

# Small Group Optional Benefits

Effective January 1, 2024

## 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	\$1.57	\$1.85	\$2.23

## 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	\$1.44	\$1.64	\$1.78	\$1.99	\$2.18	\$2.50

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	\$1.35	\$1.53	\$1.57	\$1.78	\$1.84	\$2.11

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	\$2.23	\$2.56	\$2.94	\$2.74	\$3.12	\$3.59	\$3.35	\$3.84	\$4.40