



MASSACHUSETTS

# Financial Account Pairings and Funding Options

You can use the powerful combination of medical plans from Blue Cross Blue Shield of Massachusetts and financial accounts to engage your employees and build a sustainable health care solution.

Eligible plans with a minimum deductible of \$1,000 are listed below and may use a claims feed from one of our Financial Account Administrator partners. Subject to the funding options below, these plans may be paired with any financial vehicle designed to reimburse employees for health plan expenses. These include, but are not limited to, a Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), and Flexible Spending Account (FSA).

## Financial Account Funding Options

### Deductible

- Up to 50% of the deductible may be funded by the employer if employer is paying front end of the deductible. For example, the employer pays the first \$500 of a \$1,000 deductible.
- Up to 75% of the deductible may be funded by the employer if employer is funding back end of the deductible. For example, the employee pays first \$250 of \$1,000 deductible and the employer pays remaining \$750.
- Up to 100% of the deductible may be funded by the employer for **HSA offerings only**.

### Cost Share

#### Applies to copayments and/or co-insurance

- 50% of the member's copayment and/or co-insurance liability not subject to deductible can be funded by the employer.
- 75% of the member's copayment and/or co-insurance liability after deductible can be funded by the employer.
- 100% of the member's copayment and/or co-insurance liability after deductible can be funded by the employer for **HSA offerings only**.

**Note:** Employers should confirm what specifically can be administered with their contracted vendor(s). Some vendors may have limitations.

### Hospital Choice Cost-Sharing (HCCS) Products

- Deductible can be funded as outlined at left.
- Non-HCCS cost share can be funded as outlined at left.
- Funding of the HCCS employee cost share (copayments or co-insurance) isn't allowed.

### Blue Options Tiered Network Products

Funding of Blue Options plans isn't allowed—except for the deductible on Blue Options III plans, as outlined in this section (additional funding for all other cost share isn't allowed).

### Important Notes

- Requests to fund more than outlined in this section will require Underwriting approval and should be directed to your account or sales executive.
- Financial account funding options apply to all size accounts, both fully insured and ASC.
- Accounts that received Underwriting approval to fund above the required limits in previous years are grandfathered from year to year, if they renew as is. If an account changes products or benefits, Underwriting approval will be required if the account requests to fund more than outlined in this section.

Financial Account Administrators	
Benefit Strategies	HRC Total Solutions
HealthEquity®	TASC®

	Deductible Options (Individual/Family)	Funding Vehicle Options	Group Size
<b>Health Maintenance Organization (HMO) Plans</b>			
HMO Blue Select Deductible	\$1,000/\$2,000 \$2,000/\$4,000 \$3,000/\$6,000	HRA	2 or more
HMO Blue Select Deductible with Copayment	\$1,000/\$2,000 \$2,000/\$4,000	HRA	99 or fewer
HMO Blue Select Saver \$2,000	\$2,000/\$4,000	HRA/HSA	50 or fewer
HMO Blue New England Premier Value with HCCS	\$1,000/\$2,500 (inpatient only)	HRA	2 or more
HMO Blue New England Deductible	\$1,000/\$2,000 \$1,500/\$3,000	HRA	51 or more
	\$2,000/\$4,000 \$3,000/\$6,000		2 or more
	\$4,500/\$9,000		2 to 50
HMO Blue New England Deductible II	\$4,000/\$8,000 \$5,000/\$10,000	HRA	51 or more
HMO Blue New England Deductible with HCCS	\$1,000/\$2,000 \$1,500/\$3,000 \$2,000/\$4,000 \$3,000/\$6,000	HRA	2 or more
HMO Blue New England Basic Copayment	\$2,000/\$4,000	HRA	2 or more
HMO Blue New England Basic Co-insurance	\$2,000/\$4,000	HRA	100 or more
HMO Blue New England Premier Value	\$1,000/\$2,500 (inpatient only)	HRA	2 or more
HMO Blue New England Premier Value with Co-insurance	\$1,000/\$2,500 (inpatient only)	HRA	100 or more
HMO Blue New England \$1,000 Deductible with Co-insurance	\$1,000/\$2,000	HRA	51 or more
HMO Blue New England Deductible with Copayment	\$1,000/\$2,000 \$2,000/\$4,000	HRA	2 to 99
HMO Blue New England Basic Saver	\$3,350/\$6,550	HRA/HSA	2 to 50
HMO Blue New England Saver	\$2,000/\$4,000 \$3,000/\$6,000 \$4,500/\$9,000	HRA/HSA	2 to 50
HMO Blue New England \$3,000 Deductible with First \$500 Coverage	\$3,000/\$6,000	HRA	51 or more

	Deductible Options (Individual/Family)	Funding Vehicle Options	Group Size
<b>Open-Access Health Maintenance Organization Plans</b>			
Access Blue New England Basic \$2,000	\$2,000/\$4,000	HRA	100 or more
Access Blue New England Basic Saver	\$3,000/\$5,950	HRA/HSA	100 or more
Access Blue New England Basic Saver II	\$3,300/\$6,450	HRA/HSA	51 or more
Access Blue New England Saver	\$1,500/\$3,000 \$2,000/\$4,000 \$2,500/\$5,000 \$3,000/\$6,000	HRA/HSA	51 or more
Access Blue New England Saver II	\$4,000/\$8,000 \$5,000/\$10,000	HRA/HSA	51 or more
<b>Blue Choice® Plan</b>			
Blue Choice New England Deductible	\$1,000/\$2,000 \$2,000/\$4,000 \$3,000/\$6,000	HRA/HSA	100 or more
<b>Preferred Provider Organization (PPO) Plans</b>			
Preferred Blue® PPO Deductible	\$1,000/\$2,500 \$2,000/\$4,000	HRA	2 or more
	\$3,000/\$7,500		2 or more (not available to 51-99)
	\$4,500/\$9,000*		2 to 50
Preferred Blue® PPO Deductible II	\$4,000/\$8,000 \$5,000/\$10,000	HRA	51 or more
Preferred Blue® PPO Deductible with HCCS	\$1,000/\$2,500 \$2,000/\$4,000	HRA	2 or more
	\$3,000/\$7,500		2 or more (not available to 51-99)
Preferred Blue® PPO Basic \$2,000	\$2,000/\$4,000	HRA	2 or more (not available to 51-99)
Preferred Blue® PPO Basic Copayment	\$2,000/\$4,000	HRA	51 or more
Preferred Blue® PPO Basic Co-insurance	\$2,000/\$4,000	HRA	100 or more
Preferred Blue® PPO Basic Saver	\$3,300/\$6,450	HRA/HSA	51 or more
	\$3,350/\$6,550		2 to 50

	Deductible Options (Individual/Family)	Funding Vehicle Options	Group Size
<b>Preferred Provider Organization Plans (cont.)</b>			
Preferred Blue® PPO Saver	\$1,500/\$3,000	HRA/HSA	51 or more
	\$2,000/\$4,000 \$3,000/\$6,000		2 or more
	\$4,500/\$9,000		2 to 50
	\$2,900/\$5,800 \$4,000/\$8,000 \$5,000/\$10,000		51 or more
Preferred Blue® PPO Saver II	\$4,000/\$8,000 \$5,000/\$10,000	HRA/HSA	51+
Blue Care Elect Deductible	\$1,000/\$2,500 \$1,500/\$3,750 \$2,000/\$4,000	HRA	100 or more
	\$3,000/\$7,500 \$4,500/\$9,000*		51 or more
Blue Care Elect Saver	\$1,500/\$3,000 \$2,700/\$5,400	HRA/HSA	100 or more
Blue Care Elect Saver 90	\$1,500/\$3,000	HRA/HSA	100 or more

\* This plan does not meet minimum creditable coverage.