

DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/23 - 12/31/23

COVERAGE	CIGNA DPPO	Aetna DHMO
Individual	\$ 38.57	\$ 11.64
Parent/Child(ren)	\$ 62.40	\$ 19.79
Employee/Spouse	\$ 88.94	\$ 26.11
Family	\$ 120.04	\$ 36.74

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/23 - 12/31/23

COVERAGE	VSP VISION
Individual	\$ 6.78
Parent/Child(ren)	\$ 9.21
Employee/Spouse	\$ 13.57
Family	\$ 17.20