

WHA Optional Rider Rates – Small Group

Effective Date: 01.01.18

- Optional riders are available on all small group plans.
- Optional rider plans will renew with group's WHA medical plan.
- When an optional rider is elected by a group, all WHA enrollees (adult-only enrollees for dental) will be concurrently enrolled in the benefit plan rider.
- **Note:** Copayments for optional rider services do not contribute to the medical out-of-pocket maximum.

Add one or more of these optional riders, where they are available, to customize your benefits package.

Infertility

- Available to groups with 20+ eligible employees.
- 50% benefit on services, supplies and medication; subject to limitations.

INFERTILITY RIDER	
Infertility Services	\$12.50 per member per month

Vision Plans – Adult and Children

Underwritten and administered by MES Vision

- Vision plans available to groups with 2+ enrolled.
- Employers choose from a full service or an eyewear-only plan with \$0 or \$10 copayment options:
 - **Full Service Plan:** Includes an annual comprehensive vision exam with a MES Vision provider and material coverage of either frames and lenses or contact lenses every 24 months.
 - **Eyewear Only Plan:** Includes material coverage of either frames and lenses or contact lenses every 24 months.

VISION PLANS	FULL SERVICE \$0 Copayment	FULL SERVICE \$10 Copayment	EYEWEAR ONLY \$0 Copayment	EYEWEAR ONLY \$10 Copayment
Employee Only	7.60	7.12	5.09	4.77
Employee & Spouse	13.68	12.82	9.16	8.59
Employee & Child(ren)	13.40	12.55	8.97	8.41
Employee & Family	19.61	18.37	13.13	12.31

Dental Plans – Adult only

Underwritten and administered by Delta Dental of California

- Adult members 19 and over are enrolled in the dental rider; WHA members under 19 years of age have the pediatric dental benefits included in the medical plan.
- Employers choose from a DHMO or PPO option:
 - **DeltaCare® USA DMHO Plan:** Provides quality dental benefits at an affordable cost in an easy-to-use plan.
 - **Delta Dental PPOSM Plan:** Offers the flexibility to see any dentist—choose from a Delta Dental Premier, Delta Dental PPO or a non-network provider.

DENTAL PLANS	DeltaCare USA	Delta Dental PPO
Adult Enrollee Only	\$15.32 per member per month	\$65.27 per member per month

