



## 2015 Dental / Vision Insurance Rates Fire Management Unit

	Monthly Premium	City's Monthly Contribution	Employee's Monthly Contribution	Employee's Pay Period Contribution
<b>Delta Dental PPO</b>				
- Single	\$57.80	\$46.80	\$11.00	\$5.50
- Two Party	\$115.61	\$46.79	\$68.82	\$34.41
- Family	\$144.52	\$46.80	\$97.72	\$48.86
<b>Delta Care HMO</b>				
- 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
<b>Vision VSP (PPO &amp; Cal Care)</b>				
- 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