Pick ONE

CoPower ONF™



Region 2 and Level 1 (PPO) Region 3 (HMO)

Picking an ancillary solution shouldn't be difficult! That's why we created a unique, multi-carrier bundle for groups of 2-99 employees. CoPower ONE takes out the guesswork and replaces it with certainty by delivering comprehensive coverage at an affordable, fixed price per employee. Customers receive a simplified package of incredibly popular ancillary offerings.

Underwritten by **Premier Carriers:**

DENTAL:

△ DELTA DENTAL

Affordable, Fixed Price Per Employee Available in:

DeltaCare USA® **BRONZE DHMO** SILVER/GOLD DHMO **PLATINUM DHMO VOLUNTARY DHMO** 26.90 \$28.50 \$31.40 DeltaCare® USA 13B DeltaCare® USA 13B DeltaCare® USA 13B DeltaCare® USA 13B No annual/lifetime Max No annual/lifetime Max No annual/lifetime Max No annual/lifetime Max + Ortho + Ortho + Ortho + Ortho VSP \$150 12/12/24 VSP \$150 12/12/24 VSP \$150 12/12/12 VSP \$150 12/12/12 Unum Life \$25,000 Unum Life \$15,000 Unum Life \$20,000

VISION: SP VISION.

LIFE:

Delta Dental of California PPO™

BRONZE PPO 1000	SILVER PPO 1500	GOLD PREMIER 1500	PLATINUM PREMIER 2500	VOLUNTARY PPO
\$43.80	\$53.90	\$59.30	\$74.50	\$56.60
\$1000 In-Network Max VSP \$150 12/12/24 Unum Life \$15,000	Delta Dental PPO \$1500 In-Network Max + Ortho VSP \$150 12/12/24 Unum Life \$20,000	Delta Dental PPO Plus Premier \$1500 In-Network Max + Ortho VSP \$150 12/12/24 Unum Life \$20,000	Delta Dental PPO Plus Premier \$2500 In-Network Max + Ortho VSP \$150 12/12/12 Unum Life \$25,000	Delta Dental PPO \$1500 In-Network Max VSP \$150 12/12/12

Great Reasons to Get CoPower ONE

- Two year rate guarantee
- No administration fees
- Full Employee Assistance Program (EAP) with Unum Life
- Dual Choice dental (PPO & DeltaCare® USA) within the same CoPower ONE bundle²
- The Enhanced Life option (\$35,000 for group sizes 2+ and \$50,000, \$100,000 or \$150,000 for group sizes 10+) is available as a substitute for the standard group term life policy

To learn more, contact your broker or visit

www.copower.com

¹ Rates may vary based on employer rating region, size, and industry code, and are effective January 1, 2024 through December 31, 2024. Displayed rates are based on Group Enrollment Size of 10-24 Enrolled EE's, Region 2, EE Only Tier and Level 1 for PPO and Region 3 & EE Only Tier for HMO. 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. CoPower ONE Voluntary is a Dental and Vision only plan.