

# 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    |



Member Services 855-315-5800  
Visit [sutterhealthplus.org](https://sutterhealthplus.org)

