

**City of Quincy Benefits Cost Sheet for Active Employees**



**Blue Cross/Blue Shield of Massachusetts - Medical**

**Fiscal Year 2025 Rates**

**Effective July 1, 2024**

EMPLOYEE SHARE						TOTAL MONTHLY PREMIUM
PAYPERIODS	52	38	26	21	12	
<b>HMO Plan</b>						(Combined City & Employee Contributions)
<b>82.5/17.5 Contribution Split</b>						
<b>Network Blue New England</b>						
Individual	\$41.07	\$56.20	\$82.14	\$101.70	\$177.98	\$1,017.01
Family	\$107.59	\$147.23	\$215.19	\$266.42	\$466.24	\$2,664.21
<b>PPO Plan</b>						(Combined City & Employee Contributions)
<b>75/25 Contribution Split</b>						
<b>Blue Care Elect Deductible</b>						
Individual	\$65.13	\$89.13	\$130.26	\$161.27	\$282.23	\$1,128.90
Family	\$170.64	\$233.50	\$341.28	\$422.53	\$739.43	\$2,957.70



**Blue Cross/Blue Shield of Massachusetts - Dental**

**Effective January 1, 2025**

EMPLOYEE SHARE						TOTAL MONTHLY PREMIUM
PAYPERIODS	52	38	26	21	12	
<b>Blue Freedom</b>						(Combined City & Employee Contributions)
<b>50/50 Contribution Split</b>						
Individual	\$4.37	\$5.98	\$8.74	\$10.82	\$18.93	\$37.86
Family	\$12.69	\$17.37	\$25.39	\$31.44	\$55.02	\$110.04
<b>Blue Enhanced Value</b>						(Combined City & Employee Contributions)
<b>50/50 Contribution Split</b>						
Individual	\$3.34	\$4.56	\$6.67	\$8.26	\$14.46	\$28.91
Family	\$8.24	\$11.28	\$16.49	\$20.42	\$35.73	\$71.46



**Blue 20/20 - Vision**

**Fiscal Year 2025 Rates**

**Effective July 1, 2024**

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