



City of Quincy
Blue Cross/Blue Shield of Massachusetts

Fiscal Year 2019 Rates
Effective July 1, 2018
ACTIVE EMPLOYEES

EMPLOYEE SHARE						TOTAL MONTHLY PREMIUM
PAYPERIODS	52	38	26	21	12	
HMO Plan						(Combined City & Employee Contributions)
85/15 Contribution Split						
HMO Blue New England						
Individual	\$25.27	\$34.58	\$50.55	\$62.58	\$109.52	\$730.12
Family	\$66.22	\$90.61	\$132.43	\$163.96	\$286.94	\$1,912.92
PPO Plan						(Combined City & Employee Contributions)
82/18 Contribution Split						
Blue Care Elect						
Individual	\$33.66	\$46.07	\$67.33	\$83.36	\$145.88	\$810.44
Family	\$88.20	\$120.70	\$176.40	\$218.40	\$382.20	\$2,123.34



City of Quincy
Delta Dental of MA
Fiscal Year 2019 Rates
Effective July 1, 2018
ACTIVE EMPLOYEES

EMPLOYEE SHARE						TOTAL MONTHLY PREMIUM
PAYPERIODS	52	38	26	21	12	
Delta Dental PPO+ Premier						(Combined City & Employee Contributions)
50/50 Contribution Split						
Individual	\$4.72	\$6.46	\$9.44	\$11.68	\$20.45	\$40.89
Family	\$14.63	\$20.01	\$29.25	\$36.22	\$63.38	\$126.76
Delta Dental Delta Care Plan						(Combined City & Employee Contributions)
50/50 Contribution Split						
Individual	\$3.42	\$4.69	\$6.85	\$8.48	\$14.84	\$29.68
Family	\$8.47	\$11.58	\$16.93	\$20.96	\$36.69	\$73.37