DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/26 - 12/31/26

COVERAGE	CIGNA DPPO	Aetna DHMO
Individual	$ 43.85	$ 11.72
Parent/Child(ren)	$ 70.93	$ 26.29
Employee/Spouse	$ 101.11	$ 19.93
Family	$ 136.46	$ 36.99

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/26 - 12/31/26

COVERAGE	VSP VISION
Individual	$ 6.72
Parent/Child(ren)	$ 9.14
Employee/Spouse	$ 13.45
Family	$ 17.04