

2020 Monthly Dental & Vision Rates

For Non-Medicare and Medicare Retirees of the City of Fort Worth

DPPO Plan

	DPPO High	DPPO Low
Retiree/Surviving Spouse Only	\$36.52	\$24.59
Retiree + Spouse	\$74.86	\$46.72
Retiree/Surviving Spouse + Child(ren)	\$96.78	\$54.10
Retiree + Family	\$122.33	\$76.25

DHMO Plan

	DHMO High
Retiree/Surviving Spouse Only	\$13.54
Retiree + Spouse	\$23.31
Retiree/Surviving Spouse + Child(ren)	\$27.10
Retiree + Family	\$41.33

Delta Dental

www.deltadentalins.com

DPPO

800-521-2651

DHMO

800-422-4234

EyeMed- Vision

Retiree/Surviving Spouse Only	\$5.99
Retiree + Spouse	\$11.39
Retiree/Surviving Spouse + Child(ren)	\$11.99
Retiree + Family	\$17.63

Website

www.eyemed.com