



# CoPower ONE™

## Summary of Benefits and Rate Guide

For plans effective January 1, 2017

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# ONE application. ONE bill. ONE price.

## A Simple, Comprehensive Solution for Small Businesses

CoPower ONE is a simplified package of the most popular ancillary offerings for small businesses. Dental, vision, and life coverages are bundled together in one package that makes it easy to explain and to sell.



### The Easiest Way to Get Dental, Vision, & Life

#### GOOD

- \$1000 Delta Dental PPO<sup>SM</sup> and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/24/24
- Unum \$15,000 Life/AD&D, and EAP

#### BETTER

- \$1,500 Delta Dental PPO + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/24
- Unum \$20,000 Life/AD&D, and EAP

#### BETTER PLUS

- \$1,500 Delta Dental PPO Plus Premier + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/24
- Unum \$20,000 Life/AD&D, and EAP

#### BEST

- \$2,000 Delta Dental PPO Plus Premier + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/12
- Unum \$25,000 Life/AD&D, and EAP

#### VOLUNTARY

- \$1,500 Delta Dental PPO + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/24

### Top quality coverage from recognized ancillary carriers

In CoPower ONE, your clients get first-in-class coverage from carriers they trust: Delta Dental, VSP, and Unum, plus a two-year rate guarantee.

### Effortless administration

When signing up for CoPower ONE, your clients only need to fill out ONE application, have ONE point of contact, and get only ONE bill every month. It is easy to administer and simple to use.

### Custom-tailored sets of benefits, networks, and pricing

Your clients just choose the option that works best for them: Good, Better, Better Plus, Best, or Voluntary. The 'Good' package is the most economical plan and scales up to the 'Best' plan, which features the most increased benefits.

All packages have three tier rating, industry loads (some exempt industries), and multiple rating regions. Employees must enroll in all lines of coverage for the bundle chosen.

### Optional Benefits

- **Dual Choice.** Clients may offer CoPower ONE as dual choice within the same bundle. See page 8 for further details
- **Enhanced Life.** Clients may substitute the standard group term life policy in Good, Better, Better Plus, and Best packages with a \$50,000, \$100,000, or \$150,000 policy for an additional charge
- **LTD.** A simple, checkbox addition of LTD to your ancillary packages
- **Chiropractic and Acupuncture.** A simple checkbox addition of these services through Landmark Healthplans

# CoPower **ONE** Dental



## Dental benefits to fit your needs, your schedule and your budget

Protect your greatest investment — your workforce — while balancing your budget. Delta Dental delivers plans at affordable rates, eliminates complicated plan management and covers more than the bare minimum with rich plan designs and optional features.

### Rates to Rave About

Delta Dental works hard to keep rates stable year after year — and rates don't include hidden fees or set-up charges, so you know what to expect from enrollment to claims processing. And Delta Dental specializes in dental benefits, so your rate reflects the actual cost of your plan -- no cost shifting to other lines of coverage like medical.

### Financially Flexible

Pick a plan from a varied portfolio with flexible contribution and coverage choices, plus optional plan features to attract and retain top talent. With options like voluntary plans, network participation, orthodontics and more, you can feel like you've designed your plan from scratch to fit both your employees' needs and your financial goals.

### Sweet Simplicity

Make plan management a breeze with dedicated account service from CoPower, and exceptional employee customer service with Delta Dental. Plus, with industry leading<sup>1</sup> dentist networks, Delta Dental makes it easy for your employees to find network savings.



### Great Reasons to Choose CoPower **ONE**

#### DELTA DENTAL PPO

- Outstanding provider access in California: Three out of five dentists are in the PPO network and four out of five are in the Delta Dental Premier<sup>®</sup> network<sup>2</sup>
- Stable network with 98%<sup>3</sup> dentist retention minimizes disruption in service
- Unlike some dental carriers, Delta Dental PPO covers dental implants under their Major Services

#### DELTACARE USA

- Out-of-pocket costs are clearly defined
- Large, stable network of dentists
- No deductibles, annual or lifetime dollar maximums



### Did You Know?

DeltaCare<sup>®</sup> USA offers a unique treatment-in-progress provision that allows patients to continue active treatment with their orthodontist — even if they are not in the DeltaCare<sup>®</sup> USA network.

<sup>1</sup> NetMinder Dental Network Trend Report, September 2016

<sup>2</sup> Unique Dentists Network Penetration Report, Delta Dental Plans Association, September 2016

<sup>3</sup> Delta Dental Plans Association 2015 Network Turnover Report, April 2016

# CoPower **ONE** Vision



VSP Choice is the portfolio of choice in CoPower **ONE**

VSP's vision plans are good for your clients' eyes as well as their wallets! There's no need to cut coupons or wait for retail chain sales—the savings and benefits are already built into VSP plans.



## Great Reasons to Choose CoPower **ONE**

### Participating Retail Chains

Gives employees the added convenience and access to over 12,000 nationwide retail locations such as Costco Optical. Members can enjoy a covered-in-full benefit experience at any of the participating retail chain locations. Eye exams are covered in full, lens options get special pricing at Costco and a 20% discount at other affiliate locations, frames are covered up to an \$80 allowance at Costco and \$150 at other affiliates, and elective contact lenses are covered up to the plan allowance at all affiliate locations.

### EXCLUSIVE VSP MEMBER EXTRAS

- TruHearing®:  
Save up to 60% on Digital Hearing Aids
- Laser Vision Correction:  
Average 15-20% off the regular price or 5% off the promotional price. Visit [vsp.com](http://vsp.com) for savings on LASIK from NVISION® and TLC Laser Eye Centers.<sup>1</sup>
- Contact Lens Offers:  
Additional savings available with exclusive mail-in rebates on brands like Bausch + Lomb and CooperVision
- Glasses and Sunglasses:  
An extra \$20 to spend on brands such as Nike, Calvin Klein, & Sean John

### Personalized Care

Establishing a relationship with an eye doctor is important—members receive personalized care from a doctor they trust. Since all VSP doctors are private-practice doctors and they stay in their practices year after year, members don't have to worry about seeing an unfamiliar doctor.

### Diverse Selection and Services

Members can experience the private-practice difference with a VSP doctor. Products and services from a retail chain are also available from a VSP doctor's office, such as a diverse selection of eyewear, including designer brands and convenient weekend and evening appointments.

### Diabetic Eyecare Program

This program provides coverage of additional eyecare services specifically for members with type 1 & 2 diabetes including: medical follow-up exams, specialized screenings and tests, medically necessary retinal imaging, and diabetic retinopathy. Members never need a referral and pay only a copay for services.

### Everyone Needs an Annual Eye Exam

Annual eye exams are important to one's overall health. During a WellVision Exam®, a VSP doctor can see differences in their patient's vision and overall eye health. VSP providers detect signs of certain chronic conditions before any other healthcare provider:

- 65% of the time for high cholesterol
- 30% of the time for hypertension
- 20% of the time for diabetes

### The VSP Eye Health Management Program

For every initial \$1 invested in VSP exam services, clients can expect an average two year total return of \$1.27 through avoided medical costs and improved human capital performance.<sup>2</sup>

<sup>1</sup> Discounts only available from contracted facilities.

<sup>2</sup> Human Capital Management Services, Inc. (HCMS) study on behalf of VSP, 2010

# CoPower **ONE** Life



## Unum Group Term Life offers peace of mind and helps protect families

Unum group term life coverage through CoPower *ONE* enables employers to support their employees through life's ups and downs. Our wide array of tools and resources brings additional value to your benefit package. It's simply one more way employers can show their employees how much they care.

### Accidental Death and Dismemberment (AD&D)

100% benefit not only for loss of life, but also in the unfortunate case of dismemberment, loss of sight/speech/hearing, and quadriplegia. Additional benefits will be paid in the event of a fatal accident or an accident that results in the loss of eyesight, speech, hearing, or a limb. Benefits also include coverage for education, repatriation, exposure/disappearance, and seatbelt/airbag benefits.

### Waiver of Premium

The premium is waived for an employee's life coverage if the employee is under age 60 and disabled for 9 months.

### Work-Life Balance Employee Assistance Program (EAP)

Childcare/eldercare referrals and financial planning assistance. Members have access to master-level consultants who can help with all of life's challenges, including work and personal issues by phone, web, or through face-to-face sessions.

### Life Planning Financial and Legal Resources

Impartial advice and customized service. Financial and legal resources, as well as emotional counseling and support, are available at no charge to the spouse and beneficiaries if the covered employee is terminally ill or dies.

### Worldwide Emergency Travel Assistance

Emergency medical evacuation and medically supervised transportation home. Whether traveling for business or pleasure, covered members can get help in the event of a medical emergency to assist with prescription replacement—with just one phone call.

### Accelerated Death Benefit

Pays 100% of the insured employee's or dependent's life benefit in the event the insured employee or dependent becomes terminally ill, and the employee's or dependent's life expectancy has been reduced to less than 12 months. The employee's or dependent's death benefit will be reduced by the Accelerated Life Benefit paid.



### Great Reasons to Choose CoPower *ONE*

- Members are not required to undergo a physical exam
- This benefit is even portable or convertible—employees can keep their coverage if they leave their employer

### GROUP VOLUNTARY LIFE

- Voluntary life coverage providing additional protection. Employers have the option to allow employees to purchase higher coverage for themselves and / or their families
- Minimum of 2 lives are required to setup the plan
- The Guaranteed Issue limits are scaled based on group size
- Simple buy-up option

# Plan Benefits — Delta Dental PPO

For groups of 2-99 eligible employees

CoPower ONE PLAN BENEFITS WITH DELTA DENTAL PPO	Good (2-99)		Better (5-99)		Better Plus (5-99)	
	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists
<b>Dental<sup>1</sup></b>						
<b>Network</b>	Delta Dental PPO <sup>2</sup>		Delta Dental PPO <sup>2</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
<b>Calendar Year Deductible</b> (per patient)	• \$50 • For D&P: Waived	• \$75 • For D&P: Not waived	• \$50 • For D&P: Waived	• \$75 • For D&P: Not waived	• \$50 • For D&P: Waived	• \$75 • For D&P: Not waived
<b>Diagnostic &amp; Preventive Services</b> (D&P)	100%	50%	100%	80%	100%	80%
<b>Basic, Oral Surgery, Endodontics, and Periodontics</b>	80%	50%	80%	80%	80%	80%
<b>Major Services</b>	50%		50%		50%	
<b>Orthodontics—Children Only</b> (Available to groups 5+ enrolled; 25+ enrolled for Voluntary Plan)	Not available		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	
<b>Eye Exam</b>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>
<b>Single-vision Lenses</b>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>
<b>Bifocal Lenses</b>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>
<b>Trifocal Lenses</b>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>
<b>Frames</b>	\$150 allowance	\$70 <sup>**</sup>	\$150 allowance	\$70 <sup>**</sup>	\$150 allowance	\$70 <sup>**</sup>
<b>Contact Lenses</b>	\$150 allowance	\$105 <sup>**</sup>	\$150 allowance	\$105 <sup>**</sup>	\$150 allowance	\$105 <sup>**</sup>
<b>Frequency</b>						
<b>Eye Exam</b>	12 months		12 months		12 months	
<b>Lenses</b>	24 months		12 months		12 months	
<b>Frames</b>	24 months		24 months		24 months	
<b>Contact Lenses</b> (in lieu of lenses)	24 months		12 months		12 months	
<b>Life</b>						
	<b>Unum Basic Group Term Life with AD&amp;D and EAP</b>					
<b>Policy</b>	\$15,000		\$20,000		\$20,000	

<sup>1</sup> Subject to Limitations and Exclusions shown on pages 14 and 15

<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

\* After copay.

\*\* Reimbursed up to

## PPO PLUS PREMIER: BETTER PLUS AND BEST PLANS

With PPO Plus Premier - Delta Dental's unique PPO plan design feature - employees receive extra network cost protections from the Delta Dental Premier network. Protections include no unbundling of services or billing above the contracted fee; however, enrollees will usually save more when visiting a PPO dentist.

## Delta Dental PPO (continued)

CoPower ONE PLAN BENEFITS WITH DELTA DENTAL PPO (CONT.)	Best (5-99)		Voluntary (5-99)		
	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	
<b>Dental<sup>1</sup></b>					
<b>Network</b>	Delta Dental PPO Plus Premier <sup>3</sup>		Delta Dental PPO <sup>2</sup>		
<b>Calendar Year Max</b> (per patient)	\$2,000	\$1,500	\$1,500	\$1,250	
<b>Calendar Year Deductible</b> (per patient)	<ul style="list-style-type: none"> <li>• \$50</li> <li>• For D&amp;P: Waived</li> </ul>	<ul style="list-style-type: none"> <li>• \$75</li> <li>• For D&amp;P: Waived</li> </ul>	<ul style="list-style-type: none"> <li>• \$50</li> <li>• For D&amp;P: Waived</li> </ul>	<ul style="list-style-type: none"> <li>• \$75</li> <li>• For D&amp;P: Not waived</li> </ul>	
<b>Diagnostic &amp; Preventive Services</b> (D&P)	100%	100%	100%	80%	12 Months
<b>Basic, Oral Surgery, Endodontics, and Periodontics</b>	80%		Sealants, Simple Restorations, & Simple Extractions: 80%		First 12 Months
<b>Major Services</b>	50%		Oral Surgery/Endodontics/Periodontics: 50%		
<b>Orthodontics—Children Only</b> (Available to groups 5+ enrolled; 25+ enrolled for Voluntary Plan)	50% lifetime max \$1,000		50% lifetime max \$1,000		Second 12 Months
<b>Vision</b>	<b>VSP Choice Network</b>				
<b>Annual Copayment</b>	\$10 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses		
<b>Eye Exam</b>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>	
<b>Single-vision Lenses</b>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>	
<b>Bifocal Lenses</b>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>	
<b>Trifocal Lenses</b>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>	
<b>Frames</b>	\$150 allowance	\$70 <sup>**</sup>	\$150 allowance	\$70 <sup>**</sup>	
<b>Contact Lenses</b>	\$150 allowance	\$105 <sup>**</sup>	\$150 allowance	\$105 <sup>**</sup>	
<b>Frequency</b>					
<b>Eye Exam</b>	12 months		12 months		
<b>Lenses</b>	12 months		12 months		
<b>Frames</b>	12 months		24 months		
<b>Contact Lenses</b> (in lieu of lenses)	12 months		12 months		
<b>Life</b>	<b>Unum Basic Group Term Life w/ AD&amp;D &amp; EAP</b>				
<b>Policy</b>	\$25,000		N/A		

### VOLUNTARY DENTAL

Voluntary dental program also includes Dental Accident coverage at 100% with \$1,000 lifetime maximum. Covers conditions caused directly and independent of all other causes, by external, violent and accidental means occurring after the enrollee's eligibility date. Services must be provided to an enrollee within 180 days following the date of accident. Accidental benefits are subject to all plan limitations, exclusions, deductibles and annual maximums. Ancillary Benefits remain a valuable offering to attract and retain employees. CoPower ONE Voluntary offers these benefits without impacting a company's benefits budgets. With this dental and vision package, employers can still offer benefits that fully meet the needs of your employees.

\* After copay.

\*\* Reimbursed up to

# Plan Benefits - DeltaCare USA

## For groups of 2-99 eligible employees

CoPower ONE offers a closed network, HMO-type dental plan from DeltaCare® USA that can be paired with the vision and basic term life options already offered in CoPower ONE Good (2-99), Better (5-99), or Best (5-99). Your clients have the choice of CoPower ONE with Delta Dental PPO or DeltaCare® USA!

SAMPLE BENEFITS <sup>1</sup>	Employer Paid or Voluntary DeltaCare® USA Plan 13B		
	Sample Procedure <sup>1</sup>	Code <sup>2</sup>	Copay
<b>Calendar Year Deductible per Patient</b>	N/A	N/A	None
<b>Calendar Year Maximum per Patient</b>	N/A	N/A	None
<b>Diagnostic &amp; Preventive (D&amp;P) Services</b>	• Intraoral—complete series of radiographic images	D0210	No Cost
<b>Restorative</b>	• Amalgam - one surface, primary or permanent (fillings) • Full cast high noble metal (crown) • Porcelain fused to high noble metal (crown)	D2140 D2790 D2750	No Cost \$355 \$355
<b>Periodontics</b>	• Periodontic scaling & root planing—four or more teeth per quadrant	D4341	\$50
<b>Endodontics</b>	• Endodontic therapy, anterior teeth - excluding final restoration (root canal) • Endodontic therapy, molar - excluding final restoration (root canal)	D3310 D3330	\$95 \$335
<b>Oral Surgery</b>	• Extraction, erupted tooth or exposed root (elevation and/or forceps removal) • Removal of impacted tooth—completely bony	D7140 D7240	\$5 \$95
<b>Prosthodontics</b>	• Complete denture—maxillary • Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	D5110 D5211	\$285 \$245
<b>Orthodontics</b>	• Comprehensive orthodontic treatment of the transitional dentition (child or adolescent to age 19) • Comprehensive orthodontic treatment of the adult dentition (adults, including covered dependent adult children)	D8070 D8090	\$1,900 \$2,100


**Ineligible Industries:** Law firms, associations, groups with seasonal employment, groups without an employee/employer relationship and businesses with high turnover<sup>3</sup> are not eligible for any DeltaCare® USA plan

## Dual Choice

Employers may offer a bundled plan of both PPO and DeltaCare® USA

- Dual Choice with CoPower ONE Good requires a minimum of 2 enrolled employees on the PPO plan and a minimum of 2 on DeltaCare USA
  - With 2-4 enrolled on PPO, CoPower ONE Good (2-4) rates apply
  - With 5 or more enrolled on PPO, CoPower ONE Good (5-99) rates apply
- Dual Choice with CoPower ONE Better, Better Plus, and Best plans requires a minimum of 5 enrolled employees on the PPO plan and a minimum of 2 on DeltaCare® USA
- Bundles cannot be mixed. For example, if an employer chooses CoPower ONE Better, only the Better vision and life benefits will be paired with the Better Delta Dental PPO plan and DeltaCare® USA closed network dental plan
- Dual Choice Voluntary PPO and DeltaCare® USA available for groups of 10 or more enrolling


## Voluntary DeltaCare® USA Bundle



DENTAL

DeltaCare  
USA Plan 13B

+



VISION

VSP Choice B  
\$10/\$25

Life coverage not included

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Subject to the Limitations and Exclusions shown on page 15. See DeltaCare® USA Description of Benefits and Copayments available with CoPower for a complete list of procedures covered and benefit frequency limitations

<sup>2</sup> Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT-2016 descriptors or nomenclature, which are under copyright by the American Dental Association®.

<sup>3</sup> A business has a "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



# Program Guidelines

The following guidelines will help you ensure that your clients comply with plan requirements and are eligible for CoPower ONE.

PROGRAM GUIDELINES	Good PPO	Better PPO	Better Plus PPO Plus Premier	Best PPO Plus Premier	Voluntary & Employer Paid DeltaCare® USA	Voluntary PPO
<b>Group Eligibility</b>	<ul style="list-style-type: none"> <li>Businesses must be headquartered in CA with 2-99 eligible employees for Good-PPO and DeltaCare USA plans; 5-99 eligible employees for Better-PPO, Better Plus-PPO Plus Premier, Best-PPO Plus Premier, Voluntary-PPO plans</li> <li>Groups currently enrolled with Unum are not eligible for CoPower ONE coverage</li> </ul>					
<b>Employer Contribution</b>	<ul style="list-style-type: none"> <li>2-50 eligible: 75% minimum for employees</li> <li>51-99 eligible: 50% minimum for employees</li> <li>No minimum for dependents</li> </ul>				Less than 75% for employees	Less than 75% for employees
<b>Participation</b>	<ul style="list-style-type: none"> <li>Minimum of 75% of eligible employees must enroll but no less than:                             <ul style="list-style-type: none"> <li>2 in Good-PPO</li> <li>5 in remaining PPO plans</li> </ul> </li> <li>If employer contributes 100%, 100% employee participation is required</li> <li>Except if 100% employer contribution, employees with dental coverage from another employer's plan can waive CoPower ONE coverage even if they do not have other vision coverage</li> <li>Groups 2-4 cannot consist of family only (husband, wife, children, &amp; parents)</li> </ul>				Minimum enrollment of 2 eligible employees	Minimum enrollment of 5 eligible employees
<b>Rate Guarantee</b>	24 months					
<b>Industry Loads</b>	Yes, and some industries are ineligible (page 10)				No, but some industries are ineligible (page 8)	No, all industries are eligible (page 10)
<b>Waiting Period for Services</b>	Good, Better, Better Plus, Best PPOs & DeltaCare® USA: None Voluntary PPO: <ul style="list-style-type: none"> <li>12-months for all covered services except D&amp;P, sealants, simple restorations, simple extractions and dental accident</li> <li>Waiting period can be waived for initial enrollees at takeover with proof of coverage in a comprehensive dental plan with no break in coverage (copy of group's prior carrier's EOC and last bill)</li> <li>New hires and their dependents are subject to 12-month waiting period regardless of previous coverage</li> </ul>					
<b>Out-of-State</b>	<ul style="list-style-type: none"> <li>Groups with 2-3 eligible employees: All employees must be in CA</li> <li>Groups with 4 eligible employees: One eligible employee may be located out of state</li> <li>Groups with 5-99 eligible employees: No more than 50% of primary enrollees may reside outside of CA</li> </ul>				Service must be rendered in CA	No more than 50% of primary enrollees may reside outside of CA
<b>Eligible Dependents</b>	Legal spouse or domestic partner. Dependent children are eligible until age 26 for dental, vision, and life coverage. If less than 100% employer paid, all eligible dependents not covered under another group plan must be enrolled if dependent coverage is selected					
<b>Basic Life Age Reduction Schedule</b>	<ul style="list-style-type: none"> <li>65% at age 70</li> <li>50% at age 75</li> </ul>					
<b>Carve-outs</b>	<ul style="list-style-type: none"> <li>Only Union/Non-union, Management/Non-management, and Salaried/Hourly carve-outs will be allowed</li> <li>Allowed if non-carved-out employees are not covered by any dental plan, or covered by a Delta Dental or DeltaCare USA plan</li> <li>Carve-out groups will receive Level 2 rates</li> </ul>					
<b>Eligible Employees</b>	<ul style="list-style-type: none"> <li>Full time, permanent eligible employees working 30 or more hours per week</li> <li>In order to maintain enrollment in the CoPower ONE program, enrollees must continue coverage in all three lines of coverage</li> <li>Dependent relationships (husband, wife, children, &amp; parents) may not enroll separately to meet the minimum eligibility requirements</li> </ul>					
<b>1099 Employees</b>	Not eligible					
<b>Product Combinations</b>	Employer Sponsored dual choice Delta Dental PPO and DeltaCare® USA within CoPower ONE portfolio: <ul style="list-style-type: none"> <li>Less than 10 eligible and/or enrolled employees – minimum of 2 enrolled in DeltaCare® USA plan and the remainder in the Good-PPO plan (utilize Good-PPO 2-4 rates)</li> <li>10 or more eligible and enrolled employees – minimum of 2 enrolled in DeltaCare® USA plan and the remainder in the eligible PPO plans (all PPO plans except Good-PPO require a minimum enrollment of 5)</li> <li>Dual choice Voluntary Delta Dental PPO and Voluntary DeltaCare® USA available for groups of 10+ enrolling - minimum of 5 enrolled in one plan and remainder in the other</li> </ul>					Not available
<b>Orthodontics</b>	Not available in CoPower ONE Good PPO	<ul style="list-style-type: none"> <li>Available to groups with a minimum of 5 primary enrollees</li> <li>Yes, for Better PPO, Better Plus PPO Plus Premier, and Best PPO Plus Premier</li> <li>Child only up to age 26</li> </ul>			Yes, for children and adults	Yes (optional), for children only, and for groups with minimum enrollment of 25 eligible employees
<b>Open Enrollment</b>	Open Enrollment is available only to groups with a POP/Section 125 plan in place					
<b>Terminations</b>	<ul style="list-style-type: none"> <li>Dental coverage will end on the last day of the month when primary enrollee is no longer eligible for coverage</li> <li>Dependent coverage will end at the same time as the primary enrollee or when the dependent is no longer eligible</li> </ul>					
<b>Administration Fees</b>	None					

# PPO Eligible and Ineligible Industries<sup>1</sup>

For Bundles with Delta Dental PPO plans. For Bundles with DeltaCare USA plans, see page 8.

SIC CODES — LEVEL 1			
Eligible Industries	SIC Code(s)	Eligible Industries	SIC Code(s)
Advertising (except Misc., not classified #7319)	7311–7313	Independent Auto Repair and Services	7532–7599
Agriculture, Forestry, and Fishing (except seasonal employees)	0100–0999	Laundry/Garment Services and Shoe Repair Services	7211– 7219, 7251
Auto Rental Agencies	7513–7519	Manufacturing (except Jewelry Manufacturing)	2000–2699
Automobile Parking Services	7521	Manufacturing (Chemicals, Allied, and Other)	2810–3999
Building Maintenance/Equipment Rental	7349–7359	Mining, Oil, and Gas Extraction	1000–1499
Collection Agencies and Credit Reporting Services	7322–7323	Miscellaneous Computer Services	7379
Communication (Radio, Telephone, TV/Radio, and Broadcasting)	4800–4899	Miscellaneous Repair (Welding, etc.)	7692–7699
Community Services Organizations/Social Services	8300–8499	Museums, Art Galleries, and Gardens	8412–8422
Computer Programming and Related Services	7371–7379	News Syndicates	7383
Construction Contractors	1500–1799	Photofinishing Labs	7384
Direct Mailing, Reproduction, and Secretarial Services	7331–7338	Printing and Publishing	2700–2799
Electrical Repair (Radio, TV, A/C, and Refrigerator)	7622–7629	Public Administration (Cities, Counties, Police, etc.)	9000–9720, 9722–9998
Engineering and Management Services	8711–8748	Public and Private Schools (Elementary and High Schools)	8200–8299
Finance (Banks, Securities, and Credit Agencies)	6000–6299	Retail	5200–5510, 5610–5699, 5712–5736, 5912–5999
Funeral Services and Crematories	7261	Security Systems, Detectives, and Armored Cars	7381–7382
Furniture Repair/Re-upholstery	7641	Transportation	4000–4799
Government Funded Groups	8300–8499	Utilities	4900–4999
Hospitals	8062–8069	Wholesale Trade	5000–5199
SIC CODES — LEVEL 2			
Eligible Industries	SIC Code(s)	Eligible Industries	SIC Code(s)
Advertising (Miscellaneous, not classified)	7319	Management Carve-outs (regardless of industry)	9999
Automobile Dealerships	5511–5599	Medical Groups	8000–8059, 8082–8099
Amusement, Recreation, and Entertainment	7800–7999	Photographic Studios	7221
Churches (Administration and Management staff only)	8661	Real Estate	6500–6799
Hotels	7000–7099	Restaurants	5800–5899
Insurance Carriers/Brokers	6300–6499	Tax Return Preparation Services and Miscellaneous Personal Services	7291–7299
Jewelry Manufacturing	3911–3915	Watch, Clock, and Jewelry Repair	7631
Legal	8100–8199		
INELIGIBLE SIC CODES			
Ineligible Industries	SIC Code(s)	Ineligible Industries	SIC Code(s)
Associations and Trusts <sup>1</sup>	8600–8660, 8662–8699	Professional Employer Organizations (PEO)	7361
Beauty and Barber Shops	7231–7241	Private Households	8811
International Affairs	9721	Religious Organizations (except Churches 8661)	No SIC
Dental Offices, Dental Labs, and Medical Labs	8021, 8071, 8072	Seasonal Employees (Christmas/Part-time Help)	No SIC
Employment Agencies	7361–7363	Seasonal Employees (Agriculture)	0761–0783
Groups with high turnover <sup>1</sup>	Varies	Miscellaneous Services not classified elsewhere	8999
Miscellaneous Business Services	7389		

<sup>1</sup> SIC rate level cannot change for renewing business. Management and the administrative staff of associations and trusts are eligible under Level 2 (Use SIC Code 9999). A business has a “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

# CoPower ONE Rates

DELTA DENTAL PPO PLANS		Region 1		Region 2	
		Level 1	Level 2	Level 1	Level 2
CoPower ONE Good (2-4)	Single	\$49.00	\$57.00	\$49.00	\$57.00
	Two-Party	\$86.00	\$101.00	\$91.00	\$106.00
	Three-Party*	\$131.00	\$153.00	\$137.00	\$160.00
CoPower ONE Good (5-99)	Single	\$45.00	\$52.00	\$46.00	\$53.00
	Two-Party	\$80.00	\$93.00	\$85.00	\$98.00
	Three-Party*	\$121.00	\$141.00	\$128.00	\$148.00
CoPower ONE Better (5-99)	Single	\$56.00	\$65.00	\$57.00	\$66.00
	Two-Party	\$101.00	\$118.00	\$108.00	\$124.00
	Three-Party*	\$168.00	\$195.00	\$178.00	\$205.00
CoPower ONE Better Plus (5-99)	Single	\$63.00	\$71.00	\$63.00	\$72.00
	Two-Party	\$113.00	\$131.00	\$118.00	\$138.00
	Three-Party*	\$188.00	\$220.00	\$197.00	\$231.00
CoPower ONE Best (5-99)	Single	\$76.00	\$88.00	\$78.00	\$90.00
	Two-Party	\$138.00	\$161.00	\$146.00	\$169.00
	Three-Party*	\$228.00	\$264.00	\$239.00	\$278.00

## CoPower ONE ZIP Code Regions

Region 1: This region includes ZIP Codes: 900–908, 910–928, 930, 932–933, 935–938, 952–953, and 956–958

The following ZIP Codes are excluded from Region 1 but included in Region 2: 92222, 92227, 92231–92233, 92243–92244, 92249–92251, 92257, 92259, 92266, 92273, 92275, 92281, 92283, 92328, 92384, 92389, 93013, 93014, 93067, 93512–93515, 93517, 93522, 93526, 93529–93530, 93541–93542, 93545–93546, 93549, 95646, 95724, 95728

Region 2: This region includes ZIP Codes: 931, 934, 939–951, 954–955, 959–961, 92222, 92227, 92231–92233, 92243–92244, 92249–92251, 92257, 92259, 92266, 92273, 92275, 92281, 92283, 92328, 92384, 92389, 93013–93014, 93067, 93512–93515, 93517, 93522, 93526, 93529–93530, 93541–93542, 93545–93546, 93549, 95646, 95724, 95728

DELTA DENTAL VOLUNTARY PLAN		without Ortho	with Ortho
CoPower ONE Voluntary (5-99)	Single	\$60.00	\$60.00
	Two-Party	\$112.00	\$123.00
	Three-Party*	\$172.00	\$188.00

CoPower ONE Voluntary is a Dental and Vision only plan.

Note: Rates are effective for new groups enrolling no later than December 1, 2017.

DELTACARE® USA PLANS		Regions 1 & 2	Region 3	Region 4	Region 5
CoPower ONE Good (2-99)	Single	\$26.00	\$29.00	\$30.00	\$69.00
	Two-Party	\$40.00	\$44.00	\$46.00	\$110.00
	Three-Party*	\$58.00	\$64.00	\$68.00	\$162.00
CoPower ONE Better (5-99)	Single	\$30.00	\$33.00	\$34.00	\$73.00
	Two-Party	\$45.00	\$48.00	\$51.00	\$115.00
	Three-Party*	\$65.00	\$71.00	\$75.00	\$169.00
CoPower ONE Better Plus (5-99)	Single	\$30.00	\$33.00	\$34.00	\$73.00
	Two-Party	\$45.00	\$48.00	\$51.00	\$115.00
	Three-Party*	\$65.00	\$71.00	\$75.00	\$169.00
CoPower ONE Best (5-99)	Single	\$34.00	\$36.00	\$38.00	\$77.00
	Two-Party	\$49.00	\$53.00	\$56.00	\$119.00
	Three-Party*	\$71.00	\$77.00	\$81.00	\$175.00

## DeltaCare® USA Regions by County

Regions 1 and 2: Los Angeles and Orange counties

Region 3: Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura counties

Region 4: Alpine, Amador, Calaveras, Colusa, El Dorado, Imperial, Inyo, Kings, Madera, Marin, Merced, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Solano, Sonoma, Stanislaus, Tuolumne, Tulare, and Yolo counties

Region 5: Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity, and Yuba counties

DELTACARE® USA VOLUNTARY PLAN		Regions 1 & 2	Region 3	Region 4	Region 5
CoPower ONE Voluntary (2-99)	Single	\$26.00	\$29.00	\$31.00	\$75.00
	Two-Party	\$41.00	\$45.00	\$48.00	\$115.00
	Three-Party*	\$65.00	\$71.00	\$75.00	\$175.00

CoPower ONE Voluntary is a Dental and Vision only plan.

Note: Rates are effective for new groups enrolling no later than December 1, 2017.

# Optional Benefits: Unum Voluntary Life

UNUM VOLUNTARY LIFE GUIDELINES & RATES	Unum Group Supplemental Protection Life Benefits, AD&D, and EAP		
	Employee	Spouse	Child
<b>Supplemental</b>	Requires the employee to have Basic Life in place	Requires the employee to have Voluntary Life in place	Requires the employee to have Voluntary Life in place
<b>Contribution</b>	100% employee-paid	100% employee-paid	100% employee-paid
<b>Participation</b>	Minimum 2 enrolled	N/A	N/A
<b>Guarantee Issue</b>	<ul style="list-style-type: none"> <li>• 2–9 eligible employees: \$10,000</li> <li>• 10–49 eligible employees: \$30,000</li> <li>• 50–99 eligible employees: \$80,000</li> </ul>	All group sizes: \$10,000	All group sizes: \$6,000
<b>Amounts Available</b>	\$10,000 increments	\$5,000 increments	\$6,000 is the only option
<b>Maximum Amount</b>	Lesser of \$250,000 or five times earnings	Lesser of \$250,000 or 100% of employee's voluntary life amount	\$6,000 per child
<b>Age Reduction Schedule</b>	<ul style="list-style-type: none"> <li>• 65% at age 70</li> <li>• 50% at age 75</li> </ul>	<ul style="list-style-type: none"> <li>• 65% at age 70</li> <li>• 50% at age 75</li> </ul>	Not applicable

Covers all children up to age 26.

VOLUNTARY LIFE	Unum Group Supplemental Protection Life with AD&D and EAP	
	Age Band	Rate
<b>Employee and Spouse Per \$1,000</b>	<25	\$0.12
	25–29	\$0.13
	30–34	\$0.15
	35–39	\$0.21
	40–44	\$0.29
	45–49	\$0.44
	50–54	\$0.69
	55–59	\$1.04
	60–64	\$1.84
	65–69	\$2.78
	70–74	\$4.94
	75+	\$9.66
<b>Child Per \$1,000</b>	Up to Age 26	\$0.33

All rates effective January 1, 2017

ENHANCED LIFE OPTION	Good \$15,000	Better \$20,000	Better Plus \$20,000	Best \$25,000
\$50,000	\$9.80	\$8.40	\$8.40	\$7.00
\$100,000	\$23.80	\$22.40	\$22.40	\$21.00
\$150,000	\$37.80	\$36.40	\$36.40	\$35.00

1. Per employee per month rates
2. Only available to groups of 10 or more enrolling employees
3. Rates are in addition to the CoPower *ONE* standard rates. For example: Add an additional \$35,000 on the Good Plan for \$50,000 total (\$30,000 on Better/Better Plus and \$25,000 on Best)

# Optional: Unum Long Term Disability

UNUM GROUP LONG TERM DISABILITY PROGRAM GUIDELINES			
<b>Group Eligibility</b>	<ul style="list-style-type: none"> <li>• 10–249 employees</li> <li>• Groups currently enrolled with Unum LTD are not eligible for coverage through CoPower</li> </ul>		
<b>Eligible Employees</b>	Permanent, full-time employees working 30 or more hours per week		
<b>Contribution</b>	100% employer-paid		
<b>Participation</b>	100% of eligible employees		
<b>Definition of Disability</b>	2 year own occupation, partial definition of disability		
<b>Partial Disability</b>	Available to employees after the elimination period for as long as they continue to have a loss of duties and minimum 20% loss of earnings		
<b>Maximum Monthly Benefit</b>	\$7,500/month		
<b>Maximum Coverage Period</b>	Social Security normal retirement age (SS ADEA)		
<b>Benefit Amounts</b>	Determined by the employer: <ul style="list-style-type: none"> <li>• 60% to 7500/month, 2 yr own occupation, SS ADEA, 90 day Elimination Period</li> <li>• 60% to 7500/month, 2 yr own occupation, SS ADEA, 180 day Elimination Period</li> <li>• 60% to 7500/month, 2 yr own occupation, SS ADEA, 360 day Elimination Period</li> </ul>		
<b>Guaranteed Issue</b>	Yes		
<b>Rate Guarantee</b>	Two years from date of inception		
<b>Benefit Taxability</b>	The monthly LTD benefit will be taxable since the employer is paying the premium.		
<b>Out of State</b>	No limit to the number of out of state employees		
<b>Class Schedule</b> (Carve-Outs)	Carve-outs must be a defined class with a minimum of 10 enrolled per class or carve-out. Classes include hourly, salaried, management, non-management, executives, exempt, non-exempt, and classes based on tenure.		
<b>Limitations and Exclusions</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <b>Exclusions:</b> <ul style="list-style-type: none"> <li>• Pre-existing condition: 3/12 for all groups regardless of size</li> <li>• Intentionally self-inflicted injuries</li> <li>• Active participation in a riot</li> <li>• Loss of Professional License, Occupational License or Certification</li> <li>• Commission of a felony for which the employee has been convicted</li> <li>• War, declared or undeclared, or any act of war</li> </ul> </td> <td style="vertical-align: top; border-left: 1px dotted black;"> <b>Limitations:</b> <ul style="list-style-type: none"> <li>• 24 months Mental Illness Limitation</li> </ul> </td> </tr> </table>	<b>Exclusions:</b> <ul style="list-style-type: none"> <li>• Pre-existing condition: 3/12 for all groups regardless of size</li> <li>• Intentionally self-inflicted injuries</li> <li>• Active participation in a riot</li> <li>• Loss of Professional License, Occupational License or Certification</li> <li>• Commission of a felony for which the employee has been convicted</li> <li>• War, declared or undeclared, or any act of war</li> </ul>	<b>Limitations:</b> <ul style="list-style-type: none"> <li>• 24 months Mental Illness Limitation</li> </ul>
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<b>Pre-existing Condition Clause</b>	Exclusion clause where the employee: <ul style="list-style-type: none"> <li>• Received medical treatment, care or services for a diagnosed condition, or took prescribed medication for that diagnosed condition in the 3 months just prior to his/her effective date of coverage.</li> <li>• The disability caused or substantially contributed to by the condition begins in the first 12 months after the employee's effective date of coverage.</li> </ul>		
<b>Excluded Industries</b>	Excludes Doctors and Hospitals SIC 8001-8069		
<b>Administration Fee</b>	\$10 per month per group		

LONG TERM DISABILITY Benefit	LTD Rates <sup>1</sup>		LTD Rates Including Healthcare Protect Benefit Rider					
			\$300/ Month		\$500/ Month		\$1000/ Month	
Elimination Period	SIC 0001-5999	SIC 6000-9999	SIC 0001-5999	SIC 6000-9999	SIC 6000-9999	SIC 0001-5999	SIC 0001-5999	SIC 6000-9999
<b>90 Day</b>	\$0.76	\$0.39	\$0.81	\$0.42	\$0.83	\$0.43	\$0.89	\$0.46
<b>180 Day</b>	\$0.59	\$0.30	\$0.63	\$0.32	\$0.65	\$0.33	\$0.69	\$0.35
<b>360 Day</b>	\$0.50	\$0.26	\$0.54	\$0.27	\$0.55	\$0.28	\$0.59	\$0.30

<sup>1</sup> per \$100 of covered payroll

All rates effective January 1, 2017

# Delta Dental PPO Limitations and Exclusions

## Limitations

1. Delta Dental pays 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. Delta Dental pays 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 planing 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 bicuspids. Any other posterior direct composite (resin) restorations are optional services and Delta Dental's payment is limited to 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 enrolled 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.  
Delta Dental 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 and one that is a removable prosthetic appliance provided to replace missing natural permanent teeth.

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, if covered:
  - a) The obligation of Delta Dental to make payments for an Orthodontic treatment plan begun prior to the Eligibility Date of the enrollee shall commence with the first payment due following the enrollee's Eligibility Date. The maximum amount payable will apply fully to this and subsequent payments.
  - b) The obligation of Delta Dental to make payments for Orthodontics shall terminate on the payment due next following the date the Dependent loses eligibility or the employee loses eligibility, or upon the termination of treatment for any reason prior to completion of the case, or upon termination of the Contract, whichever shall occur first.
  - 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, an allowance will be made for the cost of a standard orthodontic treatment plan and the enrollee is responsible for the remainder of the dentist's fee.
  - d) X-rays and extraction procedures incident to Orthodontics are not covered by Orthodontic Benefits, but may be covered under the provisions of the Contract, subject to all of the terms and provisions thereof.

\* 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 Delta Dental does 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 as provided in California Health and Safety Code Section 1373 (a).
3. Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to: cleft palate, upper or lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth).
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 became eligible for such services under 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 licensed dentist for covered oral surgery procedures and select endodontic and periodontic procedures.
10. Grafting tissues from outside the mouth to tissues inside the mouth ("extra-oral grafts").
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. 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 applicable percentage and an orthodontic maximum are shown on the highlights page of the Evidence of Coverage.

# DeltaCare<sup>®</sup> USA Limitations and Exclusions

## Limitations

THIS IS ONLY A BRIEF SUMMARY OF THE PLAN. The group dental service contract must be consulted to determine the exact terms and conditions of coverage. Any evidence of coverage booklet will be sent upon enrollment.

1. The frequency of certain benefits is limited. All frequency limitations are listed in the Evidence of Coverage (EOC).
2. If the enrollee accepts a treatment plan from the contract 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.

## Exclusions

1. Any procedure that is not specifically listed in the Evidence of Coverage (EOC).
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, or
  - b) is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975, external bleaching for home application, 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 or other diagnostic services 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.

# Enrollment Checklist

- CoPower *ONE* Employer Application.
- List of employees, social security numbers, dates of birth, mailing addresses, and dependent information (name, gender and date of birth) on the CoPower *ONE* Census Enrollment Form
  - Enrolling employees may also complete the CoPower Employee Enrollment/Change Form—All Plans
  - DeltaCare® USA enrollees must select a primary care dentist
- A Unum Employee Beneficiary Designation Form—to be provided to the employer for their records
- Annual gross salary on the CoPower *SELECT* Census Enrollment Form – Supplemental/Voluntary Life & LTD
  - Enrolling employees may also complete the Unum Employee Voluntary Term Life and AD&D Enrollment Form
- DE-9C quarterly wage statement—reconciled
- Completed waivers and declination of coverage documents for employees waiving due to other dental coverage.
- A company check made payable to CoPower, or a one-time only debit authorization form with a copy of a voided check for the first month's premium
- CoPower *ONE* PPO only: Proof of coverage in a comprehensive dental plan with no break in coverage
- Employees enrolling in Voluntary Life (if applicable):
  - A completed Unum Employee Voluntary Term Life and AD&D Enrollment Form
  - A completed Evidence of Insurability Form (for coverage amounts above the Guaranteed Issue limits)

## Plan Administration:

### CoPower

1600 W. Hillsdale Blvd.  
San Mateo, California 94402  
T: 888.920.2322  
E: sales@copower.com  
[www.copower.com](http://www.copower.com)

## Carrier Contact Information:

### Delta Dental PPO <sup>SM</sup>

888.335.8227  
[www.deltadentalins.com](http://www.deltadentalins.com)

### Unum Life

866.679.3054  
[www.unum.com](http://www.unum.com)

### DeltaCare® USA

800.422.4234  
[www.deltadentalins.com](http://www.deltadentalins.com)

### Unum LTD

877.851.7637  
[www.unum.com](http://www.unum.com)

### VSP

800.877.7195  
[www.vsp.com](http://www.vsp.com)



### Delta Dental PPO

Delta Dental PPO is underwritten in California by Delta Dental of California.

### DeltaCare® USA

DeltaCare® USA is underwritten in California by Delta Dental of California and administered by Delta Dental Insurance Company. Delta Dental is a registered mark of Delta Dental Plans Association.

### VSP and Unum

VSP Choice is underwritten by VSP; Unum Basic Group Term Life and Unum Group LTD 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 or your broker. The benefit information contained in this booklet is summary in nature.