



2020 Dental and Vision Rates

FIRE MANAGEMENT UNIT				
	Monthly Premium	City's Monthly Contribution	Employee's Monthly Contribution	Employee's Pay Period Contribution
DELTA DENTAL PPO				
▪ Single	\$57.80	\$48.20	\$9.60	\$4.80
▪ Two Party	\$115.61	\$48.19	\$67.42	\$33.71
▪ Family	\$144.52	\$48.20	\$96.32	\$48.16
DELTA DENTAL HMO				
▪ Single	\$16.34	\$16.34	\$0.00	\$0.00
▪ Two Party	\$32.66	\$32.66	\$0.00	\$0.00
▪ Family	\$48.19	\$48.19	\$0.00	\$0.00
VSP (ANTHEM PPO & CAL CARE)				
▪ Single	\$9.31	\$9.31	\$0.00	\$0.00
▪ Two Party	\$13.44	\$13.44	\$0.00	\$0.00
▪ Family	\$24.14	\$24.14	\$0.00	\$0.00