Cost of Coverage
2027 Dental and Vision Plans

The cost of coverage for dental and vision plans for the 2027 Plan Year are listed below. The rate shown is the amount you will be required to pay each month for one person, two person and/or family coverage. Payment for your coverage will be automatically deducted from your monthly pension check. All rates are effective January 1st through December 31, 2027.

** Please Note Change in Premium Amounts **

Dental Plan Options	One Person	Two Person	Family
Blue Cross Blue Shield Dental PPO	$32.08	$64.16	$96.24
Delta Dental High Plan PPO	$34.98	$68.16	$121.26
Delta Dental Low Plan PPO	$28.94	$55.98	$97.83
DENCAP Dental HMO	$23.65	$40.40	$60.35

Vision Plan Options	One Person	Two Person	Family
Heritage Vision Standard Plan	$6.46	$6.46	$6.46
Heritage Vision National Plan	$6.61	$13.18	$13.18
Vision Service Plan (VSP)	$5.98	$11.94	$19.24

Note: If you choose to enroll in a dental or vision plan in the 2027 calendar year and decide to terminate coverage anytime in the same year, you will not be eligible to re-enroll in dental or vision coverage until the 2029 open enrollment period.