

SEIU Vision and Dental Rates (Optional Coverage)				
VSP & ADN				
Premiums are collected in 24 pay periods				
	Monthly Premium	Annual Premium	Employee per Pay Period	
Vision (VSP)				
Single	\$10.98	\$131.76	\$6.27	
Double	\$16.76	\$201.12	\$9.58	
Family	\$30.05	\$360.60	\$17.17	
Dental (ADN)				
Single	\$6.35	\$76.20	\$3.63	
Double	\$6.35	\$76.20	\$3.63	
Family	\$6.35	\$76.20	\$3.63	