

DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/20 - 12/31/20

<i>Increase</i>	<i>0.0%</i>	<i>No change - 0%</i>
COVERAGE	DELTA DENTAL	CIGNA DHMO
Individual	\$ 36.69	\$ 11.66
Parent/Child(ren)	\$ 56.72	\$ 26.15
Husband/Wife	\$ 79.13	\$ 19.82
Family	\$ 105.30	\$ 36.81

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/20 - 12/31/20

<i>Increase</i>	<i>0.0%</i>
COVERAGE	VSP VISION
Individual	\$ 6.84
Parent/Child(ren)	\$ 9.32
Husband/Wife	\$ 13.70
Family	\$ 17.40