



## 2021 Dental and Vision Rates

<b>FIRE MANAGEMENT UNIT</b>				
	Monthly Premium	City's Monthly Contribution	Employee's Monthly Contribution	Employee's Pay Period Contribution
<b>DELTA DENTAL PPO</b>				
▪ <b>Single</b>	\$55.49	\$48.19	\$7.30	\$3.65
▪ <b>Two Party</b>	\$110.99	\$48.19	\$62.80	\$31.40
▪ <b>Family</b>	\$138.74	\$48.20	\$90.54	\$45.27
<b>DELTA DENTAL HMO</b>				
▪ <b>Single</b>	\$16.34	\$16.34	\$0.00	\$0.00
▪ <b>Two Party</b>	\$32.66	\$32.66	\$0.00	\$0.00
▪ <b>Family</b>	\$48.19	\$48.19	\$0.00	\$0.00
<b>VSP (ANTHEM PPO &amp; CAL CARE)</b>				
▪ <b>Single</b>	\$9.31	\$9.31	\$0.00	\$0.00
▪ <b>Two Party</b>	\$13.44	\$13.44	\$0.00	\$0.00
▪ <b>Family</b>	\$24.14	\$24.14	\$0.00	\$0.00