

**DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/21 - 12/31/21**

	<i>Decrease</i>	<i>-4.8%</i>	<i>-3.1%</i>
<b>COVERAGE</b>		<b>CIGNA DPPO</b>	<b>Aetna DHMO</b>
Individual	\$	34.93	\$ 11.30
Parent/Child(ren)	\$	54.00	\$ 25.35
Husband/Wife	\$	75.33	\$ 19.21
Family	\$	100.25	\$ 35.67

**VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/21 - 12/31/21**

	<i>Increase</i>	<i>1.9%</i>
<b>COVERAGE</b>		<b>VSP VISION</b>
Individual	\$	6.97
Parent/Child(ren)	\$	9.50
Husband/Wife	\$	13.96
Family	\$	17.73