



**City of Quincy Benefits Cost Sheet for Active Employees**  
**Blue Cross/Blue Shield of Massachusetts**  
**Fiscal Year 2022 Rates**  
**Effective July 1, 2021**

<b>EMPLOYEE SHARE</b>					
<b>PAYPERIODS</b>	<b>52</b>	<b>38</b>	<b>26</b>	<b>21</b>	<b>12</b>
<b>HMO Plan</b>					
<b>85/15 Contribution Split</b>					
<b>Network Blue New England</b>					
Individual	\$30.60	\$41.87	\$61.19	\$75.76	\$132.58
Family	\$80.15	\$109.68	\$160.30	\$198.47	\$347.32
<b>PPO Plan</b>					
<b>80/20 Contribution Split</b>					
<b>Blue Care Elect Deductible</b>					
Individual	\$49.81	\$68.16	\$99.62	\$123.34	\$215.85
Family	\$130.50	\$178.59	\$261.01	\$323.16	\$565.52

<b>TOTAL MONTHLY PREMIUM</b>
(Combined City & Employee Contributions)
\$883.89
\$2,315.49
(Combined City & Employee Contributions)
\$981.14
\$2,570.56



**Delta Dental of MA**  
**Fiscal Year 2022 Rates**  
**Effective July 1, 2021**

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

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



**Blue 20/20**  
**Fiscal Year 2022 Rates**  
**Effective July 1, 2021**

<b>EMPLOYEE SHARE</b>					
<b>PAYPERIODS</b>	<b>52</b>	<b>38</b>	<b>26</b>	<b>21</b>	<b>12</b>
<b>Blue 20/20</b>					
<b>100% Employee Paid</b>					
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

<b>TOTAL MONTHLY PREMIUM</b>
100% Employee Paid Premium
\$5.57
\$9.50
\$14.75