

DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/2017 - 12/31/2017

COVERAGE	DELTA DENTAL	CIGNA DHMO
Individual	\$ 35.64	\$ 11.18
Parent/Child	\$ 55.09	\$ 25.07
Husband/Wife	\$ 76.86	\$ 19.00
Family	\$ 102.28	\$ 35.29

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/2017 - 12/31/2017

COVERAGE	VSP VISION
Individual	\$ 6.60
Parent/Child	\$ 8.99
Husband/Wife	\$ 13.21
Family	\$ 16.79