



2020 Dental and Vision 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
DELTA DENTAL PPO - Employees hired on or after 7/26/97				
▪ Single	\$57.80	\$16.34	\$41.46	\$20.73
▪ Two Party	\$115.61	\$32.67	\$82.94	\$41.47
▪ 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