

BENEFITS THAT ARE THE TOTAL PACKAGE

Your options and opportunities for total well-being.

Open Enrollment: October 31 – November 14, 2022
bluecrossma.org/associate



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OUR COMMITMENT TO YOUR TOTAL WELL-BEING

Every benefit we offer contributes to your total well-being. From your physical, emotional, social, and financial health to career growth and community spirit, 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

Choose your plans — Sign in to Workday to make your elections. Don't forget to review your beneficiaries and save your confirmation page.

ENROLL TODAY

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

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 2023. Dependent Care FSAs aren't eligible for the rollover.

IN THE SPOTLIGHT FOR 2023

PLAN RATES

MEDICAL PLANS

There will be no cost increase for associates with an annualized base salary of less than \$70K who are enrolled in the PPO medical plan. For all others, including those enrolled in the HMO plan and those in the PPO plan with an annualized base salary of \$70K+, there will be a 4.2% cost increase.

DENTAL AND VISION PLANS

In 2023 Dental rates will increase by 1.3%. There will be no rate increase for the Vision plan.

HEALTH FINANCIAL ACCOUNTS

EMPLOYER CONTRIBUTIONS

Health savings account (HSA) and health reimbursement arrangement (HRA) contributions from Blue Cross will remain the same for 2023 to help you offset costs.

FLEXIBLE SPENDING ACCOUNT (FSA) ROLLOVER

If you elect a Health Care or Limited Purpose FSA for 2023, any unused funds up to \$570 will roll over from your 2022 balance. Note that the Dependent Care FSA isn't eligible for the rollover.

NEW PHARMACY BENEFIT MANAGER

Keeping pharmacy costs under control for everyone is crucial. That's why on January 1, 2023, Blue Cross Blue Shield of Massachusetts is changing to a new pharmacy benefit manager to administer your prescription benefits and help control medication prices.

Most members won't be affected by this change. If action is required of you, you'll receive a communication directly from Blue Cross with necessary steps to take. No action is needed now, but here's what you need to know:

- There will be a new mail service pharmacy. If you use the mail order pharmacy, your prescription(s) will transfer automatically, except for controlled-substances prescriptions, and prescriptions with no refills remaining. In those cases, you'll need to ask your doctor for new prescriptions.
- You'll get a new ID card — be sure to bring it with you whenever you fill a prescription, starting January 1.
- For any questions, please call Employee Services at 1-800-238-6616 or visit bcbsma.info/pharmacyupdate.

BENEFITS THAT BOOST YOUR WELL-BEING

In addition to a variety of plan options you can choose during open enrollment, you also have access to a wide selection of benefit programs that can help you achieve your total 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 new for 2023, wellness. See next page for more details.
- Telephonic wellness coaching
- Egg cryopreservation

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

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

SOCIAL WELL-BEING

- Employee Resource Groups
- BlueCrew Service Opportunities
- Green@Blue Garden Program
- On-site cafes, wellness centers, and flex meeting spaces
- Adoption assistance

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**. This resource is completely confidential and at no additional cost to you. To learn more visit ffhub.com/thrive.

NEW FOR 2023

WELLNESS REIMBURSEMENT

Get reimbursed up to \$300 per year for eligible items and services that support your well-being. Previously called "Fitness Plus," this enhanced benefit supports our holistic approach to well-being. Get reimbursed for gym memberships, fitness equipment, ergonomic supports, meditation apps, online therapy, massages, air purifiers, community supported agriculture (CSA) shares, and more! More details to come in 2023.



WELLBEATS

Wellbeats is your virtual wellness offering available via the Virgin Pulse® platform to help you live a healthier life, including:

- 1,000+ high-quality, on-demand workouts including yoga, High Intensity Interval Training (HIIT), strength training, walking and running, barre, Pilates, and cycling
- 30+ health and wellness programs to help you reach your goals
- Nutrition education and healthy recipes
- Mindfulness and meditations
- Stretching and recovery
- 1–5-minute office breaks

Access this program today through your Virgin Pulse account!

For a complete list and to learn more about your well-being benefits, visit <https://www2.bluecrossma.net/well-being>.

YOUR BENEFIT CHOICES

This decision is a pretty big deal.
See what works for you.

OVERVIEW



BENEFITS OFFERED IN 2023

BENEFIT	KEY FEATURES	ELIGIBILITY ¹								
MEDICAL Page 11	<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>	<p>You can enroll:</p> <ul style="list-style-type: none"> • Yourself • Your spouse/domestic partner • Your children up to age 26 								
DENTAL Page 23	<p>Dental Blue® covers in-network preventive care, basic care (e.g., fillings, root canals), major care (e.g., crowns, dentures, implants), and orthodontia.</p>									
VISION Page 23	<p>Blue 20/20, powered by EyeMed Vision Care®, covers comprehensive eye exams, eyeglasses, and more.</p>									
FINANCIAL ACCOUNTS Page 11	<p>A Blue Cross-funded account is automatically paired with each medical plan to help offset your costs. Depending on the plan selected, these include:</p> <ul style="list-style-type: none"> • PPO: Health Savings Account (HSA) • HMO: Health Reimbursement Arrangement (HRA) <p>You also have the option to elect flexible spending accounts (FSAs), including:</p> <ul style="list-style-type: none"> • Health Care FSA • Limited Purpose FSA • Dependent Care FSA <p>If you elect a Health Care or Limited Purpose FSA for 2023, up to \$570 will roll over from your 2022 balance. The Dependent Care FSA isn't eligible for the roll over.</p>	<p>Financial accounts available by medical plan:</p> <table border="0"> <tr> <td>PPO</td> <td>HMO</td> </tr> <tr> <td>• HSA*</td> <td>• HRA*</td> </tr> <tr> <td>• Limited Purpose FSA</td> <td>• Health Care FSA</td> </tr> <tr> <td>• Dependent Care FSA</td> <td>• 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>*Non-tax dependents, like domestic partners, aren't eligible for the Blue Cross contribution.</small></p>	PPO	HMO	• HSA*	• HRA*	• Limited Purpose FSA	• Health Care FSA	• Dependent Care FSA	• Dependent Care FSA
PPO	HMO									
• HSA*	• HRA*									
• Limited Purpose FSA	• Health Care FSA									
• Dependent Care FSA	• Dependent Care FSA									
LIFE INSURANCE Page 25	<p>Basic coverage of 1x your annual salary,² 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,² up to a maximum of \$750,000.</p>	<p>Basic coverage automatically provided for:</p> <p>Associates who work 15 or more hours per week</p>								
LONG-TERM DISABILITY (LTD) Page 25	<p>Basic coverage of 60% of your monthly salary is automatically provided for eligible 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>								



UNLOCK THE POWER 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.

1. Eligibility Qualified Status: The benefits you choose during Open Enrollment are effective for the entire 2023 plan year: January 1–December 31, 2023. 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) to help offset costs



IF YOU RESIDE OUTSIDE OF NEW ENGLAND, THIS IS THE SUGGESTED PLAN IN ORDER TO ACCESS A NATIONAL NETWORK OF PROVIDERS.

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 FSA for 2023, any unused funds up to \$570 from your 2022 Limited Purpose or Health Care FSA will rollover and be available to use in 2023.
- Depending on your annualized base salary, Blue Cross contributions may cover up to 75% of your deductible (see **page 21** for details).

SAVE SMART WITH AN HSA

If you elect the Blue Care Elect Saver Choice Plan (PPO) it comes automatically paired with an Health Savings Account (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, 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
- Invest¹ 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 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.

¹ 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 Individual + 1 Family

Costs

PAYCHECK CONTRIBUTIONS¹

	Annualized Base Salary < \$70K	Annualized Base Salary ≥ \$70K
	\$29.25	\$45.11
	\$58.12	\$89.79
	\$84.55	\$131.67

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 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

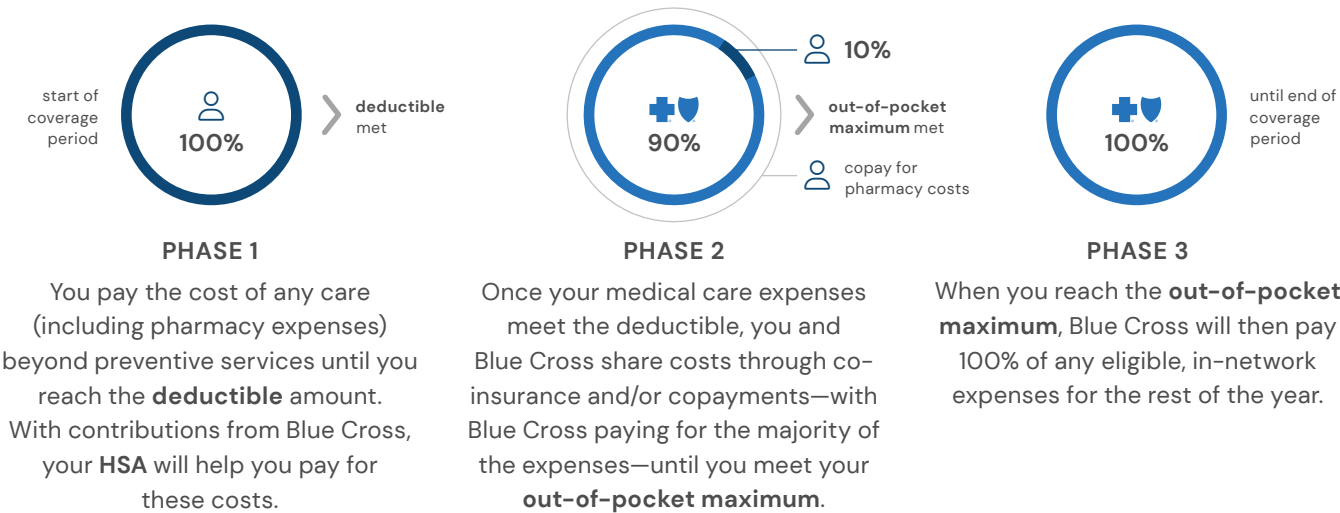
\$0 COPAYS

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

HOW PAYMENTS WORK WITH OUR PPO PLAN

KEY Paid by Member Paid by Blue Cross

In-network preventive care is 100% covered.⁶



NEED FAMILY COVERAGE?

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

FINANCIAL ACCOUNTS FOR PPO

	HSA ¹	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.	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.
CONTRIBUTIONS²	BLUE CROSS \$1,125 \$2,250 \$2,250 Non-tax dependents, like domestic partners, aren't eligible.	Annualized Base Salary < \$70K: \$750 Annualized Base Salary ≥ \$70K: \$1,500	None
2023 Contribution Limits: Individual: \$3,850 Family: \$7,750 Catch up: \$1,000	YOU annual maximum \$2,725 \$5,500 \$5,500	Annualized Base Salary < \$70K: \$3,100 Annualized Base Salary ≥ \$70K: \$6,250	\$3,050
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 ³	You, your spouse, your tax dependents (including children up to age 26), whether or not they're enrolled in the plan ³	Your children up to age 12 and disabled adult dependents whether or not they're enrolled in the plan ³
WHAT CAN I USE THIS MONEY FOR?	All eligible ^{4, 5} medical, prescription drug, dental, and vision expenses that occur now ⁶ or in the future	All eligible ⁴ dental and vision expenses in the plan year ⁷	Childcare and adult day care expenses while you and your spouse work or attend school ⁷
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 a Limited Purpose FSA for 2023, up to \$570 of your unused balance from 2022 will roll over. ⁸	Your unused balance won't 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. 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, 2023 to December 31, 2023. You can file claims for reimbursement through March 31, 2024.
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% 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) to help offset costs



ONLY CARE RECEIVED FROM DOCTORS, HOSPITALS, AND OTHER PROVIDERS IN OUR NEW ENGLAND NETWORK IS COVERED.

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 28**.
- 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 FSA for 2023, up to \$570 of unused funds will roll over from your 2022 balance. Dependent Care FSA dollars will not 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.

- 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 \$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.
- 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 \$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 CONTRIBUTIONS¹

	Annualized Base Salary < \$70K	Annualized Base Salary ≥ \$70K
	\$47.59	\$67.14
	\$94.72	\$133.77
	\$138.17	\$196.16

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 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/associate for a complete list of medications.

HOW PAYMENTS WORK WITH OUR HMO PLAN

KEY Paid by Member Paid by Blue Cross

In-network preventive care is 100% covered.⁵



NEED 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. On and after January 1, 2023, we'll switch from Express Scripts to CVS Caremark. Smart 90 will change to Maintenance Choice (a CVS Caremark product offering).
 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 <small>Non-tax dependents, like domestic partners, aren't eligible.</small>	None	None
YOU annual maximum	Individual contributions aren't allowed	\$3,050	\$5,000 per household or \$2,500 if married but filing separately
WHO CAN I USE THIS MONEY FOR?	You, your spouse, any covered tax dependents 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 and prescription drug expenses in the plan year ⁵	All eligible ^{3,4} medical and 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 a Health Care FSA for 2023, up to \$570 of your unused balance from 2022 will roll over.	Your unused balance won't 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, 2023 to December 31, 2023. You can file claims for reimbursement through March 31, 2024.

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	HSA		HRA	
		Annualized Base Salary < \$70K	Annualized Base Salary ≥ \$70K	
	 \$1,125	\$750	 \$400	
	 \$2,250	\$1,500	 \$800	
	 \$2,250	\$1,500	 \$1,000	
NET DEDUCTIBLE <small>The remaining balance of your deductible after using Blue Cross contributions</small>		Annualized Base Salary < \$70K	Annualized Base 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. 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 annualized base salary of less than **\$70,000**.

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

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

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 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 ¹	\$150 copay, no deductible ²
	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 ³
HOSPITAL CARE	Inpatient/Outpatient	deductible, then co-insurance ⁴	deductible, then \$0 ⁵
TESTS	Diagnostics (X-rays, lab tests)	deductible, then co-insurance	deductible, then \$0
	Imaging (CT/PET scans, MRIs)	deductible, then co-insurance	deductible, then \$75 copay ^{6,7}
MENTAL/ BEHAVIORAL HEALTH OR SUBSTANCE USE DISORDER	Inpatient	deductible, then co-insurance ⁸	deductible, then \$0 ⁹
	Outpatient	deductible, then co-insurance	\$25 copay, no deductible
PREGNANCY CARE	Prenatal	\$0, no deductible	\$0, no deductible
	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

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 98% of the practicing dentists in Massachusetts, as well as over 500,000 dental locations nationwide.

PAYCHECK CONTRIBUTIONS¹

Preventive and diagnostic care: 100% coverage

Example: bi-annual cleanings

Basic restorative: 80% coverage

Example: fillings, root canals, extractions

Major restorative: 50% coverage

Example: caps, crowns

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

Example: braces, retainers

DEDUCTIBLE FOR BASIC AND MAJOR RESTORATIVE

\$50 per member or \$150 per family

PAYCHECK CONTRIBUTIONS¹

 \$5.70

 \$11.57

 \$16.71

CALENDAR-YEAR BENEFIT MAXIMUM

\$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 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

Members enjoy additional in-network discounts on sunglasses, a complete pair of glasses, laser vision surgery, and more.

PAYCHECK CONTRIBUTIONS¹

 \$2.88

 \$5.18

 \$8.06

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

LIFE AND LONG-TERM DISABILITY



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	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
WHO'S ELIGIBLE	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 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 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).

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 FLEXIBLE SPENDING ACCOUNT (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 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, prescription drug, dental, and vision 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 drug-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, prescription drug, dental, and vision 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, specialist, physician's assistant, or nurse practitioner.

GET ASSISTANCE AND ANSWERS

ONLINE INFO

HEALTH PLAN DETAILS

bluecrossma.org/associate

FINANCIAL ACCOUNTS

MyBlue or healthequity.com

MYBLUE

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

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

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.

NEXT STEPS

- 1 Think about your year ahead (planned surgeries, births, etc.).
- 2 Go to bluecrossma.org/associate to review the 2023 plan options.
- 3 Make 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!

OPEN ENROLLMENT:
October 31 – November 14, 2022
bluecrossma.org/associate

**OPEN ENROLLMENT:
OCTOBER 31 – NOVEMBER 14, 2022**

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