




City of Quincy Benefits Cost Sheet for Active Employees

 Blue Cross/Blue Shield of Massachusetts Fiscal Year 2020 Rates Effective July 1, 2019					
EMPLOYEE SHARE					
PAYPERIODS	52	38	26	21	12
HMO Plan					
85/15 Contribution Split					
HMO Blue New England \$500 Deductible					
Individual	\$26.23	\$35.90	\$52.47	\$64.96	\$113.68
Family	\$68.73	\$94.06	\$137.47	\$170.20	\$297.84
PPO Plan					
81/19 Contribution Split					
Blue Care Elect \$500 Deductible					
Individual	\$36.89	\$50.47	\$73.77	\$91.33	\$159.84
Family	\$96.64	\$132.24	\$193.28	\$239.29	\$418.77
 Delta Dental of MA Fiscal Year 2020 Rates Effective July 1, 2019					
EMPLOYEE SHARE					
PAYPERIODS	52	38	26	21	12
Delta Dental PPO+ Premier					
50/50 Contribution Split					
Individual	\$4.57	\$6.26	\$9.15	\$11.33	\$19.82
Family	\$14.18	\$19.40	\$28.36	\$35.11	\$61.44
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
 Blue 20/20 Fiscal Year 2020 Rates Effective July 1, 2019					
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