

S^D Associates LLC

Behavioral Services Assessment, Consultation, Training and Direct Service
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2018 Rates for Vision and Dental Insurance

Vision Rates: VSP VACE

VSP Vision	Monthly	Deduction Per Pay Period
Single:	\$12.00	\$6.00
Two People:	\$19.00	\$9.50
Three + People:	\$29.00	\$14.50

Dental Rates: Delta Dental through VACE

PPO Plus Premier	Monthly	Deduction Per Pay Period	PPO Network	Monthly	Deduction Per Pay Period
Single:	49	\$24.50	Single:	\$39	\$19.50
Two People:	89	\$44.50	Two People:	\$69	\$34.50
Three + People:	149	\$74.50	Three + People:	\$109	\$54.50