

# Pick ONE

CoPower ONE™



Level 1 | Region 1

Affordable, Fixed Price<sup>1</sup> Per Employee Available in:

Delta Dental of New York PPO <sup>SM</sup>	GOOD (2-99)		BETTER (2-99)		BETTER PLUS (2-99)		BEST (2-99)	
	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists
<b>Dental</b>								
<b>Network</b>	Delta Dental PPO <sup>2</sup>		Delta Dental PPO <sup>2</sup>		Delta Dental PPO Plus Premier <sup>3</sup>		Delta Dental PPO Plus Premier <sup>3</sup>	
<b>Calendar Year Max</b> (per patient)	\$1,000	\$750	\$1,500	\$1,250	\$1,500	\$1,250	\$2,000	\$1,500
<b>Calendar Year Deductible</b> (per patient)	• \$50 • D&P: Waived	• \$75 • D&P: Not waived	• \$50 • D&P: Waived	• \$75 • D&P: Not waived	• \$50 • D&P: Waived	• \$75 • D&P: Not waived	• \$50 • D&P: Waived	• \$75 • D&P: Waived
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b>	100%	50%	100%	80%	100%	80%	100%	100%
<b>Basic, Oral Surgery, Endodontics, and Periodontics</b>	80%	50%	80%		80%		80%	
<b>Major Services</b>	50%		50%		50%		50%	
<b>Orthodontics—Children Only</b>	Not available		50% lifetime max \$1,000		50% lifetime max \$1,000		50% lifetime max \$1,000	
<b>Vision</b>								
<b>VSP Choice Network</b>								
<b>Annual Copayment</b>	\$25 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses	
<b>Frames</b>	\$150 allowance	\$70*	\$150 allowance	\$70*	\$150 allowance	\$70*	\$175 allowance	\$70*
<b>Contact Lenses</b>	\$150 allowance	\$105*	\$150 allowance	\$105*	\$150 allowance	\$105*	\$175 allowance	\$105*
<b>Eye Exam</b>	Covered in full after copay	\$45*	Covered in full after copay	\$45*	Covered in full after copay	\$45*	Covered in full after copay	\$45*
<b>Single-vision Lenses</b>		\$30*		\$30*		\$30*		\$30*
<b>Bifocal Lenses</b>		\$50*		\$50*		\$50*		\$50*
<b>Trifocal Lenses</b>		\$65*		\$65*		\$65*		\$65*
<b>Frequency</b>								
<b>Eye Exam</b>	12 months		12 months		12 months		12 months	
<b>Lenses</b>	24 months		12 months		12 months		12 months	
<b>Frames</b>	24 months		24 months		24 months		12 months	
<b>Contact Lenses (in lieu of lenses)</b>	24 months		12 months		12 months		12 months	
<b>Life</b>								
<b>Unum Basic Group Term Life with AD&amp;D</b>								
<b>Policy</b>	\$15,000		\$20,000		\$20,000		\$25,000	

**ZIP Code Regions**

**Region 1:**  
This region includes ZIP Codes: 100–102

	EE	EE+1	EE+2	EE	EE+1	EE+2	EE	EE+1	EE+2	EE	EE+1	EE+2
<b>(2-9)</b>	\$41.50	\$78	\$108.50	\$51.50	\$98.50	\$142.50	\$57.50	\$110.50	\$160	\$66	\$126	\$182.50
<b>(10-49)</b>	\$38	\$72	\$101.50	\$47	\$91.50	\$133.50	\$52	\$103	\$150	\$60	\$117	\$171
<b>(50-99)</b>	\$35.50	\$67.50	\$95.50	\$43.50	\$85.50	\$125.50	\$48.50	\$96	\$141	\$55.50	\$109	\$161

Underwritten by Premier Carriers:



Dental

Vision

Life

To learn more about CoPower ONE, contact:

Agent / Sales Representative Name:

Agency Name:

Email:

Phone:

<sup>1</sup> Rates may vary based on employer rating region, size, and industry code, and are effective January 1, 2025 through December 31, 2025. While the information and rates provided in this guide are believed to be accurate as of the print date, they are subject to change without notice. Please consult and verify with your broker for the most up-to-date information. DeltaCare® USA bundles are also available.

<sup>2</sup> All dentists (in- and out-of-network) are reimbursed at the lesser of the submitted charge or the Delta Dental PPO provider contracted fee.

<sup>3</sup> Delta Dental PPO dentists are reimbursed at the lesser of the submitted charge or the PPO provider's contracted fee. Delta Dental Premier dentists are reimbursed at the lesser of the submitted charge or the Premier provider's contracted fee. Non-contracted dentists are reimbursed at the lesser of the submitted charge or the plan contract allowance.

\* Reimbursed up to.

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