

DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/18 - 12/31/18

Increase

4.1%

COVERAGE	DELTA DENTAL	CIGNA DHMO
Individual	\$ 37.10	\$ 11.66
Parent/Child	\$ 57.35	\$ 26.15
Husband/Wife	\$ 80.01	\$ 19.82
Family	\$ 106.47	\$ 36.81

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/18 - 12/31/18

Increase

2.6%

COVERAGE	VSP VISION
Individual	\$ 6.77
Parent/Child	\$ 9.23
Husband/Wife	\$ 13.56
Family	\$ 17.23