# CIGNA DENTAL/VSP VISION PAYMENT SCHEDULE

(IN ADVANCE)

Make Check/Money Order Payable to: TWU Local 100 Retirees' Association

# The **DENTAL premiums** for 3 months are:

#### HMO:

MEMBER: \$54 MEMBER + 1: \$126 MEMBER 2+: \$150

PPO:

MEMBER: \$135 MEMBER +1: \$240 MEMBER 2+ : \$330

# The **DENTAL** premiums for 6 months are:

#### HMO:

MEMBER: \$108 MEMBER + 1: \$252 MEMBER 2 +: \$300

PPO:

MEMBER: \$270 MEMBER +1: \$480 MEMBER 2+: \$660

## If you choose to pay for the VISION, the 3-month premium costs are:

MEMBER: \$48 MEMBER + 1: \$90 MEMBER + 2 more: \$135

## 6-month vision premium costs are:

MEMBER: \$96 MEMBER + 1: \$180 MEMBER + 2 more: \$27