

CoPower ONE™ Best

Plan Highlights: DeltaCare® USA

The Easiest Way to Have Dental, Vision, and Life

Delta Care® USA

- DeltaCare USA is a prepaid plan that features:
 - set copayments
 - no annual deductibles
 - no maximums for covered benefits
- Members and their dependents must select a primary care dentist in the DeltaCare USA network from whom to receive treatment

VSP

- Care from VSP doctors who are qualified to detect problems and signs of health conditions, such as diabetes and high blood pressure, through WellVision Exams®
- Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed

Unum

- Group term life benefits include Accidental Death & Dismemberment (AD&D)
- Available with conversion and portability options

| DeltaCare USA Plan 13B | | | |
|---|--|------------------------|--------------------|
| Sample Benefits | Sample Procedure | Code | CoPay |
| Calendar Year Deductible | | N/A | None |
| Calendar Year Maximum | | N/A | None |
| Diagnostic and Preventive (D&P) Services | Intraoral—complete series (including bitewings) | D0210 | No Cost |
| Basic Restorative | Fillings (amalgam filling-one surface) | D2140 | No Cost |
| Periodontics | Scaling & root planing—four or more teeth per quadrant | D4341 | \$50 |
| Endodontics | Root canal—anterior (excluding final restoration) Root canal—molar (excluding final restoration) | D3310 D3330 | \$95 \$335 |
| Oral Surgery | Extraction—erupted tooth Removal of impacted tooth—completely bony | D7140 D7240 | \$5 \$95 |
| Restorative | Crown—full cast high noble metal Crown—porcelain fused with high noble meta | D2790 D2750 | \$355 \$355 |
| Prosthodontics | Complete denture—maxillary Maxillary partial denture—resin base (including any conventional clasps, rests and teeth) | D5110 D5211 | \$285 \$245 |
| Orthodontics | Child—Comprehensive orthodontic treatment of the transitional dentition (child or adolescent to age 19) Adult—Comprehensive orthodontic treatment of the adult dentition (adults, including covered dependent adult children) | D8070 D8090 | \$1,900 \$2,100 |
| Vision | VSP Choice Network | | |
| Annual Copayment | \$10 exam/\$25 prescription glasses | | |
| Eye Exam | Covered after copayment | Reimbursed up to \$45 | |
| Single-Vision Lenses | Covered in full | Reimbursed up to \$30 | |
| Bifocal Lenses | Covered in full | Reimbursed up to \$50 | |
| Trifocal Lenses | Covered in full | Reimbursed up to \$65 | |
| Frames | \$175 allowance | Reimbursed up to \$70 | |
| Contact Lenses | \$175 allowance | Reimbursed up to \$105 | |
| Frequency | | | |
| Eye Exam | 12 months | | |
| Lenses | 12 months | | |
| Frames | 12 months | | |
| Contact Lenses (in lieu of lenses and a frame) | 12 months | | |
| Life | Unum Basic Group Term Life with AD&D | | |
| Policy | \$25,000 policy | | |
| Age Reduction Schedule | 65% at age 70 50% at age 75 | | |

* The benefit information contained herein is summary in nature. It does not include all services, limitations or exclusions. Please refer to the carrier's Evidence of Coverage or Certificate of Insurance documents for terms and conditions of coverage. While the information provided in this guide is believed to be accurate as of the print date, it is subject to change without notice. For the most up-to-date information, contact CoPower.

Delta Dental Contact Information

Customer Service

T: 800.422.4234

Monday through Friday,
8AM to 9PM ET

Provider Search/Directory, Claims, Benefits, Eligibility:

T: 888.335.8227

www.deltadentalins.com

- Select 'DeltaCare USA Network'

When covered by a DeltaCare USA plan, you:

- Won't be subject to annual deductibles or maximums
- Will know in advance what out-of-pocket costs will be
- Won't be subject to restrictions on pre-existing conditions, except for work in progress
- Will receive a plan in which all listed procedures are covered with set fixed copayments

VSP Contact Information

Customer Service:

T: 800.877.7195

Monday through Friday,
8AM to 9PM, ET
Saturday & Sunday
10AM to 8PM, ET

Provider Search/Directory:

www.vsp.com

- Select 'Choice Network'

Using the DeltaCare® USA Plan

By covering many services at little or no cost to you, DeltaCare USA encourages regular preventive dental visits. You also enjoy great features including out-of-area emergency coverage, an orthodontic treatment in progress provision and expanded business hours for toll-free customer service.

Know the Name and Location of a DeltaCare USA Dentist

DeltaCare USA dentists undergo a comprehensive credentialing process to ensure they meet high-quality standards. You must visit your selected DeltaCare USA dentist to receive benefits under the DeltaCare USA plan. If you change your dentist by the 21st of the month, the change will be effective on the first day of the following month.

How the Plan Works

Following enrollment in DeltaCare USA, you will receive an ID card and a plan booklet. The booklet contains a complete list of the procedures and copayments that are covered for the DeltaCare USA plan, as well as plan limitations and exclusions. Delta Dental will also include in the packet the name, address, and phone number of your DeltaCare USA dentist. You simply call the dental office to make an appointment.

Orthodontic Treatment in Progress

Following enrollment in DeltaCare USA, you will receive an ID card and a plan booklet. The booklet contains a complete list of the procedures and copayments that are covered for the DeltaCare USA plan, as well as plan limitations and exclusions. Delta Dental will also include in the packet the name, address, and phone number of your DeltaCare USA dentist. You simply call the dental office to make an appointment.

Vision Coverage: VSP

Your VSP benefit offers you the best in eyecare and eyewear. You get personalized care from your VSP doctor who focuses on keeping you and your eyes healthy year after year.

Additional Vision Benefits You Receive:

VSP LightCare™: \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.

Essential Medical Eye Care

- Retinal imaging for members with diabetes covered-in-full
- Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.
- Coordination with your medical coverage may apply. Ask your VSP network doctor for details.

Glasses and Sunglasses

- Discover all current eyewear offers and savings at vsp.com/offers.
- 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.

Laser Vision Correction

- Average of 15% off the regular price; discounts available at contracted facilities.

Exclusive Member Extras for VSP Members

- Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
- Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details.
- Enjoy everyday savings on health, wellness, and more with VSP Simple Values

VSP's Participating Retail Chains – Access to thousands of nationwide retail locations such as Costco Optical. Members can enjoy a covered-in-full benefit experience with equivalent benefits at any of the participating retail chain location

Using your VSP Benefit Is Easy:

- Find the right provider for you by visiting www.vsp.com and selecting the Choice network or calling 800.877.7195
- Review your benefit information before your scheduled appointment
- Tell your provider you have VSP coverage. No ID card is necessary

Basic Life Coverage: Unum

With Unum and CoPower ONE's group term life insurance, you get the peace of mind and protection you and your family deserve.

It is even portable—it gives you coverage you can keep if you ever leave your employer.

Value-Added Coverage and Services:

- **Accidental Death and Dismemberment (AD&D)**

This coverage provides additional benefits to you or your beneficiary in the event of a fatal accident or an accident that results in the loss of eyesight, speech, hearing or a limb.

- 100% benefit for loss of life or dismemberment; loss of sight, speech, and hearing; quadriplegia
- 75% benefit for triplegia or paraplegia
- 50% benefit for loss of one hand or foot, sight of one eye, speech or hearing
- 25% benefit for loss of thumb and index finger on the same hand, uniplegia
- Education benefit for the insured's qualified unmarried children
- Repatriation benefit
- Exposure and disappearance benefit
- Seatbelt and airbag benefit

CoPower VANTAGE

CoPower VANTAGE is a portfolio of value-add services, available free of cost to all CoPower members!



Discount Rx Card

FREE discount prescription card to members with up to 75% discounts on prescription drugs (discounts average roughly 30%.) Honored at more than 56,000 pharmacies!



BenefitHub

Stretch your paychecks with money-saving offers and exclusive discounts. Members enjoy savings on dining, theme parks, shopping and a host of other services.

Includes discounts on:

- Amusement parks
- Direct TV
- Legal Zoom
- Restaurant Gift Cards
- Hotel Deals
- Car Rental & Airfare

To learn more on how you can take advantage of these free services and offerings, visit www.copower.com/our-products/copower-vantage

Unum Contact Information

Claim Information

T: 800.445.0402

www.unum.com

Benefits and Eligibility

T: 800.421.0344

Value-Added Coverage and Services Contact Information

AD&D

T: 800.421.0344

DeltaCare® USA is underwritten by Delta Dental of New York; VSP Choice is underwritten by VSP; and Unum Basic Group Term Life is underwritten by Unum Life Insurance Company of America. These companies are financially responsible for their own products.

While the information provided in this guide is believed to be accurate as of the print date, it is subject to change without notice. For the most up-to-date rates and information, contact CoPower.

The benefit information contained in this booklet is summary in nature. It does not include all services, limitations, or exclusions. Please refer to the carrier's Evidence of Coverage or Certificate of Insurance documents for terms and conditions of coverage.

Plan Administration:

For plan coverage, benefits, or eligibility, contact a CoPower Customer Success Representative Monday through Friday, 8:00 am to 5:00 pm PST.

T: 888.920.2322

E: copower.requests@amwins.com

www.copower.com