



## 2021 Dental and Vision Rates

<b>FIREFIGHTERS UNIT</b>				
	Monthly Premium	City's Monthly Contribution	Employee's Monthly Contribution	Employee's Pay Period Contribution
<b>DELTA DENTAL PPO - Employees hired before 7/26/97</b>				
▪ Single	\$55.49	\$55.49	\$0.00	\$0.00
▪ Two Party	\$110.99	\$110.99	\$0.00	\$0.00
▪ Family	\$138.74	\$102.20	\$36.54	\$18.27
<b>DELTA DENTAL PPO - Employees hired on or after 7/26/97</b>				
▪ Single	\$55.49	\$16.35	\$39.14	\$19.57
▪ Two Party	\$110.99	\$32.67	\$78.32	\$39.16
▪ Family	\$138.74	\$48.20	\$90.54	\$45.27
<b>DELTA DENTAL HMO</b>				
▪ 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
<b>VSP (ANTHEM PPO &amp; CAL CARE)</b>				
▪ 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