benefits, all in one place. Track claims, medications, account balances, and more. Plus, you can support our health equity work by confidentially sharing your race, ethnicity, and language preferences. Get started at bluecrossma.org.

1. Eligibility Qualified Status: The benefits you choose during Open Enrollment are effective for the entire 2022 plan year: January 1–December 31, 2022. You can't make changes to your coverage, or who you cover during the year, unless you have a qualifying family or work status change. You must make your election change within 30 days of the change in status, and the coverage change must be consistent with your change in status. Qualifying status changes include, but aren't limited to: • Marriage, legal separation, divorce, or annulment • You become eligible for or end a domestic partnership • Birth or legal adoption of a child, or placement of a child with you for legal adoption • Your child becomes eligible or ineligible for coverage
2. Salary = Benefits Base Rate, which, in general, is your annual base salary plus annual targeted sales bonus (where applicable).

MEDICAL AND FINANCIAL



PPO PLAN

BLUE CARE ELECT SAVER—CHOICE WITH HSA

Here's what you should know.



ABOUT YOUR CARE:

- **No** Primary Care Provider (PCP) required
- **No** referrals needed



ABOUT YOUR COVERAGE:

- In-network preventive care is **100% covered**¹
- **More flexibility** in choosing your doctors



ABOUT YOUR COSTS:

- **Lower** cost per paycheck (compared with HMO plan)
- Auto-enrolled into an **Health Savings Account (HSA)** with Blue Cross contributions and optional personal contributions (with option to enroll in a Limited Purpose FSA and/or Dependent Care FSA) to help offset costs

Things to Consider

- Under this plan, the member is billed 100% of the charges until the deductible is met.
 - Funds from your HSA, including the Blue Cross contributions, can be used to pay for the charges.
- This plan has a slightly higher deductible and out-of-pocket maximum, but these increases are offset by a lower cost per paycheck and by using your HSA for your medical expenses.
- If you elect a Limited Purpose or Dependent Care FSA for 2022, any unused funds will roll over from your 2021 balance.
- Depending on your annual salary, Blue Cross contributions may cover up to 75% of your deductible (see [page 22](#) for details).

A PPO Plan in Action

Here's a hypothetical example using a PPO plan in an everyday situation. These are examples of medical care expenses; actual costs may differ based on the specific care you receive, your provider's charges, and other factors.

- 1 Sam has a sore throat and calls her doctor to make an appointment. After some tests and blood work, the provider diagnoses Sam with strep throat, and prescribes an antibiotic.
- 2 Sam picks up the prescription at the pharmacy, and pays \$50. She pays the full price of the prescription because the deductible hasn't yet been met. Sam uses money from her HSA to pay for the medication.
- 3 Later, Sam receives two bills for services provided by her doctor: \$200 for the visit and \$150 for the blood work. She uses money from her HSA to pay those bills. These expenses were applied toward the deductible.

After the deductible is met:

- Blue Cross covers 90% of eligible costs, so Sam pays \$20 to visit the doctor, not \$200, and \$15 for the blood work, instead of \$150.
- Sam now pays the generic prescription maximum copay for her medication, which is \$10.

After Sam reaches the **out-of-pocket maximum**, all eligible medical and prescription costs are covered.

In summary:

Sam spends more upfront for services and has a higher deductible, but pays less per paycheck (compared to the HMO plan). Blue Cross contributes more to Sam's HSA (compared to the HMO's HRA) and any money left over at the end of the plan year is rolled over into the next year, with potential growth from interest or reinvestment.

¹ Diagnostic tests and lab work aren't covered under preventive care.

PPO COSTS

Key Individual Individual + 1 Family

Costs

PAYCHECK CONTRIBUTIONS¹

Annual Salary < \$70K	Annual Salary ≥ \$70K
\$29.25	\$43.29
\$58.12	\$86.17
\$84.55	\$126.36

DEDUCTIBLE²

\$1,500
\$3,000
\$3,000

OUT-OF-POCKET MAXIMUM

\$5,000
\$10,000
\$10,000

Pharmacy^{3, 4, 5}

RETAIL (1-MONTH SUPPLY)

Tier 1 (generic): deductible, then \$10 copay

Tier 2 (brand): deductible, then \$25 copay

Tier 3 (non-preferred): deductible, then \$45 copay

MAIL ORDER (3-MONTH SUPPLY)

Tier 1 (generic): deductible, then \$20 copay

Tier 2 (brand): deductible, then \$50 copay

Tier 3 (non-preferred): deductible, then \$135 copay

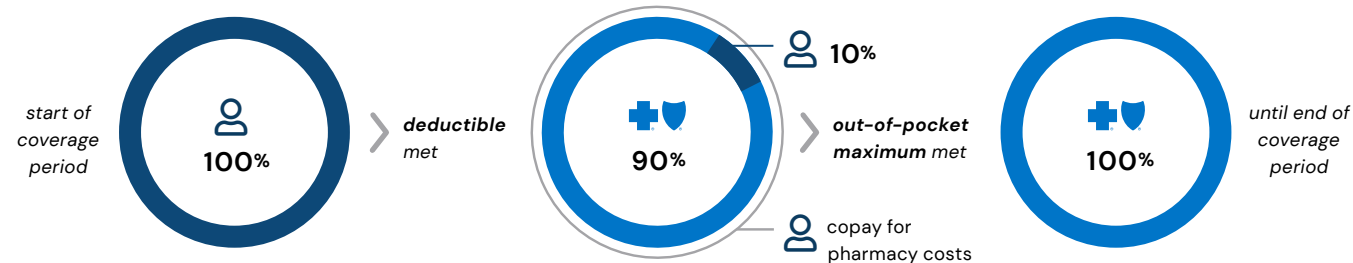
\$0 COPAYS

Certain medications that treat high blood pressure, heart conditions, high cholesterol, depression, diabetes, and respiratory conditions are covered at no cost. Visit bluecrossma.org/associate for a complete list.

HOW PAYMENTS WORK WITH OUR PPO PLAN

In-network preventive care is 100% covered.⁶

paid by member
 paid by Blue Cross



PHASE 1

You pay the cost of any care (including pharmacy expenses) beyond preventive services until you reach the **deductible** amount. With contributions from Blue Cross, your **HSA** will help you pay for these costs.

PHASE 2

Once your medical care expenses meet the deductible, you and Blue Cross share costs through co-insurance and/or copayments—with Blue Cross paying for the majority of the expenses—until you meet your **out-of-pocket maximum**.

PHASE 3

When you reach the **out-of-pocket maximum**, Blue Cross will then pay 100% of any eligible, in-network expenses for the rest of the year.

1. Paycheck contribution amounts are for full-time associates. For part-time rates, visit bluecrossma.org/associate.
2. Under this plan, you're responsible for the full cost of medical services, as well as any medication costs, until you reach your deductible.
3. The copay is waived for birth control (tier 1/generics only), smoking cessation drugs, and certain orally administered anti-cancer drugs.
4. These categories apply for most cases, but some medication tiers may vary.
5. Exclusive Smart90™ requires associates on certain maintenance medications get a 90-day prescription from their doctor. Learn more at myblue.bluecrossma.com/90daymeds.
6. Diagnostic tests and lab work aren't covered under preventive care.

FINANCIAL ACCOUNTS FOR PPO

	HSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA								
HOW IS THIS FUNDED?	Blue Cross automatically enrolls you into an HSA and contributes a set amount. You have the option to contribute additional personal funds. <i>Domestic partners are not eligible.</i>	You have the option to enroll, and can contribute personal funds up to the annual maximum.	You have the option to enroll, and can contribute personal funds up to the annual maximum.								
CONTRIBUTIONS¹	<table border="1"> <thead> <tr> <th>Ann. salary < \$70K</th> <th>Ann. salary ≥ \$70K</th> </tr> </thead> <tbody> <tr> <td>\$1,125 </td> <td>\$750</td> </tr> <tr> <td>\$2,250 </td> <td>\$1,500</td> </tr> <tr> <td>\$2,250 </td> <td>\$1,500</td> </tr> </tbody> </table>	Ann. salary < \$70K	Ann. salary ≥ \$70K	\$1,125	\$750	\$2,250	\$1,500	\$2,250	\$1,500	None	None
Ann. salary < \$70K	Ann. salary ≥ \$70K										
\$1,125	\$750										
\$2,250	\$1,500										
\$2,250	\$1,500										
2022 Contribution Limits: Individual: \$3,650 Family: \$7,300 Catch up: \$1,000	<table border="1"> <thead> <tr> <th>Ann. salary < \$70K</th> <th>Ann. salary ≥ \$70K</th> </tr> </thead> <tbody> <tr> <td>\$2,525 </td> <td>\$2,900</td> </tr> <tr> <td>\$5,050 </td> <td>\$5,800</td> </tr> <tr> <td>\$5,050 </td> <td>\$5,800</td> </tr> </tbody> </table>	Ann. salary < \$70K	Ann. salary ≥ \$70K	\$2,525	\$2,900	\$5,050	\$5,800	\$5,050	\$5,800	\$2,750	\$5,000 per household or \$2,500 if married but filing separately
Ann. salary < \$70K	Ann. salary ≥ \$70K										
\$2,525	\$2,900										
\$5,050	\$5,800										
\$5,050	\$5,800										
WHO CAN I USE THIS MONEY FOR?	You, your spouse, your tax dependents (including children up to age 19 or age 24 if a full-time student) whether or not they're enrolled in the plan ²	You, your spouse, your tax dependents (including children up to age 26), whether or not they're enrolled in the plan ²	Your children up to age 12 and disabled adult dependents whether or not they're enrolled in the plan ²								
WHAT CAN I USE THIS MONEY FOR?	All eligible ^{3, 4} medical, prescription drug, dental, and vision expenses that occur now ⁵ or in the future	All eligible ³ dental and vision expenses in the plan year ⁶	Childcare and adult day care expenses while you and your spouse work or attend school ⁶								
WHAT HAPPENS TO MY ACCOUNT BALANCE AT THE END OF THE YEAR?	Your unused balance rolls over year to year and can grow tax-free with interest or be invested.	If you elect an FSA, your unused balance from 2021 will roll over to 2022. However, any unused balance in your FSA at the end of 2022 will not roll over.									
WHAT HAPPENS TO MY ACCOUNT IF I LEAVE BLUE CROSS?	The money is yours to keep and save for future expenses, even into retirement.	Your account is closed. You can file claims up to 90 days after your termination date for services received while you were working at Blue Cross.	Your account is closed. You can file claims up to 90 days after your termination date for services received while you were working at Blue Cross.								

1. Contribution rates reflect the current IRS contribution limit.
2. Can't be used for domestic partner expenses.
3. Eligible expenses include deductibles, co-insurance, and copayments where applicable.
4. Withdrawals for non-eligible expenses are subject to a tax penalty.
5. "Now" refers to expenses incurred anytime this year.
6. All expenses must be incurred in the plan year—January 1, 2022 to December 31, 2022. You can file claims for reimbursement through March 31, 2023.

HMO PLAN

NETWORK BLUE NEW ENGLAND DEDUCTIBLE WITH HRA

Here's what you should know.



ABOUT YOUR CARE:

- Primary Care Provider (PCP) is **required**
- Referrals are **needed** to see specialists



ABOUT YOUR COVERAGE:

- In-network preventive care is **100% covered**¹
- Only care received from doctors, hospitals, and other providers in our **New England network** is covered



ABOUT YOUR COSTS:

- **Higher** costs per paycheck (compared with PPO plan)
- **Copay** only needed for most medical services and purchasing prescriptions
 - Auto-enrolled into a **Health Reimbursement Arrangement (HRA)** with Blue Cross contributions (with option to enroll in a Health Care FSA and/or Dependent Care FSA) to help offset costs

Things to Consider

- Your PCP is your main source for health care services. If you see another doctor or specialist, you'll need to get a referral from your PCP for the service to be covered by your plan. Please make sure to update your PCP ID number with Employee Services by phone or via email, to avoid delay in payment of claims. See the Employee Services contact details on [page 30](#).
- This plan has a higher cost per paycheck but is offset by having a lower deductible and out-of-pocket maximum. It pairs with an HRA that can be used to pay for eligible medical services and prescription drugs. The HRA doesn't cover dental or vision. You can open a health care FSA to help offset some of these costs. All of these expenses are also applied to the deductible.
- If you elect a Health Care or Dependent Care FSA for 2022, any unused funds will roll over from your 2021 balance.

An HMO Plan in Action

Here's a hypothetical example using an HMO plan in an everyday situation. These are examples of medical care expenses; actual costs may differ based on the specific care you receive, your provider's charges, and other factors.

- 1 Sam has a sore throat and makes an appointment with her PCP. After some tests and blood work, the provider diagnoses Sam with strep throat, and prescribes an antibiotic. Sam pays a \$20 copay, using funds from her HRA.
- 2 Sam picks up the prescription at the pharmacy, and uses money from her HRA for the \$15 copay.
- 3 Later, Sam gets a \$150 bill for the lab work. Since Sam hasn't met the deductible, she uses money from her HRA to pay the bill, which is applied to her deductible.

After the deductible is met:

- Sam still pays the \$20 copay to see the doctor but no longer pays for lab work.
- Prescription costs remain the same.

After Sam reaches the **out-of-pocket maximum**, the copayments are covered at 100%.

In summary:

Sam spends less upfront for certain services and has a lower deductible, but pays more per paycheck (compared to the PPO plan). She receives a smaller contribution from Blue Cross (compared to the PPO's HSA) and can't contribute to the HRA. She also must see her PCP for visits and referrals.

¹ Diagnostic tests and lab work aren't covered under preventive care.

HMO COSTS

Key Individual Individual + 1 Family

Costs

PAYCHECK CONTRIBUTIONS¹

Annual Salary < \$70K	Annual Salary ≥ \$70K
\$45.67	\$64.44
\$90.90	\$128.38
\$132.60	\$188.25

DEDUCTIBLE	OUT-OF-POCKET MAXIMUM
\$1,250	\$3,000
\$2,500	\$6,000
\$2,500	\$6,000

Pharmacy^{2, 3, 4}

RETAIL (1-MONTH SUPPLY)

- Tier 1 (generic): \$15 copay, no deductible
- Tier 2 (brand): \$30 copay, no deductible
- Tier 3 (non-preferred): \$50 copay, no deductible

MAIL ORDER (3-MONTH SUPPLY)

- Tier 1 (generic): \$30 copay, no deductible
- Tier 2 (brand): \$60 copay, no deductible
- Tier 3 (non-preferred): \$150 copay, no deductible

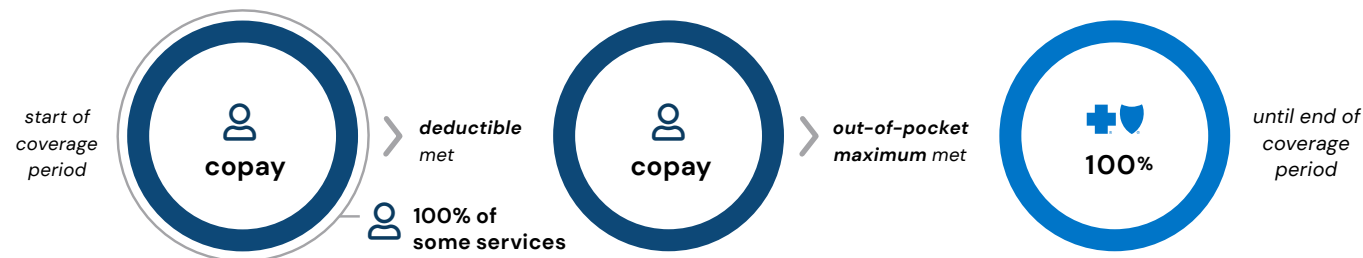
\$0 COPAYS

Certain medications that treat high blood pressure, heart conditions, high cholesterol, depression, diabetes, and respiratory conditions are covered at no cost once you meet your deductible. Visit bluecrossma.org/associate for a complete list of medications.

HOW PAYMENTS WORK WITH OUR HMO PLAN

In-network preventive care is 100% covered.⁵

paid by member
 paid by Blue Cross



PHASE 1

You make copayments for some services right away. For others, you pay 100% of the cost until you reach your **deductible**.

PHASE 2

Once you meet your deductible, you'll then make copayments for prescriptions and most services—with Blue Cross paying for the majority of the expenses—until you meet your **out-of-pocket maximum**.

PHASE 3

When you reach the **out-of-pocket maximum**, Blue Cross will then pay 100% of any eligible, in-network expenses for the rest of the year.

1. Paycheck contribution amounts are for full-time associates. For part-time rates, visit bluecrossma.org/associate.
 2. The copay is waived for birth control (tier 1/generics only), smoking cessation drugs, and certain orally administered anti-cancer drugs.
 3. These categories apply for most cases, but some medication tiers may vary.
 4. Exclusive Smart90SM requires associates on certain maintenance medications get a 90-day prescription from their doctor. Learn more at myblue.bluecrossma.com/90daymeds.
 5. Diagnostic tests and lab work aren't covered under preventive care.

























FINANCIAL ACCOUNTS FOR HMO

	HRA	HEALTH CARE FSA	DEPENDENT CARE FSA
HOW IS THIS FUNDED?	Blue Cross automatically enrolls you into an HRA and contributes a set amount.	You have the option to enroll, and can contribute personal funds up to the annual maximum.	You have the option to enroll, and can contribute personal funds up to the annual maximum.
CONTRIBUTIONS ¹	BLUE CROSS \$400 \$800 \$1,000	None	None
	YOU annual maximum	Individual contributions aren't allowed	\$5,000 per household or \$2,500 if married but filing separately
WHO CAN I USE THIS MONEY FOR?	You, your spouse, any covered dependents enrolled in the plan	You, your spouse, your tax dependents (including children up to age 26), whether or not they're enrolled in the plan ²	Your children up to age 12 and disabled adult dependents whether or not they're enrolled in the plan ²
WHAT CAN I USE THIS MONEY FOR?	All eligible ^{3,4} medical and prescription drug expenses in the plan year ⁵	All eligible ^{3,4} medical, prescription drug, dental, and vision expenses in the plan year ⁵	Childcare and adult day care expenses while you and your spouse work or attend school ⁵
WHAT HAPPENS TO MY ACCOUNT BALANCE AT THE END OF THE YEAR?	Your unused balance is forfeited and doesn't roll over to the next year. "Use it or lose it."	If you elect an FSA, your unused balance from 2021 will roll over to 2022. However, any unused balance in your FSA at the end of 2022 will not roll over.	
WHAT HAPPENS TO MY ACCOUNT IF I LEAVE BLUE CROSS?	Your account is closed. You can file claims up to 90 days after your termination date for services received while you were working at Blue Cross.		

1. Contribution rates reflect the current IRS contribution limit.
 2. Can't be used for domestic partner expenses.
 3. Eligible expenses include deductibles, co-insurance, and copayments where applicable.
 4. Withdrawals for non-eligible expenses are subject to a tax penalty.
 5. All expenses must be incurred in the plan year—January 1, 2022 to December 31, 2022. You can file claims for reimbursement through March 31, 2023.

PAYMENT DETAILS

Key  Individual  Individual + 1  Family

	BLUE CARE ELECT SAVER—CHOICE (PPO)		NETWORK BLUE NEW ENGLAND DEDUCTIBLE (HMO)	
ANNUAL DEDUCTIBLE	\$1,500		\$1,250	
	\$3,000		\$2,500	
	\$3,000		\$2,500	
CONTRIBUTIONS FROM BLUE CROSS	Ann. salary < \$70K	HSA	Ann. salary ≥ \$70K	HRA
	\$1,125		\$750	
	\$2,250		\$1,500	
	\$2,250		\$1,500	
NET DEDUCTIBLE <i>The remaining balance of your deductible after using Blue Cross contributions</i>	Ann. salary < \$70K		Ann. salary ≥ \$70K	
	\$375		\$750	
	\$750		\$1,500	
	\$750		\$1,500	
OUT-OF-POCKET MAXIMUM	\$5,000		\$3,000	
	\$10,000		\$6,000	
	\$10,000		\$6,000	

A Blue Cross-funded account is automatically paired with each medical plan to help offset a portion of your annual deductible. Not sure which financial account is right for you? Call [Financial Finesse](#) to speak with a financial coach, at no cost to you, at 1-833-224-5233, or visit ffhub.com/thrive.

HOW TO DETERMINE YOUR NET DEDUCTIBLE

Example: Pat needs **family coverage** and has an annual salary of **less than \$70,000**.

Based on the rates in the chart above, here's how he would find the Net Deductible for each plan.

	PPO Plan	HMO Plan
Annual Deductible	\$3,000	\$2,500
Contributions from Blue Cross	— \$2,250	— \$1,000
Net Deductible	\$750	\$1,500

MEDICAL SERVICES COSTS

	BLUE CARE ELECT SAVER—CHOICE (PPO)	NETWORK BLUE NEW ENGLAND DEDUCTIBLE (HMO)
CO-INSURANCE/COPAYMENTS	You must meet the deductible amount first, then you'll only pay 10% co-insurance (when required).	\$25-\$150 copayments (specific services subject to deductible)
MEDICAL	Preventive Care	\$0, no deductible
	ER	deductible, then \$150 copay ¹
	Urgent Care	deductible, then co-insurance
	PCP visit	deductible, then co-insurance
	Specialist visit	deductible, then co-insurance
HOSPITAL CARE	Inpatient/Outpatient	deductible, then co-insurance ⁴
		deductible, then \$0 ⁵
TESTS	Diagnostics (X-rays, lab tests)	deductible, then co-insurance
	Imaging (CT/PET scans, MRIs)	deductible, then co-insurance
MENTAL/ BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER	Inpatient	deductible, then co-insurance ⁸
	Outpatient	deductible, then co-insurance
PREGNANCY CARE	Prenatal	\$0, no deductible
	Postnatal	deductible, then co-insurance
	Inpatient (including delivery)	deductible, then co-insurance
TELEHEALTH	Minor medical care	deductible, then co-insurance for medical care
	Therapy	deductible, then co-insurance for therapy
	Psychiatry	deductible, then co-insurance for psychiatry

1, 2, 5. Copay waived if admitted or for observation stay.

3. Under this plan you're required to select a PCP and will need a referral from your PCP to see a specialist.




4, 6, 8, 9. Prior authorization required.

7. Coverage and cost-sharing limitations and/or exceptions may apply. Visit bluecrossma.org/associate to see the Summary of Benefits and Coverage for more information.

DENTAL AND VISION

DENTAL BLUE

Dental Blue gives you access to nearly 90% of the practicing dentists in Massachusetts, as well as over 350,000 dental locations nationwide.

COVERAGE	PAYCHECK CONTRIBUTIONS ¹
Preventive and diagnostic care: 100% coverage <i>For example: bi-annual cleanings</i>	\$5.63 
Basic restorative: 80% coverage <i>For example: caps, fillings</i>	\$11.42 
Major restorative: 50% coverage <i>For example: root canals, crowns, and extractions</i>	\$16.49 
Orthodontics (adults and children): 100%, \$1,500 lifetime maximum <i>For example: braces, retainers</i>	

DEDUCTIBLE FOR BASIC AND MAJOR RESTORATIVE

\$50 per member or \$150 per family

CALENDAR-YEAR BENEFIT MAXIMUM




\$1,500 per member

NEW! DENTAL BLUE NOW COVERS TWO ROUTINE DENTAL CLEANINGS PER YEAR.

Instead of coverage for a routine dental cleaning every six months, they're now covered twice per year. It's just another way our plans are becoming more flexible.

BLUE 20/20

Blue 20/20, powered by EyeMed Vision Care[®], helps you save on routine vision exams, lenses, frames, and contacts.

COVERAGE	PAYCHECK CONTRIBUTIONS ¹
Members enjoy additional in-network discounts on sunglasses, a complete pair of glasses, laser vision surgery, and more.	\$2.88 
	\$5.18 
	\$8.06 

¹ For part-time rates, visit bluecrossma.org/associate.

LIFE AND LTD

LIFE AND ACCIDENT INSURANCE

	BASIC LIFE AND ACCIDENT INSURANCE	BUY-UP LIFE INSURANCE ¹
WHO'S ELIGIBLE	Associates working 15+ hours per week	Full-time associates working 30+ hours per week
COVERAGE	1x your annual salary ² Maximum benefit: \$750,000	Up to 2x your annual salary ² Maximum benefit: \$750,000
WHO PAYS FOR COVERAGE	Blue Cross	Blue Cross pays for coverage up to 1x your annual salary. You pay the remaining amount.

LONG-TERM DISABILITY (LTD)

	BASIC COVERAGE	BUY-UP COVERAGE
AVAILABILITY	Associates regularly scheduled to work at least 30 hours per week and have completed 90 days of employment	
COVERAGE	Replaces 60% of your monthly salary ² Monthly maximum: \$12,500	Replaces 66 2/3% of your monthly salary ² Monthly maximum: \$12,500
WHO PAYS FOR COVERAGE	Blue Cross pays for coverage that replaces 60% of your monthly salary ² up to a maximum monthly benefit of \$12,500	You pay for coverage if you wish to purchase additional coverage to replace 66 2/3% of your monthly salary ² up to a monthly maximum benefit of \$12,500 (i.e., you pay for the additional 6 2/3% coverage cost).
MAXIMUM BENEFIT PERIOD	Begins after you've been absent from work due to disability for 180 days (including the 1-week elimination period and the 25-week short-term disability period) Benefits continue for the duration of your disability or until age 65, whichever is sooner (possibly later if you become disabled after age 63)	

1. The buy-up life insurance option requires completion of Evidence of Insurability (EOI) and approval from the life insurance carrier, USABLE. The USABLE EOI form can be found on Workday.
2. Salary = Benefits Base Rate, your annual base salary plus annual targeted sales bonus (where applicable).

EXTRAS

EXTRA BENEFITS

Take advantage of these tools and services to help maximize your health.



LEARN TO LIVE

Your online mental health tool is confidential, self-guided, and available 24/7 at no additional cost. **Sign up at learntolive.com/partners and enter code: bcbsma.**



WELLNESS REWARDS PROGRAM

Our wellness incentive program that's powered by Virgin Pulse[®] can help you achieve your personalized wellness goals and earn up to \$600. **join.virginpulse.com/wellness**



MIND AND BODY REIMBURSEMENT

Get reimbursed up to \$300 annually for fees for qualified alternative medicine services. **New for 2022!** This now includes meditation and breathing apps like Headspace[®]. It no longer includes acupuncture, which is now covered by our medical plans. **Visit bluecrossma.org/associate/extra-benefits to learn more, and download the form.**



FITNESS, FITNESS PLUS, AND WEIGHT-LOSS REIMBURSEMENTS

Get reimbursed up to \$750 for online, instructed-led fitness classes, WW (formerly Weight Watchers[®]) in-person and online programs, and more. **New in 2022!** Fitness equipment qualifies for reimbursement! **Visit bluecrossma.org/associate/extra-benefits to learn more, download the forms, and see qualifying programs.**



GEOBLUE[®] TRAVELER

Traveling out of the country or overseas? With GeoBlue Traveler, you're covered. If you get hurt or sick, Blue Cross will be there for you. If it's severe, you'll have access to air transportation to the United States for treatment. **For more information, go to geo-blue.com.**



FINANCIAL FINESSE

Get unbiased, no-cost financial advice to help you manage debt, plan for a life event, grow your investments, and retire comfortably. **Visit ffhub.com/thrive or call 1-833-224-5233.**



WELL CONNECTION TELEHEALTH

Medical | Therapy | Psychiatry
Need to see a doctor, therapist, or psychiatrist but would rather have a video doctor visit? Connect with them using MyBlue or a Well Connection kiosk (when our offices re-open). **Visit bluecrossma.org.**



BLUE DISTINCTION[®] TOTAL CARE

We've partnered with doctors and specialists who value healthy lifestyles and preventive care over hospital visits. We're focusing on health care over sick care. **Go to bcbs.com/blue-distinction-center/physician to find a doctor who's right for you.**



EGG CRYOPRESERVATION

Blue Cross offers coverage for preservation and storage up to a \$7,500 lifetime maximum. Members, spouses, and domestic partners under the age of 44, and covered through an associate Blue Cross medical plan, are eligible for the benefit.



EMPLOYEE ASSISTANCE PROGRAM

GuidanceResources offers confidential consultation on personal issues and resources for work-life needs, including financial and legal information, and more. **To get started, call 1-877-623-3879, or visit guidanceresources.com and sign up using Web ID: BCBSMA.**

NEXT STEPS

- 1 Think about your year ahead (planned surgeries, births, etc.).
- 2 Go to bluecrossma.org/associate to review the 2022 plans.
- 3 Click Enroll Now to link to your elections in Workday.
- 4 Review and submit your elections. (Don't forget to review your beneficiaries.)
- 5 Print and save your confirmation page—this is important!

ONLINE OPEN ENROLLMENT NOVEMBER 1-16, 2021

bluecrossma.org/associate

This brochure was designed to provide you with a summary of the health benefit options currently available to associates of Blue Cross Blue Shield of Massachusetts, Inc. Complete details of each of these benefits are outlined in the official plan documents, including insurance policies, contracts, trust agreements, subscription agreements, subscriber certificates, and benefit descriptions. Copies of these items are available from AskHR. If there's any difference between the information in this guide and the official plan documents, the plan documents will govern. The benefit programs described in this guide don't constitute an employment contract, nor do they provide a guarantee of future employment. Blue Cross Blue Shield of Massachusetts reserves the right to amend, modify, or terminate any of the plans in any manner, in whole or in part, at any time, to the extent permitted by law. Nothing in this guide is intended as tax advice, and you are encouraged to consult a tax advisor if you have any questions regarding the tax consequences of your elections.

ONLINE INFO

HEALTH PLAN DETAILS
bluecrossma.org/associate

FINANCIAL ACCOUNTS
[MyBlue](#) or healthequity.com

MYBLUE
bluecrossma.org or
bluecrossma.org/myblue/myblue-app

CURRENT BENEFITS
[Workday](#) — sign in through [BlueWeb](#) or
[download the Workday app](#)

QUESTIONS

ASKHR

For Open Enrollment, Workday,
or other general questions:

AskHR@bcbsma.com

1-617-246-4747 (Ext.6-HRHR)

EMPLOYEE SERVICES

For plan and coverage details:

employeeservices@bcbsma.com

1-800-238-6616

GLOSSARY

ANNUALIZED BASE SALARY

For full-time associates, it's how much money you make in a year. For part-time associates, annualized salary is calculated by multiplying hourly rate of pay by 1,950 (based on a full-time work week of 37.5 hours per week.)

CO-INSURANCE

The percentage of the cost you're responsible for paying, usually after the deductible has been met.

COPAY/COPAYMENT

The amount you pay for a covered health care service, usually paid at the time you receive the service. For some services, you must satisfy a deductible first.

DEDUCTIBLE

This is the amount you pay before your plan helps cover eligible expenses.

DEPENDENT CARE FSA

You can contribute to this account on a pre-tax basis. Use these funds to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare. Your unused balance rolls over year to year.

FLEXIBLE SPENDING ACCOUNT (FSA)

This is a temporary savings account that only you contribute to via paycheck. Different FSAs can be applied to different health care expenses. Your unused balance rolls over year to year.

HEALTH REIMBURSEMENT

ARRANGEMENT (HRA)

Blue Cross contributes to this account at the beginning of the plan year. You can use these funds to pay for anything medical- or prescription drug-related to your health plan. You can't contribute to it, and at the end of the year, any unused money will be forfeited.

HEALTH SAVINGS ACCOUNT (HSA)

A tax-free account that can be funded by both you and Blue Cross. Use this account for any eligible medical expenses now or in the future. Any unused funds roll over year to year and are yours, even if you leave Blue Cross.

LIMITED PURPOSE FSA

You can contribute to this account on a pre-tax basis and can use the funds to pay for eligible dental and vision expenses. Your unused balance rolls over year to year.

OUT-OF-POCKET MAXIMUM

The most you'll pay for covered services. Once you reach this maximum, your plan pays 100% of your remaining costs for the year.

PROVIDER

A doctor, specialist, physician's assistant, or nurse practitioner.

OPEN ENROLLMENT

November 1-16, 2021
bluecrossma.org/associate



MASSACHUSETTS

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