

# Small Group Optional Benefits

Effective January 1, 2022

## Vision Plans

Offered and contracted through Vision Service Plan (VSP)

| Plan Name                    | VSP Plan A | VSP Plan B | VSP Plan C |
|------------------------------|------------|------------|------------|
| Plan ID                      | VA01       | VA02       | VA03       |
| Premium per member per month | \$5.40     | \$6.65     | \$8.31     |

## Dental Plans

Offered and contracted through Delta Dental

| DeltaCare USA Network                |                                      |   |  |
|--------------------------------------|--------------------------------------|---|--|
| California DeltaCare Regions         | Nevada and Sutter counties (partial) | Sacramento, San Joaquin, Santa Cruz, Solano, Stanislaus, Yolo counties, El Dorado, Placer and Sonoma (partial) counties | Alameda, Contra Costa, San Francisco, San Mateo counties, and Santa Clara County (partial) |
| Premium per member per month (adult) | \$21.51                              | \$16.97   | \$15.83  |

## Chiropractic and Acupuncture Plans

Offered and contracted through ACN Group of California, Inc.

| Chiropractic Only            |        |        |        |        |        |        |
|------------------------------|--------|--------|--------|--------|--------|--------|
| Plan ID                      | CA01   | CA02   | CA05   | CA06   | CA09   | CA10   |
| Max visits per year          | 20     | 30     | 20     | 30     | 20     | 30     |
| Copayment per visit          | \$20   | \$20   | \$15   | \$15   | \$10   | \$10   |
| Premium per member per month | \$1.43 | \$1.63 | \$1.74 | \$1.97 | \$2.14 | \$2.46 |

| Acupuncture Only             |        |        |        |        |        |        |
|------------------------------|--------|--------|--------|--------|--------|--------|
| Plan ID                      | AA01   | AA02   | AA05   | AA06   | AA09   | AA10   |
| Max visits per year          | 20     | 30     | 20     | 30     | 20     | 30     |
| Copayment per visit          | \$20   | \$20   | \$15   | \$15   | \$10   | \$10   |
| Premium per member per month | \$1.33 | \$1.50 | \$1.54 | \$1.74 | \$1.82 | \$2.07 |

| Chiropractic and Acupuncture |        |        |           |        |        |           |        |        |           |
|------------------------------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----------|
| Plan ID                      | XA01   | XA02   | XA04      | XA05   | XA06   | XA08      | XA09   | XA10   | XA12      |
| Max visits per year          | 20     | 30     | Unlimited | 20     | 30     | Unlimited | 20     | 30     | Unlimited |
| Copayment per visit          | \$20   | \$20   | \$20      | \$15   | \$15   | \$15      | \$10   | \$10   | \$10      |
| Premium per member per month | \$2.20 | \$2.51 | \$2.88    | \$2.69 | \$3.06 | \$3.52    | \$3.30 | \$3.76 | \$4.33    |