

# Cost of Coverage

## 2026 Medical, Dental and Vision Plans

The cost of coverage for medical, dental and vision plans for the 2026 Plan Year are listed below. The rate shown is the amount you will be required to pay each month for one person, two person and/or family coverage. Payment for your coverage will be automatically deducted from your monthly pension check. All rates are effective January 1st through December 31, 2026.

Medicare Advantage Plan Options	One Person	Two Person
BCBSM Medicare Plus Blue Group PPO (available anywhere in the U.S.A.)	\$10.02	\$20.04
Humana Group Medicare Advantage PPO (available anywhere in the U.S.A.)	\$0.00	\$0.00
BCN Advantage HMO-POS (available in Michigan only)	\$49.04	\$98.08
HAP Senior Plus HMO (available in Michigan only)	\$0.00	\$0.00
Priority Health HMO (available in Michigan only)	\$0.00	\$0.00

**\*\* Please Note Change in Premium Amounts \*\***

Dental Plan Options	One Person	Two Person	Family
Blue Cross Blue Shield Dental PPO	\$30.42	\$60.84	\$91.26
Delta Dental High Plan PPO	\$33.31	\$64.93	\$115.49
Delta Dental Low Plan PPO	\$27.56	\$53.31	\$93.17
DENCAP Dental HMO *MI Only, \$10 Office Visit Co-Pay	\$23.65	\$40.40	\$60.35

**\*\* Please Note Change in Premium Amounts \*\***

Vision Plan Options	One Person	Two Person	Family
Heritage Vision Standard Plan	\$6.46	\$6.46	\$6.46
Heritage Vision National Plan	\$6.61	\$13.18	\$13.18
Vision Service Plan (VSP)	\$5.98	\$11.94	\$19.24

**Note:** If you choose to enroll in a dental or vision plan in the 2026 calendar year and decide to terminate coverage anytime in the same year, you will not be eligible to re-enroll in dental or vision coverage until the 2028 open enrollment period.