Commonwealth Benefits Collaborative

FAQ's: Frequently Asked Questions

Coverage & Plan Options

Question	Answer
Do pre-existing conditions impact a person's ability to get coverage? Want to make sure disabled staff would be covered.	No. A person with pre-existing conditions is allowed to come on to the plan without any restrictions on coverage.
We currently offer both an HMO and a PPO option. Will each nonprofit be limited to selecting one plan, or could we select multiple options?	Groups join individually and can pick their own options — they are not forced into a one-size-fits-all scenario. There are eight plans total (five copay options plus three HSA-compatible high-deductible health plans). Each organization chooses which of the eight to offer its employees. The maximum number of plans that can be selected is three. Groups looking to join the Collaborative are combined with one another for the purposes of underwriting/pricing only.
How do we know what the actual health plan options would be?	The eight plan options are standard plans made available by our captive partner. Plan summaries are available to interested organizations upon request.
What is a “captive partner” (and what is a captive insurance solution)?	A “captive partner” is simply who we work with to obtain coverage — it is an insurance captive, and they are our partner in this project. A captive insurance solution is a formalized, regulated risk-management vehicle where a business or group of businesses creates its own licensed insurance company to cover its own risk. In our case, our group of nonprofits would be joining a larger group of businesses. Instead of paying premiums to a traditional commercial insurer, the parent company uses the captive to directly underwrite policies, which typically lowers the cost.
What specific coverage exists in the Berkshires?	In terms of coverage, the network would be Cigna via a custom health plan (a separate provider network, pharmacy benefit manager, and third-party administrator, with an underwriting team compiling the information). Data sent by email goes via a secure socket line and no further than the underwriting team.
Would this coverage cover gender-affirming care for both the employee and any dependents, given the current political climate?	Short answer: yes. The specifics of exactly what is and isn't covered will be presented at the September meeting. If the plan does not follow every Massachusetts-mandated benefit, they will be clear and disclose precisely what it will and won't cover at that time.

Would employees who live outside Massachusetts (CT, NY) still be eligible for this coverage?	Yes. Cigna uses its national network, so employees in NY, MA, CT, RI, etc. would have access to providers. The only unknown is potential network disruption depending on your current carrier.
Is this health and dental, or just health? (Vision and others were listed under 'future considerations.')	Just health benefits for now. Dental could be added later along with the other future benefits mentioned (health/wellness programs and voluntary benefits such as critical illness, accident, hospital indemnity, short/long-term disability, vision, life/AD&D, and pet insurance).
Is this health insurance collaborative open to small businesses as well as nonprofits?	It is designed exclusively for the nonprofit community rather than general small businesses.

Question	**Answer**
Are 501(c)(6) eligible to participate in the Commonwealth Benefits Collaborative?	Yes, they are.
If an employee does not wish to join the Commonwealth Benefits Collaborative, will they be required to do so?	No. If the employee opts out, the employee is not required to take the insurance — it just has to be offered. The employee can opt out but needs to sign a form showing that coverage was offered.
Does Cigna have a single network or multiple tiers/'flavors' (skinny vs. broad), and what is Cigna's network like in the Berkshires?	They will offer Cigna's broadest network of doctors and hospitals — not limited to Massachusetts (a contiguous network into NY, CT, etc.). For the Berkshires specifically, a 'network interruption analysis' would be run for concerned organizations to confirm whether their providers are in-network, and a link for provider 'look ups' will be provided to those who would like to access network providers privately.

Cost, Fees & Pricing

Question	Answer
When would cost information be available? Our organization needs to understand the potential cost burden (employer share) before committing. Is that what we'd learn in mid-September?	The cost of each plan will be shared at the September meeting BEFORE an organization would need to commit to the Collaborative. At that point, an organization would then either confirm its intention to join the Collaborative or decline the invitation to do so. Once committed, representatives from Acrisure (the broker for the Collaborative) would then work with each organization to assist them with employer contributions, master application and enrollment paperwork, etc. It should be noted that if a critical mass of organizations do not commit to the Collaborative, underwriters will not provide a financial proposal and the offer of coverage will be rescinded.
Will the price be locked in for a January start date?	Yes, rates would start January 1st and last the full 12 months; rates developed now would be implemented in January.
Will administrative fees be covered/disclosed in September?	Administrative fees will already be built into the rating structure, and will be disclosed during the September meeting.
When will organizations learn about the pricing and the carrier?	Pricing for all eight plan options is scheduled to be presented to all interested organizations at our September meeting; tentatively the week of September 14th.

Timing, Start Dates & Renewals

Question	Answer
For organizations not on a January renewal cycle (e.g., mid September renewal), how would joining work?	Every organization has a different effective date. Joining in January after a recent renewal may create a short plan year, which could reset the out-of-pocket maximum for individuals and families. We recognize that this in turn could create a financial hardship for some. Currently under consideration is a secondary offering for those affected organizations. Other effective dates would include April 1, July 1, and October 1. Affected organizations would need an additional conversation to determine whether a move may be right for them. Acrisure will assist your organization to make the right decision based on your situration.. If your organization ultimately decides not to join at this time, you can renew with your current broker and carrier.

If the collaborative launches, can we join later once it's established and rates become available?	The goal of the CBC is to have enough organizations commit to start our Collaborative on January 1, 2027. If there is enough interest to start on January 1. Once that is successful we can begin to look at the viability of offering other start dates.,It is currently unclear what the pricing structure would be for other start dates. However, we expect that later start dates would have a full 12-month rate/contract provided for coverage.
When will we know if the Commonwealth Benefits Collaborative will be rolled out in Jan 2027?	We will know by October 21st. The timeframe is: September 2026 for rate presentation and underwriting. Approximately October 1–15 approval window for confirmation to move forward with the Collaborative.
When will organizations need to sign on / commit?	The Collaborative will need a firm commitment to join no later than Thursday, October 15th. At that time, CBC and the insurance captive will determine if the Collaborative has enough members to move forward with the offering—or if — due to a lack of participation — no offer can be made. A communication will be provided either way to all interested parties regarding next steps in the process by Wednesday, October 21st.

Commitment, Participation & Minimums

Question	**Answer**
After submitting census info and receiving the offerings, is a group able to back out?	Yes — there is no obligation to join. If there are not enough organizations committing to the Collaborative, the offer of coverage will not be provided by our carrier partner.
Is there a multi-year commitment to stay in the collaborative (given concerns about future rate increases or people leaving)?	No. We initially considered a multi-year commitment for stability but landed on a one-year commitment, so organizations aren't locked in if collaborative rates later exceed the open market.
What is the minimum participation/commitment needed to launch the plan? Are you targeting a specific number of nonprofits or members?	The more organizations/people that provide census data, the better our chance to obtain competitive rates. Size matters — larger groups get better per-unit pricing/rates, so our goal is to have over 200 employees for our initial underwriting. This number of employees can be obtained by a few or several employers — it is the combined headcount that we are looking for. If final participation falls well below expectations, rates could change before the effective date.

Data, Privacy & Underwriting

Question	Answer
What is a census?	A “census” is simply a roster of basic employee information that your organization provides so the insurance underwriters can price the plans. It includes each employee's date of birth, gender, home ZIP code, and any spouses, parters, or dependents. It does not include names, medical history, or any personal health information. Underwriters use this de-identified data to estimate the group's overall risk and generate accurate rate quotes. It is the same standard information any insurance broker collects when preparing a health plan proposal, and in the CBC's case it can be submitted encrypted, mailed, or handed over in person to protect privacy.
Who will use the specific census information, and how is it protected?	We take obtaining Personal Health Information, or PHI, very seriously. We understand your concern and will make every effort to protect each organization's/employees' information and store it securely. The requested information is the same census process used by insurance agents and brokers to obtain underwriting/pricing. To ensure privacy, organizations can send us the information encrypted, it can be mailed to us, or it can be picked up in person. Or, the organization can provide us with the DOBs with just an identifier, such as a number — #23 - 11/3/1978 M — and send us the key under separate cover.
Is the information we provide protected and handled securely?	Yes. Because medical information is not being requested, HIPAA protection is not triggered. However, requesting a full name with date of birth is personally identifiable information (PII) and should be sent encrypted. Organizations can be assured their data is handled with the utmost care.

About Acrisure & the Model

Question	Answer
How is this different from a PEO (professional employer organization)?	Completely different models. A PEO (Professional Employer Organization) bundles payroll, benefits, workers' comp, investments, HR help, etc. under one umbrella. This covers only the insurance portion — you would not change payroll, HR, or anything else. It's like going directly to Health New England, United, or Blue Cross for the same type of coverage.
Given Acrisure's recent merger/acquisition activity, how much (if any) of our premiums or brokerage funds would go toward supporting outside entities (e.g., AIPAC/Israel)?	Premiums paid stay within the employee-benefits silo and do not go toward acquisitions or other Acrisure divisions (property & casualty, personal lines, real estate). NPC clarified it is not endorsing Acrisure — its role is to share information and educate, leaving decisions to the organizations.

Have you approached carriers across the state, given the goal of pooling many people?	Cigna was chosen as a national player with a broad network (important for out-of-state care or centers of excellence). Cigna won't necessarily be the 'forever' carrier; as the Collaborative grows, carriers like United, Blue Cross, and Aetna may become interested, creating competition to help contain rates.

About the Nonprofit Center of the Berkshires

Question	Answer
What is the Nonprofit Center of the Berkshires' role in the Commonwealth Benefits Collaborative?	The Nonprofit Center of the Berkshires (NPC) launched the Commonwealth Benefits Collaborative to help Massachusetts nonprofits access more affordable health coverage by pooling our sector's collective buying power. NPC leads the effort in partnership with insurance broker Acrisure, which handles the underwriting, bidding, and enrollment.
Is NPC endorsing Acrisure or any particular carrier?	No. NPC's role is to share information and educate the nonprofit community — not to endorse Acrisure or any carrier. Every decision about whether to participate stays entirely with your organization.
Why is NPC leading this effort?	Rising health insurance costs are one of the biggest challenges facing nonprofit employers. By bringing organizations together, NPC helps the sector negotiate from a position of strength — while each nonprofit still chooses its own plans and makes its own decisions.
Does joining change my relationship with NPC?	No. Participating in the Collaborative is completely separate from NPC membership. You can explore the program, ask questions, or opt out at any point before you commit — there is no obligation to join.
Who do I contact at NPC with questions?	Samantha Anderson is the Executive Director of the Nonprofit Center of the Berkshires. Please email us at CBC@npcberkshires.org and we will be glad to help.