

2026 Monthly Dental & Vision Rates

For City of Fort Worth Retirees

DPPO Plan

	DPPO High	DPPO Low
Retiree Only	\$33.60	\$22.62
Retiree + Spouse	\$68.87	\$42.98
Retiree + Child(ren)	\$89.04	\$49.78
Retiree + Family	\$112.54	\$70.15

DHMO Plan

	DHMO High
Retiree Only	\$11.50
Retiree + Spouse	\$21.85
Retiree + Child(ren)	\$23.00
Retiree + Family	\$35.66

Vision

	Low Option	High Option
Retiree Only	\$5.10	\$11.65
Retiree + Spouse	\$9.68	\$22.11
Retiree + Child(ren)	\$10.19	\$23.27
Retiree + Family	\$14.97	\$34.20

MetLife

Dental

800-438-6388

www.metlife.com/insurance/dental-insurance/

Vision

800-438-6388

www.metlife.com/insurance/vision-insurance/