

CoPower SELECT™

Summary of Benefits and Rate Guide

For plans effective January 1, 2023 - June 30, 2023

Vision Service Plan

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Benefits Made Easy

copower.com



VSP Plans

For Groups of 2 or More Employees

	Voluntary Plans ²					Basic Plans	
Plan Name	B \$20/\$20	B \$10/\$25	C \$25	C \$20/\$20	C \$10/\$25	A \$20	B \$25 (\$130)
Network	Choice					Choice	
Annual Copayment	\$20 exam \$20 glasses	\$10 exam \$25 glasses	\$25	\$20 exam \$20 glasses	\$10 exam \$25 glasses	\$20	\$25
Benefits (In-Network)							
Thorough Eye Exam	Full*					Full*	
Single Vision	Full*					Full*	
Bifocal	Full*					Full*	
Trifocal	Full*					Full*	
Lenticular	Full*					Full*	
Frames Allowance	\$150	\$180	\$150	\$200	\$200	\$150	\$130
Contact Lenses (in lieu of lenses)	\$150	\$180	\$150	\$200	\$200	\$150	\$130
Benefits (Out-Of-Network)							
Thorough Eye Exam	\$45**					\$45**	
Single Vision	\$30**					\$30**	
Bifocal	\$50**					\$50**	
Trifocal	\$65**					\$65**	
Lenticular	\$100**					\$100**	
Frames Allowance	\$70**					\$70**	
Contact Lenses (in lieu of lenses)	\$105**					\$105**	
Frequency Of Services (Months)							
Eye Exam	12	12	12	12	12	12	12
Lenses	12	12	12	12	12	24	12
Frame	24	24	12	12	12	24	24
Contact Lenses	12	12	12	12	12	24	12
Rates ¹							
Employee	\$9.40	\$10.29	\$12.20	\$13.00	\$13.27	\$7.90	\$8.00
Employee +1	\$14.40	\$14.91	\$17.50	\$18.90	\$19.23	\$12.20	\$11.50
Employee +2 or more	\$24.40	\$26.73	\$31.30	\$33.80	\$34.48	\$20.40	\$20.60

PROGRAM GUIDELINES	VSP Signature And Choice Plans
Group Eligibility	Groups currently enrolled with VSP are eligible for administration through CoPower.
Group Size (Number of Employees)	2 or more enrolled employees
Employer Contribution	Non-voluntary plans: 100% of employee and no minimum for dependents Voluntary plans: 0-99% of employee and no minimum for dependents
Participation	Non-voluntary plans: 100% with a minimum of two enrolled Voluntary plans: A minimum of two enrolled to activate the plan
Rate Guarantee	24 months
Eligible Employees	Full-time, permanent employees working 30 or more hours per week
Waiting Period for Services	None

¹ An employer-paid \$15 monthly administration fee applies. Fee is discounted to \$10 per month for new groups with 2-4 employees for the first year only.

² Additional voluntary options available with EasyOptions - see page 3.

* Paid in full after Copay

** Reimbursed up to

	Standard Plans		Elite Plans		Easy Options	
Plan Name	B \$25	C \$25 (\$130)	B \$25	C \$25	Voluntary	Non-Voluntary
Network	Signature	Choice	Choice		Choice	
Annual Copayment	\$25		\$25		\$10 exam / \$25 glasses	
Benefits (In-Network)						
Thorough Eye Exam	Full*		Full*		Full*	
Single Vision	Full*		Full*		Full*	
Bifocal	Full*		Full*		Full*	
Trifocal	Full*		Full*		Full*	
Lenticular	Full*		Full*		Full*	
Frames Allowance	\$150	\$130	\$150		\$150	
Contact Lenses (in lieu of lenses)	\$150	\$130	\$150		\$150	
Benefits (Out-Of-Network)						
Thorough Eye Exam	\$50**	\$45**	\$45**		\$45**	
Single Vision	\$50**	\$30**	\$30**		\$30**	
Bifocal	\$75**	\$50**	\$50**		\$50**	
Trifocal	\$100**	\$65**	\$65**		\$65**	
Lenticular	\$125**	\$100**	\$100**		\$100**	
Frames Allowance	\$70**	\$70**	\$70**		\$70**	
Contact Lenses (in lieu of lenses)	\$105**	\$105**	\$105**		\$105**	
Frequency Of Services (Months)						
Eye Exam	12	12	12	12	12	12
Lenses	12	12	12	12	12	12
Frame	24	12	24	12	12	12
Contact Lenses	12	12	12	12	12	12
Rates¹						
Employee	\$11.30	\$9.80	\$9.30	\$11.40	\$15.40	\$13.00
Employee +1	\$17.50	\$14.00	\$13.40	\$16.50	\$22.30	\$18.80
Employee +2 or more	\$29.30	\$25.30	\$24.20	\$29.50	\$40.00	\$33.60

PROGRAM GUIDELINES	VSP Signature And Choice Plans
Out-of-State	No limit on number of out-of-state employees
Administrative Fees	\$15 per month (2-4 Groups receive a 1 year discounted rate of \$10)
Overage Dependents	Up to age 26
Carve-Outs	Yes, any type of carve-out is allowed such as Union/Non-union, Management/Non-management, Salaried/Hourly
1099 Employees	Yes, if the 1099 employee is covered in the group medical plan
Product Combinations	Only one plan per group allowed
Open Enrollment	Non-voluntary plans: Yes, for unenrolled dependents only, when the Employer contribution for dependents is less than 100%. Voluntary plans: Yes, for unenrolled employees & dependents at group anniversary.

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** Reimbursed up to



Enrollment Checklist

VSP groups must be submitted by the first of the month of the effective date of coverage.

- ☐ CoPower SELECT Employer Application
- ☐ A company check for the first month's coverage including the \$15 per month administration fee, made payable to CoPower
- ☐ List of enrollee names, social security numbers, dates of hire, dates of birth, and dependent information (name, gender, and date of birth). Use the CoPower Complete Census (All Carriers)
 - Enrolling employees may also complete the CoPower Employee Enrollment/Change Form – All Plans
- ☐ Waivers from employees with other group coverage

DE-9C is not required

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** for savings on LASIK from The LASIK Vision Institute and TLC Laser Eye Centers.¹
- 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 select designer brands

Plan Administration:

CoPower

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Santa Ana, California 92705

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Carrier Contact Information:

VSP

800.877.7195

www.vsp.com

VSP's Diabetic Eyecare Program

Provides coverage of additional services specifically for members with type 1 and type 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 \$20 copay for services.

Participating Retail Chains

Gives employees the added convenience of over 16,000 retail access points nationwide 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 the plan allowance at all affiliate locations.



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.