

# CoPower ONE™ Voluntary

## Plan Highlights

### The Easiest Way to Have Dental, Vision, and Life

#### Delta Dental

- Offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Four out of five dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists

#### 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

COPOWER ONE VOLUNTARY	In-network Delta Dental PPO Dentists	Out-of-network Delta Dental Premier & Non-Delta Dental Dentists
<b>Dental</b>	<b>Delta Dental PPO</b>	
<b>Reimbursement Basis</b>	All dentists (in- and out-of-network) are reimbursed at the lesser of the submitted charge or the PPO provider allowed fee	
<b>Calendar Year Max</b>	\$1,500	\$1,250
<b>Deductible</b>	\$50 For D&P: Waived	\$75 For D&P: Not Waived
	<b>First 12 months</b>	
<b>Diagnostic and Preventive (D&amp;P) Services</b>	100%	80%
<b>Sealants, Simple Restorations &amp; Simple Extractions</b>	80%	
	<b>Second 12 months</b>	
<b>Oral Surgery, Endodontics, Periodontics, Major Services</b>	50%	
<b>Orthodontics—Children Only</b>	Not a Benefit	
<b>Vision</b>	<b>VSP Choice Network</b>	
<b>Annual Copayment</b>	\$10 exam/\$25 prescription glasses	
<b>Eye Exam</b>	Covered after copayment	Reimbursed up to \$45
<b>Single-Vision Lenses</b>	Covered in full	Reimbursed up to \$30
<b>Bifocal Lenses</b>	Covered in full	Reimbursed up to \$50
<b>Trifocal Lenses</b>	Covered in full	Reimbursed up to \$65
<b>Standard Progressive Lenses</b>	Covered in full	Reimbursed up to \$50
<b>Frames</b>	\$150 allowance	Reimbursed up to \$70
<b>Contact Lenses</b>	\$150 allowance	Reimbursed up to \$105
<b>Frequency</b>		
Eye Exam	12 months	
Lenses	12 months	
Frames	12 months	
Contact Lenses (in lieu of lenses and a frame)	12 months	

\* As the patient, your share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum, and any services the plan does not cover. If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

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 or your benefits administrator.

## Delta Dental Contact Information

### Member Services/Claims

T: 800.765.6003

Monday through Friday,  
5:00 AM to 5:00 PM, PST

### Provider Search/Directory:

T: 888.335.8227

[www.deltadentalins.com](http://www.deltadentalins.com)

- Select 'PPO Network'

## VSP Contact Information

### Customer Service:

T: 800.877.7195

Monday through Friday,  
5:00 AM to 7:00 PM, PST

### Provider Search/Directory:

[www.vsp.com](http://www.vsp.com)

- Select 'Choice Network'

## Dental Coverage: Delta Dental of California

If you visit a dentist contracted through Delta Dental's expansive PPO network, you will enjoy dentist fee discounts that average 20 to 35 percent. Not only is your calendar year maximum benefit higher, deductibles lower, and basic services covered at a higher percentage, but your annual deductible is waived for diagnostic and preventive services.

Note: Choosing to visit a dentist in the Delta Dental Premier network will result in benefits and claims being processed in the out-of-network tier.

### How the CoPower ONE Voluntary Dental Plan Works:

Example of a Teeth Cleaning Visit After the Deductible (if applicable) Has Been Met			
Dentist Network Status:	Delta Dental PPO Network	Delta Dental Premier Network	Non-contracted Network
Dentist Bills (Submitted Charge)	\$75	\$75	\$75
Fee Agreement with Delta Dental	\$50	\$60	None
Plan Payment	\$50	\$40 (80% of PPO Fee)	\$40
Patient's Share	0	\$20	\$35

### Using your Delta Dental Benefit Is Easy:

You don't need an ID card to access services from your Delta Dental dentist. Just tell the dental office that you are a member of Delta Dental and they will call the carrier to confirm your eligibility.

## 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](http://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](http://vsp.com/offers).
- Save up to 60% on digital hearing aids with TruHearing®. Visit [vsp.com/offers/special-offers/hearing-aids](http://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](http://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



## 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**

# 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](http://www.copower.com/our-products/copower-vantage)

Delta Dental PPO and Delta Dental PPO+Premier are underwritten by Delta Dental of California; VSP Choice is underwritten by VSP. These companies are financially responsible for their own products.

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