

CoPower SELECT™

Summary of Benefits and Rate Guide

For plans effective January 1, 2024

Delta Dental Choice

- 2 Delta Dental Choice Plans
- 3 Program Guidelines
- 4 Choice Rates
- 5 Eligible and Ineligible Industries
- 6-7 Limitations and Exclusions
- 8 Enrollment Checklist



Benefits Made Easy

copower.com



Delta Dental is a registered mark of Delta Dental Plans Association

Delta Dental

We are pleased to offer Delta Dental of California (DDC) Choice plans, underwritten by DDC and marketed and sold only through CoPower.

Choice Premier & PPO Plans

- No excluded industries
- The calendar year deductible maxes at \$75 per family for the Premier/PPO plans
- Statewide rates

CHOICE PREMIER & PPO PLANS	Premier	PPO	
Summary of Benefits ¹	In-network & Out-of-network	In-network	Out-of-network
Calendar Year Deductible (Deductible waived for D&P)	\$25 individual \$75 family	\$25 individual \$75 family	
Calendar Year Maximum per Patient (Select one)	\$1,000 or \$1,500 or \$2,000	\$1,000 or \$1,500 or \$2,000	
Diagnostic & Preventive (D&P) Services			
Oral exams (two per calendar year)	100%	100%	50%
Bitewing x-rays	100%	100%	50%
Cleaning (two per calendar year)	100%	100%	50%
One additional cleaning for pregnant women ²	100%	100%	50%
Basic Services & Oral Surgery			
Amalgam fillings primary or permanent teeth	80%	80%	50%
Removal of impacted tooth, soft tissue	80%	80%	50%
Endodontics & Periodontics			
Pulpal therapy, root canal therapy	80%	80%	50%
Treatment to the gums and supporting structures of the teeth	80%	80%	50%
Major Services			
Crowns, jackets, cast restorations	50%	50%	
Prosthetic services (dentures and bridges)	50%	50%	
Implants			
Orthodontics 10+ enrolled child only (optional)	50% \$1,000 lifetime max/patient	50% \$1,000 lifetime max/patient	
Reimbursement Basis	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 fee that satisfies a majority of dentists with the same training and geographical area	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 fee that satisfies the majority of dentists with the same training and geographical area	

Choice DeltaCare® USA Plans

- No annual deductibles
- No maximums for covered
- Set copayments

CHOICE DELTACARE® USA PLANS	Procedure Code ⁴	Plan 10B
Sample Procedures ³		
Calendar Year Deductible per Patient	N/A	None
Calendar Year Maximum per Patient	N/A	None
Diagnostic & Preventive (D&P) Services		
Intraoral—complete series (including bitewings)	D0210	\$0
Basic Restorative		
Fillings (amalgam filling-one surface)	D2140	\$0
Periodontics		
Scaling & root planing—four or more teeth per quadrant	D4341	\$0
Endodontics		
Root canal—anterior (excluding final restoration)	D3310	\$45
Root canal—molar (excluding final restoration)	D3330	\$205
Oral Surgery		
Extraction—erupted tooth	D7140	\$0
Removal of impacted tooth—completely bony	D7240	\$70
Restorative		
Crown—full cast high noble metal	D2790	\$95
Crown—porcelain fused with high noble metal	D2750	\$195
Prosthetic services		
Complete denture—maxillary	D5110	\$100
Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	D5211	\$80
Orthodontics		
Child—Comprehensive orthodontic treatment of the transitional dentition (child or adolescent to age 19)	D8070	\$1,700
Adult—Comprehensive orthodontic treatment of the adult dentition (adults, including covered dependent adult children)	D8090	\$1,900

¹ Subject to Limitations and Exclusions shown on pages 6-7.

² If the enrollee is pregnant, Delta Dental will pay for the following additional services per calendar year: one additional oral evaluation and either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant.

³ Subject to the Limitations and Exclusions shown on page 7. See DeltaCare® USA Description of Benefits and Copayments available with CoPower for a complete list of procedures covered.

⁴ (2010-2011) Current Dental Terminology codes under copyright by the American Dental Association (ADA).

Program Guidelines

PROGRAMS GUIDELINE	Delta Dental PPO & Premier Plans Choice	DeltaCare® USA Plan 10B
Group Size	5–99 employees	5–99 employees
Group Eligibility	Groups currently enrolled with Delta Dental are not eligible for administration through CoPower.	
Eligible Employee	Full-time, permanent employees as defined by employer	
Employer Contribution	100% of the employees premium; 50% of dependent premium	
Employer Enrollment Participation Requirements	100% of all eligible employees; no minimum for dependents	If the employer contributes 100% of the employee premium all employees must enroll
Eligible Employee/Dependent Enrollment	100% Employer Paid: All employees must be enrolled following completion of the employer's eligibility period	
Initial Rate Guarantee	12 Months	
Industry Loads	Industry loads apply-see page 5. No ineligible industries.	All industries are eligible except law firms, associations, groups with seasonal employment, groups without an employee/employer relationship, and businesses with a high turnover ¹
Waiting Period for Services	None	
Out-of-State	None	Services must be rendered in the state where the contract is issued
Administrative Fees	None	
Eligible Dependents	<ul style="list-style-type: none"> • Legal spouse or domestic partner (if offered by group) • Children to age 26 	
Carve-outs	Not available	
1099 Employees	Contract employees are not eligible.	
Product Combinations	<ul style="list-style-type: none"> • Groups cannot offer PPO, Premier, or DeltaCare USA dual choice with another carrier • Employer contribution for employee and dependent coverage must be identical for both plans • Choice plans require a minimum enrollment of 10 eligible employees (at least three enrolled in one plan and the balance in the other) • Plan 10B may be offered in conjunction with the Choice Premier or PPO plans as a dual option 	
Retiree Coverage	Dental coverage for retirees is available in conjunction with an active employee plan provided there is no break in coverage and the employer contribution is identical for both active employees and retirees. Coverage must be available to all retirees, not just a select few	
Orthodontia	An option available to groups with 10+ primary enrollees and only available to dependent children up to age 26	Automatically included for groups of 5+ primary enrollees. Included for adults and children up to age 26
Existing Delta Dental Groups	Existing Delta Dental and DeltaCare groups are not allowed to transfer into these programs	
Open Enrollment	Dual choice groups only: Employees may change coverage at anniversary	
Waiving Coverage	Coverage can be waived for: <ul style="list-style-type: none"> • Employees and/or dependents with coverage elsewhere • Not available if the employer pays 100% of the employee and/or dependent premium 	
Terminations	<ul style="list-style-type: none"> • Dental coverage will end on the last day of the month when primary enrollee is no longer eligible for coverage • Dependent coverage will end at the same time as the primary enrollee or when the dependent is no longer eligible 	
Case Submission Deadlines	Varies by month	

¹ A business has "high turnover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.

Choice Rates

For groups of 5-99 eligible employees

Rates for plans effective January 1, 2024

CHOICE RATES					
Plan/Calendar Year Maximum (CYM)	Coverage Tier	No Ortho Level 1	No Ortho Level 2	With Ortho Level 1	With Ortho Level 2
PPO 1000	Employee	\$41.40	\$49.70	\$41.40	\$49.70
	Employee + 1	\$79.20	\$95.00	\$81.10	\$97.40
	Employee + 2 or more	\$130.30	\$156.30	\$146.30	\$175.50
PPO 1500	Employee	\$49.70	\$59.60	\$49.70	\$59.60
	Employee + 1	\$88.20	\$105.80	\$89.90	\$107.80
	Employee + 2 or more	\$136.90	\$164.30	\$151.10	\$181.20
PPO 2000	Employee	\$53.40	\$64.00	\$53.40	\$64.00
	Employee + 1	\$94.50	\$113.30	\$96.30	\$115.50
	Employee + 2 or more	\$144.60	\$173.50	\$159.50	\$191.40
Premier 1000	Employee	\$57.90	\$69.50	\$57.90	\$69.50
	Employee + 1	\$111.00	\$133.20	\$113.00	\$135.70
	Employee + 2 or more	\$182.80	\$219.40	\$200.30	\$240.40
Premier 1500	Employee	\$70.70	\$84.70	\$70.70	\$84.70
	Employee + 1	\$125.40	\$150.40	\$127.20	\$152.60
	Employee + 2 or more	\$194.70	\$233.60	\$210.10	\$252.30
Premier 2000	Employee	\$76.60	\$91.90	\$76.60	\$91.90
	Employee + 1	\$135.50	\$162.60	\$137.50	\$164.90
	Employee + 2 or more	\$207.10	\$248.60	\$223.50	\$268.50

DeltaCare[®] USA Plans

For groups of 5-99 eligible employees

DELTACARE USA RATES	REGION Statewide	
Plan 10B Choice	Employee	\$20.78
	Employee + 1	\$37.75
	Employee +2 or more	\$56.04



DID YOU KNOW?

Approximately 80% of Americans agree that taking care of their mouth, teeth, and gums is absolutely needed.

Yet only one-third of Americans say they do an “excellent” job of taking care of their oral health¹.

Visits to the dentist are more likely and can help to prevent future dental problems.

¹ American Dental Association, Crest and Oral-B Survey, October 2008.

PPO & Premier Plans

Delta Dental Choice SIC Industry List

LEVEL 1	
Eligible Industries	SIC Code(s)
Advertising (except Misc., not classified #7319)	7311-7313
Agriculture, Forestry, and Fishing (except seasonal employees)	0100-0999
Auto Rental Agencies	7513-7519
Automobile Parking Services	7521
Building Maintenance/Equipment Rental	7349-7359
Collection Agencies and Credit Reporting Services	7322-7323
Communication (Radio, Telephone, TV/Radio, and Broadcasting)	4800-4899
Community Services Organizations/Social Services	8300-8499
Computer Programming and other Computer Services	7371-7379
Construction Contractors	1500-1799
Direct Mailing, Reproduction, and Secretarial Services	7331-7338
Disinfecting and Pest Control Services	7342
Electrical Repair (Radio, TV, A/C, and Refrigerator)	7622-7629
Engineering and Management Services	8711-8748
Finance (Banks, Securities, and Credit Agencies)	6000-6299
Funeral Services and Crematories	7261
Furniture Repair/Re-upholstery	7641
Government Funded Groups	8300-8499
Hospitals	8062-8069
Independent Auto Repair and Services	7532-7599

LEVEL 2	
Eligible Industries	SIC Code(s)
Advertising (Miscellaneous, not classified)	7319
Amusement, Recreation, and Entertainment	7800-7999
Associations and Trusts*	8600-8660; 8662-8699
Automobile Dealerships	5511-5599
Beauty and Barber Shops	7231-7241
Dental Offices, Dental Labs, and Medical Labs	8021, 8071, and 8072
Employment Agencies	7361-7363
Groups with high turnover*	Varies
Hotels	7000-7099
Insurance Carriers/Brokers	6300-6499
International Affairs	9721
Jewelry Manufacturing	3911-3915
Legal	8100-8199
Management Carve-outs (regardless of industry)	9999
Medical Groups	8000-8059 8082-8099

LEVEL 1	
Eligible Industries	SIC Code(s)
Laundry/Garment Services and Shoe Repair Services	7211- 7219/7251
Manufacturing (except Jewelry Manufacturing)	2000-2699
Manufacturing (Chemicals, Allied, and Other)	2810-3999
Mining, Oil, and Gas Extraction	1000 -1499
Miscellaneous Computer Services	7379
Miscellaneous Repair (Welding, etc.)	7692-7699
Museums, Art Galleries, and Gardens	8412-8422
News Syndicates	7383
Photofinishing Labs	7384
Printing and Publishing	2700-2799
Public Administration (Cities, Counties, Police, etc.)	9000-9720, 9722-9998
Public and Private Schools (Elementary and High Schools)	8200-8299
Retail	5200-5510, 5610-5699, 5712-5736, 5912-5999
Security Systems, Detectives, and Armored Cars	7381-7382
Transportation	4000-4799
Utilities	4900-4999
Wholesale Trade	5000-5199

LEVEL 2	
Eligible Industries	SIC Code(s)
Miscellaneous Business Services	7389
Miscellaneous Services not classified elsewhere	8999
Partnerships	No SIC
Photographic Studios	7221
Private Households	8811
Professional Employer Organizations (PEO)	7361
Real Estate	6500-6799
Churches (Administration and Management staff only)	8661
Religious Organizations (except Churches 8661)	No SIC
Restaurants	5800-5899
Seasonal Employees (Christmas/Part-time Help)	No SIC
Seasonal Employees (Agriculture)	0761-0783
Tax Return Preparation Services and Miscellaneous Personal Services	7291-7299
Watch, Clock, and Jewelry Repair	7631

* SIC rate level can not change for renewing business. Management and the Administrative staff of Associations and Trusts are eligible under Level two (Use SIC Code 9999) A business has "high turnover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business

Delta Dental Limitations and Exclusions

PPO Limitations and Exclusions

Limitations

1. We pay for two oral exams, including office visits for observation and specialist consultations, or combination of these services each calendar year while you are enrolled under any Delta Dental plan.*
2. Full-mouth x-rays and panoramic x-rays when taken individually, are a benefit once in a five year period while you are enrolled under any Delta Dental plan.
3. Bitewing x-rays are provided on request by the dentist, but no more than twice in a calendar year for children to age 18 or once in a calendar year for adults age 18 and over, while you enrolled under any Delta Dental plan.
4. Diagnostic casts are a benefit only when made in connection with subsequent orthodontic treatment covered under this plan.
5. We pay for two cleanings or a dental procedure that includes a cleaning each calendar year under any Delta Dental plan.*
Routine cleanings are covered as a Diagnostic and Preventive benefit and periodontal cleanings are covered as a periodontal benefit.
6. Periodontal scaling and root planning are limited to one for each quadrant each 24-month period.
7. Fluoride treatments are a benefit twice each calendar year under any Delta Dental plan.
8. Sealant benefits include the application of sealants only to permanent first molars through age eight and second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface. Sealant Benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.
9. Direct composite (resin) restorations are Benefits on anterior teeth and the facial surface of bicuspid. Any other posterior direct composite (resin) the cost of the equivalent amalgam restorations.
10. Crowns, Inlays, Onlays and Cast Restorations are Benefits on the same tooth only once every five years, while you are eligible under any Delta Dental plan, unless Delta Dental determines that replacement is required because the restoration is unsatisfactory as a result of poor quality of care, or because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues since the replacement of the restoration.
11. Prosthodontic appliances and implants received under any Delta Dental plan will be replaced only after five years have passed, unless Delta Dental determines that there has been such an extensive loss of remaining teeth or change in supporting tissues that the existing fixed bridge, partial or complete denture cannot be made satisfactory.
Delta Dental will replace an implant, a prosthodontic appliance or an implant supported prosthesis you received under another dental plan if we determine it is unsatisfactory and cannot be made satisfactory.
We will pay for the removal of an implant once for each tooth during the enrollee's lifetime.
12. Delta Dental will pay its percentage of the dentist's fee for a standard cast chrome or acrylic partial or complete denture. A standard partial or complete denture is one made from accepted materials and by conventional methods.
13. If you select a more expensive plan of treatment than is customarily provided, or specialized techniques, an allowance will be made for the least expensive, professionally acceptable, alternative treatment plan. Delta Dental will pay the applicable percentage of the lesser fee for the customary or standard treatment and you are responsible for the remainder of the dentist's fee.

For example: a crown where an amalgam filling would restore the tooth; or a precision denture where a standard denture would suffice.

14. Orthodontic services may not be covered by your employer.
 - a) If orthodontic treatment begins before you become eligible for coverage, Delta Dental's payments will begin with the first payment due to the dentist following your eligibility date.
 - b) Delta Dental's orthodontics payments will stop when the first payment is due to the dentist following either a loss of eligibility, or if treatment is ended for any reason before it is completed.
 - c) Delta Dental will pay the applicable percentage of the dentist's fee for a standard orthodontic treatment plan involving surgical and/or non-surgical procedures. If the enrollee selects specialized orthodontic appliances or procedures chosen for aesthetic considerations an allowance will be made for the cost of a standard orthodontic treatment plan and the patient is responsible for the remainder of the dentist's fee.
 - d) X-rays and extractions that might be necessary for orthodontic treatment are not covered by orthodontic benefits, but may be covered under diagnostic an preventive or basic benefits.

* If the enrollee is pregnant, Delta Dental will pay for the following additional services per calendar year: one additional oral evaluation and either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the enrollee or the dentist when the claim is submitted.

Exclusions

Delta Dental covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your dentist.

Delta Dental does not provide benefits for:

1. Services for injuries covered by Workers' Compensation or Employer's Liability Laws.
2. Services which are provided to the enrollee by any Federal or State Governmental Agency or are provided without cost to the enrollee by any municipality, county or other political subdivision, except MediCal benefits.
3. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
4. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
5. Any single procedure, bridge, denture or other prosthodontic service which was started before the enrollee was covered by this plan.
6. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
7. Experimental procedures.
8. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
9. Anesthesia, except for general anesthesia and IV sedation given by a dentist for covered oral surgery procedures and select endodontic and periodontic procedures.
10. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").

Delta Dental Limitations and Exclusions (cont.)

11. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.
 12. Replacement of existing restoration for any purpose other than active tooth decay.
 13. Occlusal guards and complete occlusal adjustment.
 14. Charges for replacement or repair of an orthodontic appliance paid in part or in full by this plan.
 15. Orthodontic services unless Delta Dental's copayment and maximum amount payable are shown on the highlights page of the Evidence of Coverage.
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
 4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
 5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
 6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
 7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants and appliances associated therewith) and personalization and characterization of complete and partial dentures.
 8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
 9. Consultations for non-covered benefits.
 10. Dental services received from any dental facility other than the assigned contract dentist, a preauthorized dental specialist, or a contract orthodontist except for emergency Services as described in the contract and/or Evidence of Coverage (EOC).
 11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility or other similar care facility.
 12. Prescription drugs.
 13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
 14. Lost, stolen or broken orthodontic appliances.
 15. Changes in orthodontic treatment necessitated by accident of any kind.
 16. Myofunctional and parafunctional appliances and/or therapies.
 17. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
 18. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

DeltaCare[®] USA Limitations and Exclusions

Limitations

1. The frequency of certain benefits is limited. All frequency limitations are listed in the Description of Benefits and Copayments insert.
 2. If the enrollee accepts a treatment plan from the general dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100 above the listed copayment for each of these services after the sixth unit has been provided.
 3. General anesthesia and/or intravenous sedation/analgesia are limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
 4. Benefits provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned contract dentist to treat the child and upon prior authorization by Delta Dental, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
 5. The cost to an enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the contract orthodontist's usual fee for the treatment plan. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee makes payment directly to the contract orthodontist as arranged.
 6. Orthodontic treatment in progress is limited to new DeltaCare[®] USA enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility or other similar care facility.
 12. Prescription drugs.
 13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
 14. Lost, stolen or broken orthodontic appliances.
 15. Changes in orthodontic treatment necessitated by accident of any kind.
 16. Myofunctional and parafunctional appliances and/or therapies.
 17. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
 18. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

Exclusions

1. Any procedure that is not specifically listed in the *Description of Benefits and Copayments* insert.
2. Any procedure that in the professional opinion of the contract dentist:
 - a) has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures;
 - b) is inconsistent with generally accepted standards for dentistry.



Enrollment Checklist

DeltaCare® USA groups must be submitted before the 15th of the month prior to the requested effective date. Groups submitted on a later date may be subject to provider access restrictions

- CoPower SELECT Employer Application
- List of enrollees, social security numbers, dates of birth, mailing addresses, and dependent information. Use the CoPower Complete Census (All Carriers).
- Enrolling employees may also complete the CoPower Employee Enrollment/Change Form–All Plans. DeltaCare® USA enrollees must select a primary care dentist.
- Completed waivers and declination of coverage documents
- A company check for first month's premium made payable to CoPower or a One-Time Debit Authorization form with a copy of a voided check for the first month's premium

Plan Administration:

CoPower

2677 N. Main Street, Ste. 800

Santa Ana, CA 92705

T: 888.920.2322

E: copower.sales@amwins.com

www.copower.com

Carrier Contact Information:

Delta Dental of California

888.335.8227

www.deltadentalins.com

DeltaCare® USA

800.422.4234

www.deltadentalins.com



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.