



MASSACHUSETTS



GURU SAMAGA
DIGITAL ENGINEERING & TRANSFORMATION

B IS FOR STANDING BY YOU

2021 Benefits Decision Guide

Open Enrollment November 2–13, 2020
bluecrossma.org/associate

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VIRTUAL OPEN ENROLLMENT KICK-OFF EVENT

Mark your calendars for November 2, 2020.

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

2021 KEY HIGHLIGHTS & RESOURCES



NO PLAN CHANGES

Enjoy peace of mind knowing your benefits are staying the same.



NO RATE CHANGES

We're pleased to announce no rate increases for medical, dental, and vision plans for 2021.



HEALTH FINANCIAL ACCOUNTS

Health savings account (HSA) and health reimbursement arrangement (HRA) contributions from Blue Cross will remain the same for 2021 to help you offset costs.



FLEXIBLE SPENDING ACCOUNT (FSA) ROLLOVER OPTION

If you elect to have a Health Care or Limited Purpose FSA for 2021, you'll have the option of rolling over up to \$550 of your 2020 balance.



NEW! \$0 COPAYS ON CERTAIN MEDICATIONS

In 2021 you'll be able to receive certain medications within the following categories at \$0 copay: blood pressure and heart conditions, high cholesterol, depression, diabetes, and respiratory conditions. Members on the PPO plan will need to meet their deductible first due to IRS rules, and will have no member responsibility after.

Learn more at bluecrossma.org/associate.

IF YOU DON'T ENROLL, HERE'S WHAT WILL HAPPEN

Elections that will carry over: Medical, Dental, Vision, Disability, Life Insurance, HSA Contributions
Election that won't carry over: FSA accounts and contributions. To open a health care, limited purpose, or dependent care FSA for 2021, you must elect one through Workday. If you choose a health care or limited purpose FSA, you can roll over up to \$550 from your remaining 2020 balance, if you have one at the end of the year.

KEEP YOUR MENTAL HEALTH & WELL-BEING 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



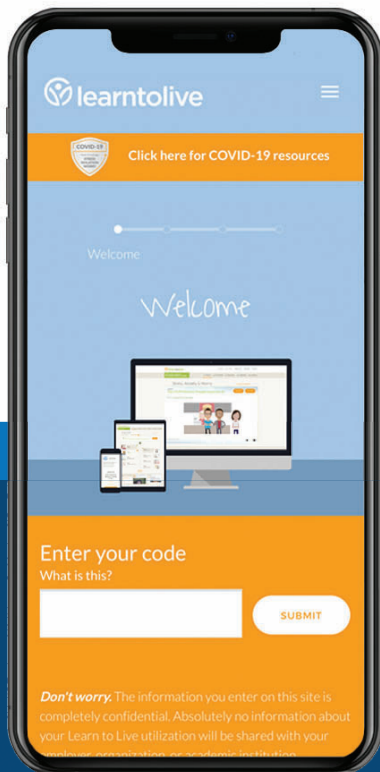
INSOMNIA



SUBSTANCE USE



SOCIAL ANXIETY



TAKE THE 7-MINUTE ASSESSMENT

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

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

WELLNESS REWARDS PROGRAM

Earn up to \$600 through our interactive wellness program.

Set and achieve your wellness goals with topics that interest you. Our Wellness Rewards Program, powered by Virgin Pulse®, can help you earn up to \$600 in rewards when you complete a health pulse check, get a biometric screening, and earn additional points toward quarterly rewards. Some areas of focus include:



**GETTING &
STAYING ACTIVE**



**EATING
HEALTHY**



**SLEEPING
WELL**



**REDUCING
STRESS**



**MANAGING
FINANCES**

ARE YOU UP FOR THE CHALLENGE?

To sign up, visit the [Wellness Rewards Program](#) site. Then download the app to earn points on the go.

Your participation in the Wellness Rewards Program is entirely voluntary and won't affect your eligibility for the health plan or any other company benefits. If it's unreasonably difficult or medically inadvisable for you to participate in any of the Wellness Rewards Program activities, contact AskHR@bcbsma.com to learn about alternative activities. Recommendations of your personal physician will be accommodated. Rewards earned through this program are considered taxable income.

MYBLUE: ALL OF YOUR BENEFITS IN ONE PLACE

Your plan has more benefits than you probably realize.

Tap into all of them, all in one place. Track your claims, deductible, medications, account balances, and more. You can also submit your fitness and weight-loss reimbursements.

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:



COVERAGE AND BENEFITS



CLAIMS AND BALANCES



FITNESS AND WEIGHT-LOSS REIMBURSEMENT



MEDICATION LOOKUP



GET THE APP

Download the MyBlue App from the App Store® or Google Play™.

GET A 360° VIEW OF YOUR HEALTH

Now's a great time to take a look at your total health—physical, mental, and financial. And we're here to help!

Physical Health

Use your fitness and weight-loss reimbursements to cover the cost of instructor led classes, qualified weight-loss programs, home exercise equipment, or a gym membership.

Learn more: bluecrossma.org/associate

Mental Health

Keep your mental health care top of mind. Explore everything from remote therapy visits and self-guided programs, to substance use support, and much more.

Learn more: bluecrossma.org/associate/mental-health

Financial Health

Review the health financial accounts that are automatically paired with your medical plan options. Determine which one is right for you, and whether you need to elect an FSA to help offset medical expenses in 2021.

Learn more about health financial accounts: bluecrossma.org/associate

USED YOUR EXTRA PERSONAL DAYS YET?

Unplug and unwind for an additional two days of wellness. Get a break and recharge on us. Plus, you're eligible to carry over up to one week of vacation into 2021.

GET YOUR FLU SHOT

The flu shot is extra important this year, and your plan covers it at no additional cost.*
Learn more: bluecrossma.org/flu

*When administered by an in-network provider. Some restrictions apply.



DESIREE KREBS
BUSINESS OPERATIONS



AMY CLARKE
STRATEGIC CORPORATE PORTFOLIO
ANALYTICS & STANDARDS



CHRIS ROFFEY
EDI SOLUTIONS DELIVERY



GURU SAMAGA
DIGITAL ENGINEERING & TRANSFORMATION



CHRISTINA BRYANT
DIVERSITY, EQUITY & INCLUSION



GRACE BAKER
MEDICAL POLICY ADMINISTRATION



RORY ANDERSON
DIVERSITY, EQUITY & INCLUSION



PRISCILLA MILLER
ACCOUNT & SALES OPERATIONS



KATHY KLINGLER
MARKETING, DIGITAL STRATEGY
& CONSUMER EXPERIENCE



JEFFREY PIERRO
ACTUARIAL SERVICES



TRACY MUNIZ-GATELY
CUSTOMER SOLUTIONS




NAOMI EXILUR
DENTAL PROVIDER SERVICE

THE FRONT STEPS PROJECT™

OUR EVERYDAY HEROES AT HOME AND AT WORK

We applaud all that you do at home,
for your family, and our members.



Over the last several months, we've taken on many new roles—caregiver, gardener, even teacher. Despite our new responsibilities, we've continued to connect with our members with the same dedication and empathy. In honor of your tireless contributions, we're donating \$3,760, on behalf of all of our associates, to the Employee Assistance Fund.

See more at bluecrossma.org/associate

#THEFRONTSTEPSPROJECT

QUESTIONS?

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

OVERVIEW

BENEFITS OFFERED IN 2021

Benefit	Key Features	Eligibility ¹				
MEDICAL <i>Pages 12-23</i>	<p>Blue Care Elect Saver—Choice (PPO) includes an HSA with Blue Cross contributions.</p> <p>Network Blue New England Deductible (HMO) includes an HRA with Blue Cross contributions.</p>					
DENTAL <i>Page 24</i>	<p>The Dental Blue® plan covers in-network preventive care, basic care (e.g., fillings, root canals), major care (e.g., crowns, dentures, implants) and orthodontia.</p>	<p>You can enroll:</p> <ul style="list-style-type: none"> • Yourself • Your spouse/domestic partner • Your children up to age 26 				
VISION <i>Page 24</i>	<p>Blue 20/20 powered by EyeMed Vision Care®, covers comprehensive eye exams, eyeglasses, and more.</p>					
FINANCIAL ACCOUNTS <i>Pages 17, 21</i>	<p>A Blue Cross-funded account is automatically paired with each medical plan to help offset your costs.</p> <p>Depending on the plan selected, these include:</p> <p>PPO: Health Savings Account (HSA)</p> <p>HMO: Health Reimbursement Arrangement (HRA)</p> <p>You can also contribute pre-tax money to a Flexible Spending Account (FSA). If you elect a health care or limited purpose FSA for 2021, you'll have the option of rolling over up to \$550 of your 2020 balance to use in 2021.</p> <p>These options (no Blue Cross funding) include:</p> <ul style="list-style-type: none"> • Health Care FSA • Limited Purpose FSA • Dependent Care FSA <small>Not eligible for 2021 rollover</small> 	<p>Financial accounts available for each plan:</p> <table border="0"> <tr> <td>PPO</td> <td>HMO</td> </tr> <tr> <td> <ul style="list-style-type: none"> • HSA* • Limited Purpose FSA • Dependent Care FSA </td> <td> <ul style="list-style-type: none"> • HRA* • Health Care FSA • Dependent Care FSA </td> </tr> </table> <p>Financial accounts available if you don't elect a medical plan:</p> <ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA <p><small>*Domestic partners are not eligible for Blue Cross contribution.</small></p>	PPO	HMO	<ul style="list-style-type: none"> • HSA* • Limited Purpose FSA • Dependent Care FSA 	<ul style="list-style-type: none"> • HRA* • Health Care FSA • Dependent Care FSA
PPO	HMO					
<ul style="list-style-type: none"> • HSA* • Limited Purpose FSA • Dependent Care FSA 	<ul style="list-style-type: none"> • HRA* • Health Care FSA • Dependent Care FSA 					
LIFE INSURANCE <i>Page 26</i>	<p>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.</p>	<p>Basic coverage automatically provided for:</p> <p>Full-time associates who work 30 or more hours per week</p>				
LONG-TERM DISABILITY (LTD) <i>Page 28</i>	<p>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.</p>	<p>Basic coverage automatically provided for:</p> <p>Full-time associates who work 30 or more hours per week</p>				

1. Eligibility Qualified Status: The benefits you choose during Open Enrollment are effective for the entire 2021 plan year: January 1–December 31, 2021. 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 ANNUAL



D FINANCIAL



PPO PLAN

BLUE CARE ELECT SAVER—CHOICE WITH HSA

Here's a quick overview of our PPO plan:



No Primary Care Provider (PCP) required



No referrals needed



In-network preventive care is **100% covered**¹



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)



Lower cost per paycheck (compared with HMO plan)



More flexibility in choosing your doctors

Things to Consider

- Under this plan, the member is billed 100% of the charges until the deductible is met.
 - Funds from your HSA account, 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 FSA for 2021, you can roll over up to \$550 from your remaining 2020 balance, if applicable.
- Depending on your annual salary, Blue Cross contributions may cover up to 75% of your deductible (see page 23 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 PCP 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 for 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 PCP –\$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, this scenario changes:

- Sam's cost to visit the doctor is \$20, not \$200, and blood work is \$15, not \$150, because Blue Cross covers 90% of eligible costs. After Sam reaches the **out-of-pocket maximum**, Blue Cross covers all eligible costs.
- Sam's prescription costs \$10, since the generic prescription maximum copay is \$10. After Sam reaches the **out-of-pocket maximum**, all 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). The Blue Cross contribution to Sam's HSA is greater (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.

PPO COSTS

Key  Individual  Individual + 1  Family

Costs

PAYCHECK CONTRIBUTIONS¹

Annual Salary < \$70K	Annual Salary ≥ \$70K
\$29.25 	\$41.99
\$58.12 	\$83.58
\$84.55 	\$122.56

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

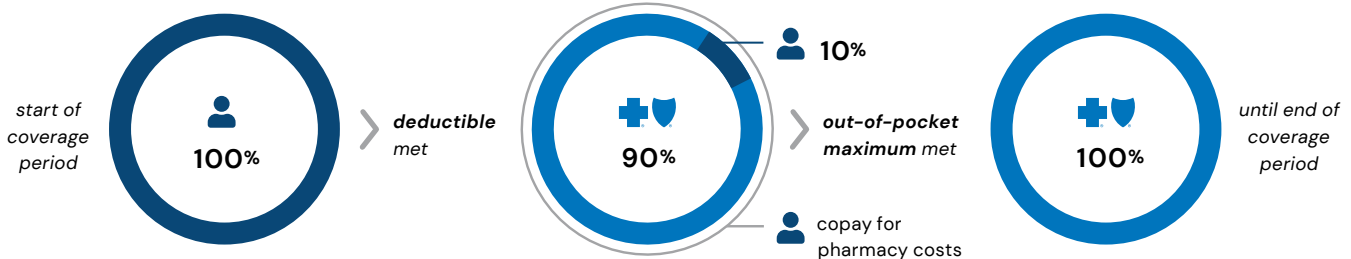
NEW: \$0 COPAYS

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 of medications.

HOW PAYMENTS WORK WITH OUR PPO PLAN

 paid by member
 paid by Blue Cross

Preventive care is 100% covered.⁶



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** account will help you cover 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 Smart90SM 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	<p><i>Ann. salary < \$70K Ann. salary ≥ \$70K</i></p> <p>BLUE CROSS</p> <p>\$1,125  \$750</p> <p>\$2,250  \$1,500</p> <p>\$2,250  \$1,500</p>	None	None
2021 Contribution Limits: Individual: \$3,600 Family: \$7,200 Catch up: \$1,000	<p><i>Ann. salary < \$70K Ann. salary ≥ \$70K</i></p> <p>YOU <i>annual max</i></p> <p>\$2,475  \$2,850</p> <p>\$4,950  \$5,700</p> <p>\$4,950  \$5,700</p>	\$2,750	\$5,000 per household or \$2,500 if married but filing separately
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 this account, your unused balance is forfeited and doesn't rollover to the next year. However, if you elected this account in 2020, you may rollover up to \$550 of your remaining balance to use in 2021 as long as you elect a Flexible Spending Account for 2021	Your unused balance is forfeited and doesn't roll over to the next year. "Use it or lose it."
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, 2021 to December 31, 2021. You can file claims for reimbursement through March 31, 2022.

HMO PLAN

NETWORK BLUE[®] NEW ENGLAND DEDUCTIBLE WITH HRA

Here's a quick overview of our HMO plan:



Primary Care Provider (PCP) is **required**



Referrals are **needed** to see specialists



In-network preventive care is **100% covered**¹



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)



Slightly higher costs per paycheck (compared to the PPO plan)



Copay only needed for most medical services and purchasing prescriptions

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, in order 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. A Health Care FSA can be opened to help offset some of these costs. All of these expenses are also applied to the deductible.
- If you elect a health care or limited purpose FSA for 2021, you can roll over up to \$550 from your remaining 2020 balance, applicable.

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, this scenario changes:

- Sam still pays the \$20 copay to see the doctor but no longer pays for lab work.
- After Sam reaches the **out-of-pocket maximum**, the copayments are covered at 100%.
- Prescription costs remain the same until Sam reaches the **out-of-pocket maximum**.

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.

HMO COSTS

Key Individual Individual + 1 Family

Costs

PAYCHECK CONTRIBUTIONS¹

Annual Salary < \$70K Annual Salary ≥ \$70K

\$45.67		\$62.50
\$90.90		\$124.52
\$132.60		\$182.59

DEDUCTIBLE

\$1,250	
\$2,500	
\$2,500	

OUT-OF-POCKET MAXIMUM

\$3,000
\$6,000
\$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

NEW: \$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

paid by member
 paid by Blue Cross

Preventive care is 100% covered.⁵



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.
CONTRIBUTIONS¹	BLUE CROSS		
	\$400 	None	None
	\$800 		
YOU <i>annual max</i>	\$1,000 	\$2,750	\$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 this account, your unused balance is forfeited and doesn't rollover to the next year. However, if you elected this account in 2020, you may rollover up to \$550 of your remaining balance to use in 2021 as long as you elect a Flexible Spending Account for 2021	Your unused balance is forfeited and doesn't roll over to the next year. "Use it or lose it."
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.	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. All expenses must be incurred in the plan year—January 1, 2021 to December 31, 2021. You can file claims for reimbursement through March 31, 2022.

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	\$400		
	\$2,250		\$1,500	\$800		
	\$2,250		\$1,500	\$1,000		
NET DEDUCTIBLE <i>The remaining balance of your deductible after using Blue Cross contributions</i>	Ann. salary < \$70K		Ann. salary ≥ \$70K			
	\$375		\$750	\$850		
	\$750		\$1,500	\$1,700		
	\$750		\$1,500	\$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.

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, see 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	<i>Preventive Care</i>	\$0, no deductible	\$0, no deductible
	<i>ER</i>	deductible, then \$150 copay ¹	\$150 copay, no deductible ²
	<i>Urgent Care</i>	deductible, then co-insurance	\$35 copay, no deductible
	<i>PCP visit</i>	deductible, then co-insurance	\$25 copay, no deductible
	<i>Specialist visit</i>	deductible, then co-insurance	\$35 copay, no deductible ³
HOSPITAL CARE	<i>Inpatient/Outpatient</i>	deductible, then co-insurance ⁴	deductible, then \$0 ⁵
TESTS	<i>Diagnostics (X-rays, lab tests)</i>	deductible, then co-insurance	deductible, then \$0
	<i>Imaging (CT/PET scans, MRIs)</i>	deductible, then co-insurance	deductible, then \$75 copay ^{6,7}
MENTAL/ BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER	<i>Inpatient</i>	deductible, then co-insurance ⁸	deductible, then \$0 ⁹
	<i>Outpatient</i>	deductible, then co-insurance	\$25 copay, no deductible
PREGNANCY CARE	<i>Prenatal</i>	\$0, no deductible	\$0, no deductible
	<i>Postnatal</i>	deductible, then co-insurance	\$0, no deductible
	<i>Inpatient (including delivery)</i>	deductible, then co-insurance	deductible, then \$0
TELEHEALTH	<i>Minor medical care</i>	deductible, then co-insurance for medical care	\$25 copay for medical care
	<i>Therapy</i>	deductible, then co-insurance for therapy	\$25 copay for therapy
	<i>Psychiatry</i>	deductible, then co-insurance for psychiatry	\$25 copay for psychiatry

WE'VE WAIVED COPAYS, CO-INSURANCE, AND DEDUCTIBLES FOR TELEHEALTH SERVICES FOR THE DURATION OF THE MASSACHUSETTS PUBLIC HEALTH EMERGENCY.

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

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

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




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 & VISION






DENTAL BLUE

The Dental Blue plan 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, extractions</i>	\$16.49 
Orthodontics (adults and children): 100%, \$1,500 lifetime max <i>For example: braces, retainers</i>	
DEDUCTIBLE FOR BASIC AND MAJOR RESTORATIVE	CALENDAR-YEAR BENEFIT MAXIMUM
\$50 per member or \$150 per family	\$1,500 per member

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
In addition, 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 & LTD

LIFE & ACCIDENT INSURANCE

	Basic Life & Accident Insurance	Buy-up Life Insurance ¹
AVAILABILITY	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	You pay the difference between Blue Cross' paid 1x salary and the additional 1x salary elected

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	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 benefits 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 STD 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 qualified alternative medicine fees. Qualified services include massage therapy, acupuncture, hypnosis therapy, meditation therapy, tai chi, and qi gong. 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, instructor-led fitness classes, exercise equipment, WW, (formerly Weight Watchers®) in-person and online programs, and more. See each form for qualifying programs. Visit bluecrossma.org/associate/extra-benefits to learn more and download the form.



IDENTITY THEFT PROTECTION

Blue Cross offers members identity theft protection services through Experian®, an independent company and an industry leader in providing credit monitoring and identity theft protection services. Find it in **MyBlue** under Identity Theft Protection.



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 the Well Connection app, website, or kiosk (when our offices re-open).

wellconnection.com



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 that'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

We'll be rolling out GuidanceResources, a new employee assistance program in 2021, that offers confidential consultation on personal issues, and resources for work-life needs, including financial and legal information, and more.



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.

NEXT STEPS

1.

THINK ABOUT YOUR YEAR AHEAD (PLANNED SURGERIES, BIRTHS, ETC.)

2.

GO TO THE ASSOCIATE BENEFITS WEBSITE TO REVIEW THE 2021 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.

SUBMIT YOUR ELECTIONS

6.

PRINT/SAVE YOUR CONFIRMATION PAGE
(THIS IS IMPORTANT!)

ONLINE OPEN ENROLLMENT NOVEMBER 2–13, 2020

bluecrossma.org/associate

ONLINE INFO

HEALTH PLAN DETAILS

bluecrossma.org/associate

FINANCIAL ACCOUNTS

MyBlue, or healthequity.com

MYBLUE

myblue.bluecrossma.com or bcbsma.info/getapp

CURRENT BENEFITS

Workday – sign in through BlueWeb

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

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. This account doesn't roll over each year, and any unused money will be forfeited.

FLEXIBLE SPENDING ACCOUNT (FSA)

This is a temporary savings account that only you contribute to via paycheck. Different FSA accounts can be applied to different health care expenses. If you elect an FSA for 2021, you'll have the option of rolling over up to \$550 of your 2020 balance to use in 2021.

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. This account doesn't roll over each year, and any unused money will be forfeited. Exclusive for 2021: If you elect an FSA for 2021, you'll have the option of rolling over up to \$550 of your 2020 balance to use in 2021.

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.

THE FRONT STEPS PROJECT™



LAUREN ERLINGHEUSER
COMPLIANCE & ENROLLMENT



STEPHANIE PIERRE-LOUIS
MEDICARE PRODUCT MANAGEMENT



EVELINE SANTOS
PROVIDER SERVICES



MONICA CALEY
TALENT ACQUISITION

THIS IS US, AT HOME

To see more, turn to page 8, or visit
bluecrossma.org/associate/front-steps-project



MASSACHUSETTS