DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/27 - 12/31/27

1.5% Increase to Cigna *0.0% Change to Aetna*

COVERAGE	CIGNA DPPO	Aetna DHMO
Individual	$ 44.52	$ 11.72
Parent/Child(ren)	$ 72.02	$ 26.29
Employee/Spouse	$ 102.66	$ 19.93
Family	$ 138.56	$ 36.99

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/27 - 12/31/27

1.6% Decrease to VSP

COVERAGE	VSP VISION
Individual	$ 6.61
Parent/Child(ren)	$ 8.99
Employee/Spouse	$ 13.23
Family	$ 16.77