

DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/22 - 12/31/22*17.4% Increase to Cigna**0% Increase to Aetna*

COVERAGE	CIGNA DPPO	Aetna DHMO
Retiree	\$ 36.39	\$ 11.33
Retiree/Child(ren)	\$ 58.88	\$ 25.33
Retiree/Spouse	\$ 83.92	\$ 19.25
Family	\$ 113.27	\$ 35.67

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/22 - 12/31/22*0.7% Increase to VSP*

COVERAGE	VSP VISION
Retiree	\$ 7.05
Retiree/Child(ren)	\$ 9.57
Retiree/Spouse	\$ 14.10
Family	\$ 17.88