



Worker Benefits Program

2023 Rates for Dental and Vision Insurance (per person)

	Delta Dental	Vision (Eyemed or VSP)
Worker Only	\$28.86	\$6.16
Worker + Partner	\$57.08	\$11.72
Worker + Child(ren)	\$58.58	\$12.32
Worker + Partner + Child(ren)	\$93.90	\$18.12

Preliminary 2023 Monthly Administrative Fees for Dental and Vision Insurance (per organization)

# Enrollees	Dental Only	Vision Only	Dental and Vision
1-10	\$22	\$12	\$31
11-25	\$30	\$20	\$46
26-50	\$55	\$25	\$78
51+	\$75	\$30	\$102



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