

DENTAL INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/19 - 12/31/19

	<i>Decrease</i>	<i>-1.1%</i>	<i>No change - 0%</i>
COVERAGE	DELTA	DENTAL	CIGNA
			DHMO
Individual	\$	36.69	\$ 11.66
Parent/Child(ren)	\$	56.72	\$ 26.15
Husband/Wife	\$	79.13	\$ 19.82
Family	\$	105.30	\$ 36.81

VISION INSURANCE PLANS - RETIREE MONTHLY PREMIUM COSTS 1/1/19 - 12/31/19

	<i>Increase</i>	<i>1.0%</i>
COVERAGE	VSP	VISION
Individual	\$	6.84
Parent/Child(ren)	\$	9.32
Husband/Wife	\$	13.70
Family	\$	17.40