

City of Quincy Benefits Cost Sheet for Active Employees

Blue Cross/Blue Shield of Massachusetts

Fiscal Year 2025 Rates

Effective July 1, 2024



EMPLOYEE SHARE					
PAYPERIODS	52	38	26	21	12
HMO Plan					
82.5/17.5 Contribution Split Network Blue New England					
Individual	\$41.07	\$56.20	\$82.14	\$101.70	\$177.98
Family	\$107.59	\$147.23	\$215.19	\$266.42	\$466.24
PPO Plan					
75%/25% Contribution Split Blue Care Elect Deductible					
Individual	\$65.13	\$89.13	\$130.26	\$161.27	\$282.23
Family	\$170.64	\$233.50	\$341.28	\$422.53	\$739.43

TOTAL MONTHLY PREMIUM
(Combined City & Employee Contributions)
\$1,017.01
\$2,664.21
(Combined City & Employee Contributions)
\$1,128.90
\$2,957.70



**Delta Dental of MA
Fiscal Year 2025 Rates
Effective July 1, 2024**

EMPLOYEE SHARE					
PAYPERIODS	52	38	26	21	12
Delta Dental PPO+ Premier					
50/50 Contribution Split					
Individual	\$4.30	\$5.88	\$8.59	\$10.64	\$18.62
Family	\$13.32	\$18.22	\$26.64	\$32.98	\$57.71
Delta Dental Delta Care Plan					
50/50 Contribution Split					
Individual	\$3.42	\$4.69	\$6.85	\$8.48	\$14.84
Family	\$8.47	\$11.58	\$16.93	\$20.96	\$36.69

TOTAL MONTHLY PREMIUM
(Combined City & Employee Contributions)
\$37.23
\$115.42
(Combined City & Employee Contributions)
\$29.68
\$73.37



**Blue 20/20
Fiscal Year 2025 Rates
Effective July 1, 2024**

EMPLOYEE SHARE					
PAYPERIODS	52	38	26	21	12
Blue 20/20					
100% Employee Paid					
Individual	\$1.29	\$1.76	\$2.57	\$3.18	\$5.57
Employee +1	\$2.19	\$3.00	\$4.38	\$5.43	\$9.50
Family	\$3.40	\$4.66	\$6.81	\$8.43	\$14.75

TOTAL MONTHLY PREMIUM
100% Employee Paid Premium
\$5.57
\$9.50
\$14.75