

# BENEFITS THAT LIVE TO SERVICE TO SERVICE THE PROPERTY OF THE P

Get the tools you need to make informed decisions during open enrollment.

Make your benefit selections from: October 30 – November 13, 2023.

bluecrossma.org/associate

Start living your best life with benefits that can

# ELEVATE YOUR WELL-BEING



# TABLE OF CONTENTS

<ul><li>In the spotlight for 2024</li><li>Plan rates</li></ul>	7
Health financial accounts	
Benefits that support your well-being	8
Physical	
Your medical benefits overview	12
<ul> <li>Blue Care® Elect Saver — Choice with HSA Plan (PPO)</li> <li>Plan details</li> </ul>	
Costs and payment information	
• Network Blue® New England Deductible with HRA Plan (HMO)	
Plan details     Costs and normant information	
Costs and payment information	
Payment details and medical services costs	24
Dental and vision coverage	26
Life insurance and long-term disability	28
Glossary	30
Get assistance and answers	31



## LIFTING YOU UP TO TOTAL WELL-BEING

Every benefit we offer contributes to your total well-being. From your physical, emotional, social, and financial health, we're here to help you make the most of everything during this enrollment period.

#### **LET'S GET GOING**



#### 1. EXPLORE

Explore what's new and revisit benefits you may have overlooked. We want you to make the most of all the benefits you have.

#### **GET STARTED**

Learn more to make informed decisions at bluecrossma.org/associate.



#### 2. CHOOSE

Sign in to Workday to make your plan elections.

Don't forget to review your beneficiaries and
save your confirmation page.

#### **ENROLL**

Sign in to Workday to enroll at wd5.myworkday.com/bcbsma/login.html.

#### i If you don't enroll...

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 be eligible for the rollover, you must elect a Health care or limited purpose FSA for 2024. Dependent care FSAs aren't eligible for the rollover.

# IN THE SPOTLIGHT FOR 2024

#### **PLAN RATES**

#### Salary threshold increase

The 2024 annualized base salary threshold is increasing from \$70K to \$80K. Your annualized base salary as of October 1, 2023 will determine what your medical plan rates are. If enrolled in the PPO plan, it will also determine the Blue Cross contribution to your health savings account (HSA).

#### **Medical plans**

We always want to provide you with best plans at the best possible price. There will be a 6.1% cost increase this year for both PPO and HMO plans.

Deductible amounts in the PPO plan are increasing from \$1,500 to \$1,600 for individual coverage and \$3,000 to \$3,200 for individual + 1 or family coverage.

#### **Dental and vision plans**

In 2024, there will be no rate increase for Dental Blue®. Vision coverage is increasing by 6%, but with that increase we're moving to Blue 20/20 PLUS. With this enhanced coverage, you'll be eligible for an additional \$50 on frames if using a PLUS provider.

#### **HEALTH FINANCIAL ACCOUNTS**

#### **HSA** employer contributions

Health savings account (HSA) contributions from Blue Cross will increase in 2024. If you're enrolled in individual coverage, there will be an additional \$100 contribution to your HSA. If you're enrolled in individual +1 or family coverage, there will be an additional \$200 contribution. The total contribution amount varies based on your annualized base salary as of October 1, 2023.

If your annualized base salary is less than \$80K, Blue Cross will contribute \$1,225 for those with individual coverage or \$2,450 for those with individual +1 or family coverage. If your annualized base salary is \$80K or more, Blue Cross will contribute \$850 for those with individual coverage or \$1,700 for those with individual +1 or family coverage.

#### Flexible spending account (FSA) rollover

If you elect a health care or limited purpose FSA for 2024, any unused funds up to \$610 will roll over from your 2023 balance. Note that the dependent care FSA isn't eligible for the rollover.

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## BENEFITS THAT SUPPORT **YOUR WELL-BEING**

In addition to a variety of plan benefits you can select during open enrollment, you can also elevate your physical, emotional, financial, and social well-being all year long.



#### PHYSICAL WELL-BEING

- Wellbeats virtual fitness membership
- Wellness Rewards program (powered by Virgin Pulse)
- · Reimbursements, including fitness, weight loss, mind and body, and wellness
- Wellness coaching by phone



#### **FINANCIAL WELL-BEING**

- 401(k) core contribution and match
- Health financial accounts (HSA, HRA, FSAs)
- Unbiased financial coaching through Financial Finesse
- Student loan repayment
- Tuition reimbursement
- Adoption assistance



#### **EMOTIONAL WELL-BEING**

- · Learn to Live mental health program
- Employee Assistance Program
- Meditation and yoga classes via Wellbeats
- Emergency back-up child and elder care, pet care, virtual tutoring, and more



- Employee Resource Groups
- BlueCrew service opportunities
- · Green@Blue garden program
- On-site cafes, wellness centers, and flex meeting spaces

For a complete list and to learn more about your well-being benefits, visit www2.bluecrossma.net/well-being. (You must be connected to VPN to access.)

### BENEFITS FOR THE WHOLE FAMILY

#### Mental health support

If you or a family member, age 13 or older, needs mental health support, Learn to Live, an independent company, may be able to help. It's an easy-to-use online mental health tool that's confidential, and available 24/7 at no cost to you. To get started, visit learntolive.com/partners and enter the code BCBSMA.

#### Kids under 13 are now 100% covered for dental services

Starting in 2024 Dental Blue will provide complete coverage for kids under the age of 13, with no cost and no deductible for covered dental services up to the calendar-year benefit maximum. This excludes orthodontic services. To learn more, visit bluecrossma.org/associate.

#### Family care

You have access to an array of family support services through Bright Horizons, including:

- Back-up care when there are disruptions to your regular care arrangements; available in your home or at a center for your child(ren), and inhome for your adult/elderly loved ones.
- Virtual tutoring, virtual camps, pet care, and an online database of caregivers and elder care resources, discounts, and more.
- The Special Needs Program, which provides personalized information to help parents obtain educational support for children who are experiencing challenges at school or at home.

To learn more, visit: clients.brighthorizons.com/bcbsma

#### **GET FINANCIAL GUIDANCE**

Our Financial Finesse benefit offers tools, guidance, and resources to help you make informed financial choices. Talk with a financial coach Monday through Friday from 9 a.m. - 8 p.m. ET by calling 1-833-224-5233 or live chat with a coach on the Financial Finesse hub. This resource is completely confidential and at no additional cost to you. To learn more, visit ffhub.com/thrive.

#### A WHOLE NEW WAY TO DO PRIMARY CARE

An innovative way to do primary care that's convenient and comprehensive. Your Virtual Care Team is here to help - on your terms and your schedule, wherever you are. You can choose a virtual primary care provider (PCP) and get access to a team ready to support your overall health. To get started, sign in to MyBlue or create an account at bluecrossma.org.



#### **GET A PERSONALIZED VIEW OF YOUR PLAN**

Sign in to MyBlue and tap into your health plan 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\_

# YOUR PLAN CHOICES

So many great options. Find what works for you.

bluecrossma.org/associate 2024 Benefits Decision Guide

YOUR BENEFITS **OVERVIEW** 



#### HERE'S WHAT'S OFFERED IN 2024

BENEFIT	KEY FEATURES	ELIGIBILITY <sup>I</sup>	
MEDICAL Page 14	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.	You can enroll: • Yourself • Your spouse/domestic partner • Your children up to age 26	
<b>DENTAL</b> Page 26	Dental Blue® covers in-network preventive care, basic care (e.g., fillings, root canals), major care (e.g., crowns, dentures, implants), and orthodontia.		
<b>VISION</b> Page 26	Blue 20/20 PLUS, powered by EyeMed Vision Care®', covers comprehensive eye exams, eyeglasses, and more.		
FINANCIAL ACCOUNTS Page 14	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: HSA (health savings account)  • HMO: HRA (health reimbursement arrangement)  You also have the option to elect flexible spending accounts (FSAs), including:  • Health care FSA  • Limited purpose FSA  • Dependent care FSA  If you elect a health care or limited purpose FSA for 2024, up to \$610 will roll over from your 2023 balance. The dependent care FSA isn't eligible for the rollover.	Financial accounts available by medical plan:  PPO HMO  HSA* Health care FSA  Dependent care FSA  Dependent care FSA  Dependent care FSA  Health care FSA  Dependent care  Financial accounts available if you don't elect a medical plan:  Health care FSA  Dependent care FSA  Non-tax dependents, like domestic partners, aren't eligible for the Blue Cross contribution.	
LIFE INSURANCE Page 28	Basic coverage of 1x your annual salary, <sup>2</sup> up to a maximum of \$750,000, is automatically provided to eligible associates. Associates who work 30 or more hours per week have the option to buy additional coverage up to 2x their annual salary, <sup>2</sup> up to a maximum of \$750,000.	Basic coverage automatically provided for: Associates who work 15 or more hours per week	
LONG-TERM DISABILITY (LTD) Page 28	Basic coverage of 60% of your monthly salary <sup>2</sup> is automatically provided for eligible associates. You have the option to buy additional LTD coverage equal to 66 2/3% of your monthly salary, <sup>2</sup> up to a monthly maximum of \$12,500.	Basic coverage automatically provided for: Full-time associates who work 30 or more hours per week	

<sup>1.</sup> Eligibility Qualified Status: The benefits you choose during open enrollment are effective for the entire 2024 plan year: January 1–December 31, 2024. 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 PLAN OPTIONS AND FINANCIAL **ACCOUNTS**

## 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:**

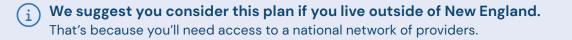
- In-network preventive care is 100% covered1
- More flexibility in choosing your doctors



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

#### **About your costs:**

- Lower cost per paycheck (compared with HMO plan)
- Auto-enrolled into an HSA with Blue Cross contributions and optional personal contributions (with option to enroll in a limited purpose FSA) to help offset costs



#### THINGS TO CONSIDER

- Under this plan, you're billed 100% of the charges until the deductible is met.
   Funds from your HSA, including the Blue Cross contribution, 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 medical expenses.
- If you elect a limited purpose FSA for 2024, any unused funds up to \$610 from your 2023 limited purpose or health care FSA will roll over and be available to use in 2024.
- Depending on your annualized base salary, Blue Cross contributions may cover up to 75% of your deductible (see page 24 for details).

#### **SAVE SMART WITH AN HSA**

If you elect the Blue Care Elect Saver Choice Plan (PPO), it comes automatically paired with an HSA.

An HSA lets you put money away for future health care costs while saving on taxes. How? HSAs are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck pre-tax, and your HSA can grow tax-free, too.

- No "use it or lose it" keep your HSA forever.
- · Create a health care emergency safety net.
- Invest<sup>1</sup> your HSA tax-free, like a 401(k).

#### 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 health care provider's charges, and other factors.

- 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.

17

Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and aren't FDIC or NCUA insured, or guaranteed by HealthEquity®, Inc.

#### PPO COSTS

KEY Individual On Individual +1 Family

#### Costs

PAYCHECK CONTRIBUTIONS <sup>1</sup>		DEDUCTIBLE <sup>2</sup>	OUT-OF-POCKET MAXIMUM	
	Annualized base salary < \$80K	Annualized base salary ≥ \$80K		
0	\$31.03	\$47.86	\$1,600	\$5,000
00	\$61.67	\$95.27	\$3,200	\$10,000
င်ဝင်	\$89.71	\$139.70	\$3,200	\$10,000

#### Pharmacy<sup>3, 4</sup>

#### **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 SERVICE (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 for a complete list.

#### **HOW PAYMENTS WORK WITH OUR PPO PLAN**



#### In-network preventive care is 100% covered.<sup>5</sup>



#### 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 coinsurance and/or copayments—with Blue Cross paying for the majority of the expenses—until you meet your out-of-pocket maximum.

#### until end of coverage period 100%

#### 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.

#### Have family coverage?

Under this PPO plan, you and your family meet the family deductible as a group. No individual deductible applies. When one or more family members meet the family deductible amount, co-insurance will apply to everyone. See Phase 2.

- 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 medications, and certain orally administered anti-cancer medications.
- 4. These categories apply for most cases, but some medication tiers may vary.
- 5. Diagnostic tests and lab work aren't covered under preventive care.

#### FINANCIAL ACCOUNTS FOR PPO

		HSA <sup>1</sup>		LIMITED PURPOSE FSA	DEPENDENT CARE FSA
HOW IS THIS FUNDE	ED?	Blue Cross automatic into an HSA and cont amount. You have the contribute additional	ributes a set e option to	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	BLUE CROSS	Annualized base salary < \$80K  \$1,225  \$2,450  Non-tax dependents partners, aren't eligib		None	None
2024 CONTRIBUTION LIMITS: <sup>2</sup> Individual: \$4,150 Family: \$8,300 Catch up: \$1,000	YOU Annual maximum	Annualized base salary < \$80K  \$2,925  \$5,850  \$5,850	Annualized base salary ≥ \$80K \$3,300 \$6,600 \$6,600	Currently \$3,050, but may change pending any IRS adjustments.	\$5,000 per household or \$2,500 if married but filing separately
WHO CAN I USE THIS MONEY FOR?		You, your spouse, and dependents (including up to age 19 or age 24 student) whether or enrolled in the plan. <sup>3</sup>	ng children 4 if a full-time not they're	You, your spouse, and your tax dependents (including children up to age 26), whether or not they're enrolled in the plan. <sup>3</sup>	Your child under age 13, a disabled spouse or adult dependent — whether or not they're enrolled in the plan. <sup>3</sup>
WHAT CAN I USE THIS MONEY FOR?		All eligible <sup>4,5</sup> medical vision, and prescripti expenses that occur the future.	ion medication	All eligible <sup>4</sup> dental and vision expenses in the plan year. <sup>7</sup>	Childcare and adult day care expenses while you and your spouse work or attend school. <sup>7</sup>
WHAT HAPPENS TO ACCOUNT BALANC THE END OF THE YE	E AT	Your unused balance to year and can grow interest or be investe	tax-free with	If you elect a limited purpose FSA for 2024, up to \$610 of your unused balance from 2023 will roll over.8	Your unused balance won't roll over.
WHAT HAPPENS TO ACCOUNT IF I LEAV BLUE CROSS?		The money is yours t save for future exper 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. You ARE NOT ELIGIBLE to open a HSA if you meet any of the following criteria: You're covered by another health plan, including Medicare; you can be claimed as a dependent on another individual's tax return; you have access to dollars in a flexible spending account (FSA) that can pay for any medical expenses before the required deductible is met, including a spouse's FSA.
- 2. Contribution rates reflect the current IRS contribution limit.
- 3. Can't be used for domestic partner expenses.
- 4. Eligible expenses include deductibles, co-insurance, and copayments where applicable.
- 5. Withdrawals for non-eligible expenses are subject to a tax penalty.
- 6. "Now" refers to expenses incurred anytime this year.
- 7. All expenses must be incurred in the plan year—January 1, 2024 to December 31, 2024. You can file claims for reimbursement through March 31, 2025.
- 8. Your unused balance will carry over into the next plan year, subject to IRS limits

# **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% covered1
- Only care received from doctors, hospitals, and other providers in our New England network is covered



#### **About your costs:**

- Higher cost 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) to help offset costs

Only care received from doctors, hospitals, and other providers in our New England network is covered. The plan's service area includes Massachusetts, Rhode Island, Vermont, Connecticut, New Hampshire, and Maine.

#### 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 31.
- 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 and prescription drug expenses.
- You have the option of electing a health care FSA that can be used for eligible medical, prescription drug, dental, and vision expenses.
- If you elect a health care FSA for 2024, up to \$610 of unused funds will roll over from your 2023 balance and be available to use in 2024. Dependent care FSA dollars won't roll over.

#### 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.

- 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 \$25 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.
- 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 \$25 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 CONTRIBUTIONS <sup>1</sup>		DEDUCTIBLE	OUT-OF-POCKET MAXIMUM	
	Annualized base salary < \$80K	Annualized base salary ≥ \$80K		
0	\$50.49	\$71.24	\$1,250	\$3,000
<u></u>	\$100.49	\$141.93	\$2,500	\$6,000
င်ဝိ	\$146.60	\$208.12	\$2,500	\$6,000

#### Pharmacy<sup>2, 3</sup>

**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 SERVICE (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 for a complete list of medications.

#### **HOW PAYMENTS WORK WITH OUR HMO PLAN**



#### In-network preventive care is 100% covered.4







#### 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.

#### Have family coverage?

Under this HMO plan, you and each member of your family work toward the deductible amount as individuals. Copayments begin for all family members when any combination of individual family member expenses meets the family deductible amount. See Phase 2.

- 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. 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 FUNDE	ED?	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 <sup>1</sup>	BLUE CROSS	\$400 \$800 \$1,000 Non-tax dependents, like domestic partners, aren't eligible.	None	None
	YOU Annual maximum	Individual contributions aren't allowed	Currently \$3,050, but may change pending any IRS adjustments.	\$5,000 per household or \$2,500 if married but filing separately
WHO CAN I USE THIS MONEY FOR?		You, your spouse, and any covered tax dependents enrolled in the plan <sup>2</sup>	You, your spouse, and your tax dependents (including children up to age 26), whether or not they're enrolled in the plan <sup>2</sup>	Your child under age 13, a disabled spouse or adult dependent — whether or not they're enrolled in the plan <sup>2</sup>
WHAT CAN I USE THIS MONEY FOR?		All eligible <sup>3, 4</sup> medical and prescription medication expenses in the plan year <sup>5</sup>	All eligible <sup>3, 4</sup> medical, dental, vision, and prescription medication expenses in the plan year <sup>5</sup>	Childcare and adult day care expenses while you and your spouse work or attend school <sup>5</sup>
WHAT HAPPENS TO ACCOUNT BALANC THE END OF THE YE	E AT	Your unused balance is forfeited and doesn't roll over to the next year.	If you elect a health care FSA for 2024, up to \$610 of your unused balance from 2023 will roll over.	Your unused balance won't roll over.
		Your account is closed. You can file clai services received while you were worki		r termination date for

<sup>1.</sup> Contribution rates reflect the current IRS contribution limit

<sup>2.</sup> Can't be used for domestic partner expenses.

<sup>3.</sup> Eligible expenses include deductibles, co-insurance, and copayments where applicable.

<sup>4.</sup> Withdrawals for non-eligible expenses are subject to a tax penalty.
5. All expenses must be incurred in the plan year—January 1, 2024 to December 31, 2024. You can file claims for reimbursement through March 31, 2025.

#### **PAYMENT DETAILS**



	BLUE CARE ELECT SAVER— CHOICE (PPO)	NETWORK BLUE NEW ENGLAND DEDUCTIBLE (HMO)
ANNUAL DEDUCTIBLE	\$1,600 \$3,200 \$3,200	\$1,250 \$2,500 \$2,500
CONTRIBUTIONS FROM BLUE CROSS	Annualized base salary ≥ \$80K  Annualized base salary ≥ \$80K  \$1,225 \$850  \$2,450 \$1,700  \$2,450 \$1,700	HRA \$400 \$800 \$1,000
NET DEDUCTIBLE  The remaining balance of your deductible after using Blue Cross contributions	Annualized base salary < \$80K  \$375  \$750  \$1,500  \$1,500	\$850 \$1,700 \$2 \$1,500
OUT-OF-POCKET MAXIMUM	\$5,000 \$10,000 \$6\$ \$10,000	\$3,000 \$6,000 \$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

The net deductible is the remaining balance of your deductible after using Blue Cross contributions. To calculate the net deductible, take the annual deductible amount less contributions from Blue Cross (HSA or HRA). Refer to the amounts in the chart above to calculate your own net deductible.

#### Example:

Pat needs family coverage and has an annualized base salary of less than \$80,000.

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	\$3,200	\$2,500
	– Contributions from Blue Cross	- \$2,450	- \$1,000
	Net deductible	\$750	\$1,500

#### **MEDICAL SERVICES COSTS**

		BLUE CARE ELECT SAVER— CHOICE (PPO)	NETWORK BLUE NEW ENGLAND DEDUCTIBLE (HMO)
CO-INSURANCE/C	COPAYMENTS	You must meet the deductible amount first, then you'll pay 10% co-insurance (when required).	\$25-\$150 copayments (specific services subject to deductible)
MEDICAL	Preventive care	\$0, no deductible	\$0, no deductible
	ER	deductible, then \$150 copay <sup>1</sup>	\$150 copay, no deductible <sup>2</sup>
	Urgent care	deductible, then co-insurance	\$35 copay, no deductible
	PCP visit	deductible, then co-insurance	\$25 copay, no deductible
	Specialist visit	deductible, then co-insurance	\$35 copay, no deductible <sup>3</sup>
HOSPITAL CARE	Inpatient/outpatient	deductible, then co-insurance <sup>4,5</sup>	deductible, then \$O <sup>4,5</sup>
TESTS	Diagnostics (X-rays, lab tests)	deductible, then co-insurance	deductible, then \$0
	Imaging (CT/PET scans, MRIs)	deductible, then co-insurance <sup>6,7</sup>	deductible, then \$75 copay <sup>6,7</sup>
MENTAL/	Inpatient	deductible, then co-insurance <sup>8</sup>	deductible, then \$0 <sup>9</sup>
BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER	Outpatient	deductible, then co-insurance	\$25 copay, no deductible
PREGNANCY	Prenatal	\$0, no deductible	\$0, no deductible
CARE	Postnatal	deductible, then co-insurance	\$0, no deductible
	Inpatient (including delivery)	deductible, then co-insurance	deductible, then \$0
TELEHEALTH	Minor medical care	deductible, then co-insurance for medical care	\$25 copay for medical care, no deductible
	Therapy	deductible, then co-insurance for therapy	\$25 copay for therapy, no deductible
	Psychiatry	deductible, then co-insurance for psychiatry	\$25 copay for psychiatry, no deductible

<sup>1, 2, 5.</sup> 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 may be required.

<sup>7.</sup> 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 BLUE**

Dental Blue gives you access to nearly 98% of practicing dentists in Massachusetts, as well as over 500,000 dental locations nationwide.

Dental Blue now provides complete coverage for kids under the age of 13, with no cost and no deductible for covered dental services up to the calendar-year benefit maximum. This excludes orthodontic services.

#### PAYCHECK CONTRIBUTIONS<sup>1</sup>

Preventive and diagnostic care: 100% coverage

Example: regular dental checkups

Basic restorative: 80% coverage Examples: fillings, root canals, extractions

Major restorative: 50% coverage

Examples: caps, crowns

Orthodontics (adults and kids): 100% (\$1,500 lifetime maximum)

Examples: braces, retainers

DEDUCTIBLE FOR BASIC AND MAJOR RESTORATIVE

\$50 per member or \$150 per family

CALENDAR-YEAR BENEFIT MAXIMUM

PAYCHECK CONTRIBUTIONS<sup>1</sup>

\$5.70

\$16.71

\$11.57

\$1,500 per member

#### Reminder about routine dental cleanings

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 more flexible.

#### **BLUE 20/20 PLUS**

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

#### COVERAGE

Members enjoy a \$0 exam copay, plus additional in-network discounts on sunglasses, a complete pair of glasses, laser vision surgery, and more.

#### PAYCHECK CONTRIBUTIONS<sup>1</sup>

\$3.05

\$5.49

\$8.55



PLUS providers include Target Optical®´, Lenscrafters®´, Pearl Vision®´, and **Glasses.com**. To locate an in-network provider, including a PLUS provider, visit **blue2020ma.com**.



#### LIFE AND ACCIDENT INSURANCE

	BASIC LIFE AND ACCIDENT INSURANCE	BUY-UP LIFE INSURANCE
WHO'S ELIGIBLE	Associates working 15+ hours per week	Full-time associates working 30+ hours per week
COVERAGE	1x your annual salary <sup>2</sup> Maximum benefit: \$750,000	2x your annual salary <sup>2</sup> 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	
Associates regularly scheduled to work at least 30 hours per week and have completed 90 days of employment		
Replaces 60% of your monthly salary <sup>2</sup>	Replaces 66 2/3% of your monthly salary <sup>2</sup>	
Monthly maximum: \$12,500	Monthly maximum: \$12,500	
Blue Cross pays for coverage that replaces 60% of your monthly salary, <sup>2</sup> up to a maximum monthly benefit of \$12,500.	You pay for additional coverage to replace 66 2/3% of your monthly salary, <sup>2</sup> up to a monthly maximum benefits of \$12,500 (i.e., you pay for the additional 6 2/3% coverage cost).	
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)		

<sup>1.</sup> 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.

<sup>2.</sup> Salary = Benefits Base Rate, your annual base salary plus annual targeted sales bonus (where applicable).

#### **GLOSSARY**

#### Annualized base salary

For full-time associates, it's your annual base salary. For part-time associates, annualized base 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 flexible spending account (FSA)

You can contribute to this account on a pretax 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 day care in the plan year.

#### Health care flexible spending account (FSA)

You can contribute to this account on a pre-tax basis and can use the funds to pay for eligible medical, dental, vision, and prescription medication expenses in the plan 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 eligible medical or prescription medical expenses in the plan year. 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 eligible medical, dental, vision, and prescription medication expenses now or in the future. Any unused funds roll over year to year and can grow tax free with interest or be invested.

#### Limited purpose flexible spending account (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 in the plan 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, registered nurse, nurse practitioner, physician's assistant, specialist, or any other credentialed professional who provides care.

#### GET ASSISTANCE AND ANSWERS

#### **ONLINE INFO**

#### Health plan details

bluecrossma.org/associate or MyBlue

#### Financial accounts

MyBlue or healthequity.com

#### **Enrolling in your benefits**

**Workday** — sign in through BlueWeb or **bluecrossma.org/associate** 

#### **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

#### **NEXT STEPS**

- Think about your year ahead (planned surgeries, births, etc.).
- Go to bluecrossma.org/associate to review the 2024 plan options.
- Make your elections in Workday.
- Review and submit your elections.

  (Don't forget to review your beneficiaries.)
- Save your confirmation page this is important!

#### **OPEN ENROLLMENT:**

October 30 – November 13, 2023 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're encouraged to consult a tax advisor if you have any questions regarding the tax consequences of your elections.

#### OPEN ENROLLMENT: OCTOBER 30 - NOVEMBER 13, 2023

bluecrossma.org/associate

