



2022 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	\$52.72	\$52.72	\$0.00	\$0.00
▪ Two Party	\$105.44	\$105.44	\$0.00	\$0.00
▪ Family	\$131.80	\$98.30	\$33.50	\$16.75
DELTA DENTAL PPO - Employees hired on or after 7/26/97				
▪ Single	\$52.72	\$15.51	\$37.21	\$18.61
▪ Two Party	\$105.44	\$31.03	\$74.41	\$37.21
▪ Family	\$131.80	\$45.78	\$86.02	\$43.01
DELTA DENTAL HMO				
▪ Single	\$15.52	\$15.52	\$0.00	\$0.00
▪ Two Party	\$31.03	\$31.03	\$0.00	\$0.00
▪ Family	\$45.78	\$45.78	\$0.00	\$0.00
VSP (ANTHEM PPO & CAL CARE)				
▪ Single	\$8.05	\$8.05	\$0.00	\$0.00
▪ Two Party	\$12.21	\$12.21	\$0.00	\$0.00
▪ Family	\$22.31	\$22.31	\$0.00	\$0.00