

**DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/25 - 12/31/25***1.5% Increase to Cigna**3% Increase to Aetna*

<b>COVERAGE</b>	<b>CIGNA DPPO</b>	<b>Aetna DHMO</b>
Individual	\$ 41.78	\$ 12.35
Parent/Child(ren)	\$ 67.59	\$ 27.71
Employee/Spouse	\$ 96.35	\$ 21.00
Family	\$ 130.03	\$ 38.99

**VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/25 - 12/31/25***1.6% Decrease to VSP*

<b>COVERAGE</b>	<b>VSP VISION</b>
Individual	\$ 6.78
Parent/Child(ren)	\$ 9.22
Employee/Spouse	\$ 13.57
Family	\$ 17.20