Retiree Delta Dental and Vision Service Plan (VSP)

Effective Jan. 1, 2026, monthly premiums for the Delta Dental and Vision Service Plan (VSP) are listed below. These rates apply to the coverage period of Jan. 1 through Dec. 31, 2026.

Benefit Plan Rates, Jan. 1 – Dec. 31, 2026

Plan	Subscriber Only	Subscriber + One	Subscriber + Family
Delta Dental (only)	$53.95	$108.07	$144.93
VSP (only)	$7.36	$10.48	$18.19
Delta Dental & VSP	$61.31	$118.55	$163.12