

DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/24 - 12/31/24

COVERAGE	CIGNA DPPO	Aetna DHMO
Individual	\$ 41.15	\$ 11.99
Parent/Child(ren)	\$ 66.58	\$ 26.90
Employee/Spouse	\$ 94.90	\$ 20.39
Family	\$ 128.08	\$ 37.85

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/24 - 12/31/24

COVERAGE	VSP VISION
Individual	\$ 6.89
Parent/Child(ren)	\$ 9.37
Employee/Spouse	\$ 13.79
Family	\$ 17.49