CITY OF NEWPORT BEACH
2027 RETIREE BENEFIT MONTHLY PREMIUMS

DELTA DENTAL PLAN OPTIONS & MONTHLY PREMIUMS			
	DHMO	DPPO HIGH	DPPO LOW
PARTICIPANT ONLY	$16.62	$60.67	$39.30
2-PARTY	$31.55	$123.45	$76.58
FAMILY	$44.01	$169.74	$129.61

VSP OPTIONS & MONTHLY PREMIUMS	
	VISION PPO
PARTICIPANT ONLY	$8.92
2-PARTY	$17.83
FAMILY	$28.71

BCC
Trusted Solutions. Real Results.

QUESTIONS? Call BCC's Customer Service Call Center at 800-685-6100 or email CustomerSupport@BenXcel.com