

Cigna Medical, Dental & Vision Monthly Insurance Premiums for 2022

Cigna Medical Insurance Monthly Premiums

| Coverage Level | Service Date prior to 7/01/92 15% of premium | Service Date between 7/01/92 - 7/31/08 with 25 years of service 45% of premium | Service Date between 7/01/92 - 7/31/08 50% of premium | Service date on/after 8/01/08 75% of premium | OR retirement date after 7/1/21 and age 65 or greater with between 5-9.99 years of service 80% of premium |
|------------------|--|---|--|---|--|
| Individual | OAP In-Network \$124.18 Open Access Plus \$282.53 | OAP In-Network \$372.53 | OAP In-Network \$413.93 Open Access Plus \$493.10 | OAP In-Network \$620.89 | OAP In-Network \$662.28 |
| Ret + Spouse | OAP In-Network \$247.35 Open Access Plus \$555.91 | OAP In-Network \$742.06 | OAP In-Network \$824.51 Open Access Plus \$978.79 | OAP In-Network \$1,236.77 | OAP In-Network \$1,319.22 |
| Ret + Child(ren) | OAP In-Network \$227.59 Open Access Plus \$512.09 | OAP In-Network \$682.78 | OAP In-Network \$758.64 Open Access Plus \$900.89 | OAP In-Network \$1,137.96 | OAP In-Network \$1,213.82 |
| Family | OAP In-Network \$363.14 Open Access Plus \$813.01 | OAP In-Network \$1089.43 | OAP In-Network \$1,210.48 Open Access Plus \$1,435.42 | OAP In-Network \$1,815.72 | OAP In-Network \$1,936.77 |

Cigna True Choice Medicare Plan Monthly Premiums (Full Amount Per Person \$255.56)

| Coverage Level | Service Date prior to 7/01/92 15% of premium | Service Date between 7/01/92 - 7/31/08 with 25 years of service 45% of premium | Service Date between 7/01/92 - 7/31/08 50% of premium | Service date on/after 8/01/08 75% of premium | Age 65 or greater with at least 5 years of service 80% of premium |
|----------------|---|---|--|---|--|
| Individual | \$38.33 | \$115.00 | \$127.78 | \$191.67 | \$204.45 |

Cigna Dental Insurance Monthly Premiums

| Coverage Level | Dental HMO | Basic Dental PPO | Enhanced Dental PPO |
|------------------|------------|------------------|---------------------|
| Individual | \$10.03 | \$28.36 | \$40.48 |
| Ret + Spouse | \$20.09 | \$62.09 | \$88.65 |
| Ret + Child(ren) | \$25.15 | \$45.35 | \$64.76 |
| Family | \$33.39 | \$82.16 | \$117.36 |

VSP Vision Insurance Monthly Premiums

| Coverage Level | VSP Vision |
|------------------|------------|
| Individual | \$5.76 |
| Ret + Spouse | \$11.54 |
| Ret + Child(ren) | \$12.34 |
| Family | \$19.72 |