



2015 Dental / Vision Insurance Rates Firefighters Unit

	Monthly Premium	City's Monthly Contribution	Employee's Monthly Contribution	Employee's Pay Period Contribution
Delta Dental PPO				
Employees hired before 7/26/97				
- Single	\$57.80	\$57.80	\$0.00	\$0.00
- Two Party	\$115.61	\$115.61	\$0.00	\$0.00
- Family	\$144.52	\$105.08	\$39.44	\$19.72
Employees hired on or after 7/26/97				
- Single	\$57.80	\$15.86	\$41.94	\$20.97
- Two Party	\$115.61	\$31.71	\$83.90	\$41.95
- Family	\$144.52	\$46.80	\$97.72	\$48.86
Delta Care HMO Regardless of hire date				
- Single	\$15.86	\$15.86	\$0.00	\$0.00
- Two Party	\$31.71	\$31.71	\$0.00	\$0.00
- Family	\$46.79	\$46.79	\$0.00	\$0.00
Vision VSP				
- Single	\$8.95	\$8.95	\$0.00	\$0.00
- Two Party	\$12.93	\$12.93	\$0.00	\$0.00
- Family	\$23.20	\$23.20	\$0.00	\$0.00