



## 2025 FIREFIGHTERS ASSOCIATION DENTAL AND VISION RATES

	Monthly Premium	City Monthly Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
<b>Delta Dental PPO - Employees Hired Before 7/26/1997</b>				
Single	\$50.48	\$50.48	\$0.00	\$0.00
2 Party	\$101.46	\$101.46	\$0.00	\$0.00
Family	\$132.78	\$98.80	\$33.98	\$16.99
<b>Delta Dental PPO - Employees Hired after 7/26/1997</b>				
Single	\$50.48	\$15.52	\$34.96	\$17.48
2 Party	\$101.46	\$31.04	\$70.42	\$35.21
Family	\$132.78	\$45.78	\$87.00	\$43.50
<b>Delta Dental HMO</b>				
Single	\$15.52	\$15.52	\$0.00	\$0.00
2 Party	\$31.03	\$31.03	\$0.00	\$0.00
Family	\$45.78	\$45.78	\$0.00	\$0.00
<b>VSP</b>				
Single	\$7.86	\$7.86	\$0.00	\$0.00
2 Party	\$11.92	\$11.92	\$0.00	\$0.00
Family	\$21.78	\$21.78	\$0.00	\$0.00