City of Quincy Benefits Cost Sheet for Active Employees

Blue Cross/Blue Shield of Massachusetts
Health Insurance Fiscal Year 2027 Rates
Effective July 1, 2026

EMPLOYEE SHARE						TOTAL MONTHLY PREMIUM
PAYPERIODS	**52**	**38**	**26**	**21**	**12**	
HMO Plan						(Combined City & Employee Contributions)
82.5/17.5 Contribution Split						
Network Blue New England						
Individual	$47.42	$64.89	$94.84	$117.42	$205.48	$1,174.16
Family	$124.22	$169.98	$248.44	$307.59	$538.28	$3,075.89
PPO Plan						(Combined City & Employee Contributions)
75%/25% Contribution Split						
Blue Care Elect Deductible						
Individual	$75.19	$102.90	$150.39	$186.19	$325.84	$1,303.34
Family	$197.00	$269.58	$394.01	$487.82	$853.68	$3,414.73

Dental Insurance Fiscal Year 2027 Rates
Effective July 1, 2026

EMPLOYEE SHARE						TOTAL MONTHLY PREMIUM
PAYPERIODS	**52**	**38**	**26**	**21**	**12**	
Blue Freedom						(Combined City & Employee Contributions)
50/50 Contribution Split						
Individual	$4.89	$6.69	$9.78	$12.11	$21.20	$42.40
Family	$14.22	$19.46	$28.44	$35.21	$61.62	$123.24
Blue Enhanced Value						(Combined City & Employee Contributions)
50/50 Contribution Split						
Individual	$3.74	$5.11	$7.47	$9.25	$16.19	$32.38
Family	$9.24	$12.64	$18.47	$22.87	$40.02	$80.04

Vision Insurance - Fiscal Year 2027 Rates

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