



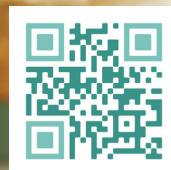
An Amwins Company

CALIFORNIA

COPOWER ONE

2025 PRODUCT & RATE GUIDE

For plans effective January 1, 2025



ONE Application. ONE Bill. ONE Price.

A Simple, Comprehensive Solution for Small Businesses

Custom-Tailored Sets of Benefits, Networks, and Pricing

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. Your clients just choose the option that works best for them: Bronze, Silver, Gold, Platinum or Voluntary. The Bronze package is the most economical plan and scales up to the Platinum plan, which features the most increased benefits.

Advantages of CoPower ONE

Our portfolio is available to groups with no prior dental coverage, so new business owners (or business owners new to dental benefits) can offer valuable coverage to help attract and retain top talent. Plus, we offer employer-paid plans with no waiting periods — so enrollees can enjoy their benefits immediately. Employers have the option to increase the Term Life benefit in the bundles up to \$150k depending on the group size.

- | | |
|-------------------------------------|---|
| ✓ ONE SIMPLIFIED APPLICATION | ✓ NO ADMINISTRATIVE FEES |
| ✓ OPEN ENROLLMENT | ✓ 8 GREAT OPTIONS (PPO AND/OR HMO) |
| ✓ ONE BLENDED RATE | ✓ 2-YEAR RATE GUARANTEE |
| ✓ ONE BILL | ✓ SPEEDY APPROVALS |

ABOUT COPOWER

Your clients are unique, and their needs vary. With our comprehensive portfolio, you're the architect for your client's benefit program. At CoPower, we take a holistic approach to providing exceptional ancillary benefit solutions that redefine industry standards. Through carefully curated products sourced from the nation's top carriers, we offer pre-made bundles of the most widely favored benefit plans on the market.

We believe that the experience matters.

As the perfect complement to our extensive product portfolio, our concierge service model is designed to elevate the experience for our brokers and their clients. Our team of Customer Success Representatives provide dedicated assistance, and you can reach yours by name whenever you need them.

The broader the spectrum of tools, the easier the task.

Our technology-based solutions enable you and your clients to effortlessly manage everyday business requirements, saving you time and removing unnecessary delays.

- Automated billing and payment options
- Online Quoting & Enrollment
- VIP access to Empower, our digital account management platform

Top Quality Coverage from Recognized Ancillary Carriers

In CoPower ONE, your clients get first-in-class coverage from carriers they trust.



- **Trust:** For nearly 70 years, Delta Dental has been a trusted leader in dental benefits coverage. Today more than 89+ million people rely on Delta Dental as their insurance provider.¹
- **Customer service:** Delta Dental processes more than 40 million dental claims annually with 99.8% accuracy, providing exceptional service that your clients will want to return to.²
- Delta Dental PPO product offers industry-leading network savings for members³ backed by the nation's largest dentist network.⁴



VSP® Vision Care puts members first and guarantees satisfaction. As the only national not-for-profit vision care company, VSP is committed to making members happy by offering the best value in vision plans and providing eye care that supports members' overall health and wellness.

- Largest network of independent doctors
- Low out-of-pocket costs
- Only vision care company to offer fully covered standard progressive lenses



Unum Group Term Life offers peace of mind and helps protect families. Unum's dedication to employee well-being and expertise in workplace benefits and technology has made them an industry leader for 175 years.

- Unum is a leading provider of group disability benefits in the U.S. for over 40 years⁵ and #2 in new sales for life insurance.⁶
- 53% of the Fortune 100 Companies or their subsidiaries and affiliates are served by Unum.⁷
- Unum in the US protects 38 million people and their families.⁸

¹ Delta Dental Plans Association enrollment statistics, 2021

² Delta Dental Social Impact Report, 2020, for Delta Dental of California and affiliated companies.

³ Delta Dental's PPO plan delivers the industry's best effective discount, averaging 30.4% nationally. Milliman 2021 DAA PPO Network Study, Delta Dental Plans Association.

⁴ NetMinder Dental Network Trend Report, March 2021. Delta Dental Premier is the largest dentist network nationwide, based on total unique dentists.

⁵ Employee Benefit Plan Review, "Group Accident & Health Surveys 1976-1990" (1977-1991); Gen Re, "U.S. Group Disability Market Surveys 1991-2013" (1992-2014); LIMRA, "U.S. Group Disability Insurance 2014-2016 Annual Sales and In Force" (2015-2017); LIMRA, "4Q 2017-2019 U.S. Workplace Disability Insurance Inforce" (2018-2020); LIMRA, "U.S. Workplace Disability In Force Report 4Q 2020" (2020-2021) (2021-2022) total group disability.

⁶ LIMRA, "2021 U.S. Workplace Benefits Life Insurance Sales" (2022). Represents total life insurance (including group and individual), excluding specialty products. Eastbridge, "U.S. Worksite/Voluntary Sales Report: Carrier Results for 2016" (2017), based on inforce premium

⁷ Fortune, "Fortune 500 2016," (2016); Unum customer database, 2016

⁸ Unum internal data, 2023

More Options for the Perfect Benefits Package

- **Dual Choice.** Your clients have the choice of CoPower ONE with Delta Dental PPO or DeltaCare® USA!
- **Enhanced Life.** Upgrade the Life policy up to \$35,000, \$50,000, \$100,000, or \$150,000 policy for an additional charge.
- **Long Term Disability (LTD).** Addition of a Unum LTD plan to the ancillary package is a simple, checkbox on the application.
- **Chiropractic and Acupuncture.** Addition of Landmark Healthplans chiropractic and acupuncture benefits to the ancillary package is a simple, checkbox on the application.
- **Voluntary Life.** Employers have the option to allow employees to purchase higher coverage for themselves and/or their families.

Benefits to Rave About



Dental Highlights

- **Implants** - Unlike some dental carriers, Delta Dental PPO covers dental implants for all group sizes under their Major Services.
- **Posterior Composites** covered under Silver, Gold and Platinum PPO bundles.
- **Value-Added Features** - Our PPO plans deliver several value-added features — like white fillings, a third exam and cleaning for expectant mothers, missing tooth coverage, typically not covered by other carriers, and a claims cost safety net with the Delta Dental Premier® network.
- **DeltaCare® USA** offers clear aligner therapy (i.e. Invisalign and SureSmile) at no additional cost to the patient¹, and a unique orthodontic takeover provision that allows patients in active treatment to keep their current orthodontist (even if they are not in the network!).



Vision Highlights

Putting Eyes at Ease with VSP LightCare

- The holistic well-being of every employee is prioritized with the inclusion of VSP Lightcare. Members choose between prescription eyewear coverage or use their allowance for ready-to-wear eyewear, such as non-prescription, 100% UVA and UVB protection sunglasses or blue light filtering glasses to combat digital eye strain.

Essential Medical Eyecare Program

As VSP's most robust medical eye care plan, coverage includes:

- Covered-in-full retinal screening for members with diabetes
- Additional exams and services that diagnose and monitor diabetic eye disease, glaucoma, cataracts and more
- Treatment for dry eye disease, pink eye, eye injury, and foreign body removal
- Tests for sudden changes in vision



Life Highlights

Term Life

Provides benefits to reduce financial stress for family members if an employee were to pass away during their working years. Life benefit is portable or convertible— employees can keep their coverage if they leave their employer.

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.

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.

Accelerated Death Benefit

Pays 100% of the insured employee's life benefit in the event the insured employee becomes terminally ill, and the employee's life expectancy has been reduced to less than 12 months.

• Work-Life Balance Employee Assistance Program (EAP)

Employees can work with Health Advocate's Licensed Professional Counselors to define the problem and gain assistance to lead happier and more productive lives at home and at work, 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.

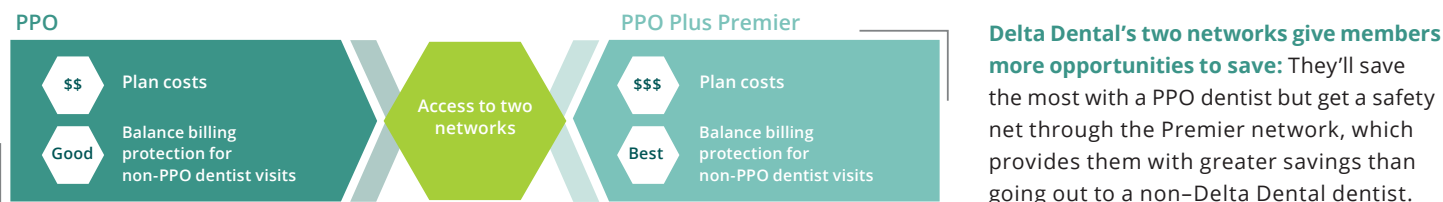
Plan Benefits

Your clients have the choice of CoPower ONE with Delta Dental PPO, PPO Plus Premier or DeltaCare® USA!

CoPower ONE PLAN BENEFITS WITH DELTA DENTAL PPO	Bronze PPO 1000 (2-99)		Silver PPO 1500 (5-99)		Gold Premier 1500 (5-99)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Group Size	2 or More Enrollees		5 or More Enrollees			
Dental¹						
Network	Delta Dental DPPO²		Delta Dental PPO ²		Delta Dental PPO Plus Premier ³	
Calendar Maximum (per patient)	\$1,000	\$1,000	\$1,500	\$1,250	\$1,500	\$1,500
Deductible (Per Patient)	\$50	\$75	\$50	\$75	\$50	\$75
Deductible Waived for Diagnostic & Preventive	Yes	No	Yes	No	Yes	No
Diagnostic & Preventive Services (D&P)	100%	50%	100%	100%	100%	80%
Basic, Oral Surgery, Endodontics, and Periodontics	80%	50%	80%		80%	
Posterier Composites	Not available		Yes		Yes	
Major Services	50%		50%		50%	
Orthodontics—Children Only (Available to groups 5+ enrolled)	Not available		50% lifetime max \$1,000			
Vision - Vision Service Plan						
Annual Copayment	\$20 exam/\$20 prescription glasses		\$10 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses	
Frequency	B		B		B	
Eye Exam	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		24 months		24 months	
Contact Lenses (in lieu of lenses and a frame)	12 months		12 months		12 months	
Frames Allowance	\$150 allowance	\$70**	\$150 allowance	\$70**	\$150 allowance	\$70**
Contact Lenses Allowance	\$150 allowance	\$105**	\$150 allowance	\$105**	\$150 allowance	\$105**
Eye Exam	Covered in full*	\$45**	Covered in full*	\$45**	Covered in full*	\$45**
Single-vision Lenses	Covered in full*	\$30**	Covered in full*	\$30**	Covered in full*	\$30**
Bifocal Lenses	Covered in full*	\$50**	Covered in full*	\$50**	Covered in full*	\$50**
Trifocal Lenses	Covered in full*	\$65**	Covered in full*	\$65**	Covered in full*	\$65**
Life - UNUM						
Basic Group Term Life with AD&D and EAP	\$15,000		\$20,000		\$20,000	

Delta Dental PPO Networks

About 57% of dentists nationwide are in the Delta Dental PPO network. When combined with the Delta Dental Premier® network, 76% of dentists are Delta Dental dentists.



¹Subject to Limitations and Exclusions shown on pages 14 and 15 ²All dentists (in- and out-of-network) are reimbursed at the lesser of the submitted charge or the Delta Dental PPO provider contracted fee ³Delta 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

Plan Benefits

CoPower ONE PLAN BENEFITS WITH DELTA DENTAL PPO	Platinum Premier 2500 (5-99)		CoPower ONE Voluntary DPPO (5-99)	
	In Network	Out of Network	DPPO Dentists	Non-DPPO Dentists
Group Size	5 or More Enrollees		5 or More Enrollees	
Dental¹				
Network	Delta Dental PPO Plus Premier³		Delta Dental DPPO²	
Calendar Maximum (per patient)	\$2,500	\$2,000	\$1,500	\$1,250
Deductible (Per Patient)	\$50	\$75	\$50	\$75
Deductible Waived for Diagnostic & Preventive	Yes		Yes	No
Diagnostic & Preventive Services (D&P)	100%		100%	80%
Basic, Oral Surgery, Endodontics, and Periodontics	80%		Sealants, Simple Restorations, & Simple Extractions: 80% Oral Surgery/Endodontics/Periodontics: 50%	
Posterior Composites	Yes		N/A	
Major Services	50%		50%	
Orthodontics—Children Only (Optional for Voluntary DPPO bundle)	50% lifetime max \$1,000		50% lifetime max \$1,000	
Vision - Vision Service Plan				
Annual Copayment	\$10 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses	
Frequency	C		C	
Eye Exam	12 months		12 months	
Lenses	12 months		12 months	
Frames	12 months		12 months	
Contact Lenses (in lieu of lenses and a frame)	12 months		12 months	
Frames Allowance	\$150 allowance	\$70**	\$150 allowance	\$70**
Contact Lenses Allowance	\$150 allowance	\$105**	\$150 allowance	\$105**
Eye Exam	Covered in full¹	\$45**	Covered in full¹	\$45**
Single-vision Lenses	Covered in full¹	\$30**	Covered in full¹	\$30**
Bifocal Lenses	Covered in full¹	\$50**	Covered in full¹	\$50**
Trifocal Lenses	Covered in full¹	\$65**	Covered in full¹	\$65**
Life - UNUM				
Basic Group Term Life with AD&D and EAP	\$25,000		N/A	

First 12 Months
Second 12 Months
VOLUNTARY ONLY

VSP NETWORK

Up to 119K Access Points

With VSP, employees don't have to compromise when selecting a vision care provider. They can choose between a huge network of independent private practice doctors, popular retailers, and even an online option. More options mean it's easy for your employees to find their perfect fit with VSP.

VSP Premier Edge™, Private Practice and Retail

- VSP Premier Edge™ locations, where employees can maximize their benefits, include both private practice doctors and more than 700 Visionworks® retail locations nationwide
- Largest network of independent doctors
- 24-hour access to emergency care

Buy Online, Anytime with Eyeconic®!

VSP members can shop the latest designer glasses and name brand contacts online at eyeconic.com® with their VSP benefits.

Participating Retail Chains

In addition to Visionworks®, your employees have access to over 29,000 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.

Plan Benefits DeltaCare® USA

For Groups of 2–99 Eligible Employees

Your clients have the choice of CoPower ONE with Delta Dental PPO or DeltaCare® USA! With DeltaCare® USA, CoPower ONE offers a closed network, HMO-type dental plan that can be paired with the vision and basic term life options already offered in CoPower ONE Bronze, Silver/Gold, or Platinum.

These cost-saving plans provide coverage for more than 400 procedures offer quality care from the DeltaCare USA network of dentists. Members select their primary care dentist and that dentist coordinates specialist referrals if needed.

When covered by a DeltaCare® USA plan, members:

- Won't be subject to annual deductibles or maximums
- Will know in advance what out-of-pocket costs will be
- Won't be subject to restrictions on pre-existing conditions, except for work in progress
- Will receive a plan in which all listed procedures are covered with set fixed copayments.

DeltaCare® USA Plan 13B	Bronze DHMO	Silver/Gold DHMO	Platinum DHMO	
Sample Benefits ¹	Sample Procedure ¹		Code ²	Copay
Calendar Year Deductible per Patient	N/A		N/A	None
Calendar Year Maximum per Patient	N/A		N/A	None
Diagnostic & Preventive (D&P) Services	• Intraoral—complete series of radiographic images		D0210	No Cost
Restorative	• 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
Periodontics	• Periodontic scaling & root planing—four or more teeth per quadrant		D4341	\$50
Endodontics	• Endodontic therapy, anterior teeth - excluding final restoration (root canal) • Endodontic therapy, molar - excluding final restoration (root canal)		D3310 D3330	\$95 \$335
Oral Surgery	• Extraction, erupted tooth or exposed root (elevation and/or forceps removal) • Removal of impacted tooth—completely bony		D7140 D7240	\$5 \$95
Prosthodontics	• Complete denture—maxillary • Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)		D5110 D5211	\$285 \$245
Orthodontics	• 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
Vision - Vision Service Plan	\$150 \$20/\$20 12/12/24	\$150 \$10/\$25 12/12/24	\$150 \$10/\$25 12/12/12	
Life - Unum	\$15,000	\$20,000	\$25,000	

Ineligible Industries: Law firms, associations, groups with seasonal employment, groups without an employee/employer relationship and businesses with high turnover³ are not eligible for any DeltaCare® USA plan. All groups in the cannabis or cannabis related industries are ineligible.

Voluntary PPO and DeltaCare USA Bundles

CoPower ONE bundles are available in a Voluntary Option with both PPO and DeltaCare USA plans and a rich Vision plan. Dual Choice Voluntary option is available for 5+ in PPO plan and 2+ in DeltaCare USA plan. Voluntary bundles do not include Life coverage.

(See page 6 for dental PPO plan benefits)

¹ 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.
² 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®. ³ 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	Bronze PPO 1000	Silver PPO 1500	Gold Premier 1500	Platinum Premier 2500	Employer Paid & Voluntary DeltaCare® USA	Voluntary PPO
Group Eligibility	<ul style="list-style-type: none">Businesses must be headquartered in CA with 2-99 eligible employees for Bronze-PPO and DeltaCare USA™ plans; 5-99 eligible employees for Silver-PPO, Gold-PPO Plus Premier, Platinum-PPO Plus Premier, Voluntary-PPO plansGroups currently enrolled with Unum are not eligible for CoPower ONE coverage					
Employer Contribution	<ul style="list-style-type: none">2-50 eligible: 75% minimum for employees51-99 eligible: 50% minimum for employeesNo minimum for dependents				Less than 75% for employees	Less than 75% for employees
Participation	<ul style="list-style-type: none">Minimum of 75% of eligible employees must enroll but no less than:<ul style="list-style-type: none">2 in Bronze - PPO5 in remaining PPO plansIf employer contributes 100%, 100% employee participation is requiredExcept 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 coverageGroups 2-4 cannot consist of family only (husband, wife, children, & parents)				Minimum enrollment of 2 eligible employees	Minimum enrollment of 5 eligible employees
Rate Guarantee	24 months					
Industry Loads	Yes, and some industries are ineligible (page 9). If group is ineligible, contact CoPower to request an exception				No, but some industries are ineligible (page 9)	Yes, and some industries are ineligible. (page 9)
Waiting Period for Services	Bronze, Silver, Gold, Platinum PPOs & DeltaCare® USA: None Voluntary PPO: <ul style="list-style-type: none">12-months for all covered services except D&P, sealants, simple restorations, simple extractions and dental accidentWaiting 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)Waiting period can also be waived for new hires with proof of prior employer's comprehensive dental coverage (copy of enrollee/dependent ID card, summary of plan description, and a screenshot of the prior carrier's website showing continuous coverage)					
Out-of-State	Groups with 2-99 eligible employees: One employee must be in CA.				Service must be rendered in CA	One employee must be in CA
Eligible Dependents	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					
Basic Life Age Reduction Schedule	<ul style="list-style-type: none">65% at age 7050% at age 75					
Carve-outs	<ul style="list-style-type: none">Only Union/Non-union, Management/Non-management, and Salaried/Hourly carve-outs will be allowedAllowed if non-carved-out employees are not covered by any dental plan, or covered by a Delta Dental or DeltaCare® USA planCarve-out groups will receive Level 2 rates					
Eligible Employees	<ul style="list-style-type: none">Full time, permanent eligible employees working 30 or more hours per weekIn order to maintain enrollment in the CoPower ONE program, enrollees must continue coverage in all three lines of coverageDependent relationships (husband, wife, children, & parents) may not enroll separately to meet the minimum eligibility requirements					
1099 Employees	Not eligible					
Dual Choice	<ul style="list-style-type: none">Employers may offer Dual Choice Delta Dental PPO and DeltaCare® USA within CoPower ONE portfolio and must have matching metallic plans e.g. CoPower ONE Platinum Premier 2500 sold with CoPower ONE Platinum DHMO.Dual Choice with CoPower ONE Bronze requires a minimum of 2 enrolled employees on the PPO plan and a minimum of 2 on DeltaCare® USADual Choice with CoPower ONE Silver, Gold, and Platinum PPO plans require a minimum of 5 enrolled employees and minimum of 2 enrolled employees on DeltaCare USA planDual choice Voluntary PPO and Voluntary DeltaCare USA – minimum of 5 enrolled in PPO plan and minimum of 2 enrolled DeltaCare plan					
Orthodontics	Not Available in CoPower ONE Bronze PPO	<ul style="list-style-type: none">Available to groups with a minimum of 5 primary enrolleesYes, for Silver PPO, Gold PPO Plus Premier, and Platinum PPO Plus PremierChild only up to age 26			Yes, for children and adults	Yes, for children only
Open Enrollment	Open Enrollment is available only to groups with a POP/Section 125 plan in place					
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 coverageDependent coverage will end at the same time as the primary enrollee or when the dependent is no longer eligible					
Administration Fees	None					

Ineligible and Level 2 Industries

Level 1 and Level 2 rating apply based on industry code. Any industry not listed as Level 2 or Ineligible will be eligible under Level 1 rating. Ineligible industries vary by Bundle Type. Voluntary PPO Bundle rates do not vary by region or industry.

CoPower ONE Ineligible Industries by SIC		Bundle Type		
SIC RANGE	SEGMENT	PPO	VOL PPO	DHMO
0761-0783	SEASONAL EMPLOYEES (AGRICULTURE)	X	X	X
1011-1299	METAL/COAL MINING	X		X
1411-1499	NONMETAL MINING	X		X
2111-2199	TOBACCO MANUFACTURERS	X		X
2411	LOGGING CAMPS	X		X
2873-2892	FERTILIZR/PESTICIDE/EXPLOSIVES	X		X
3292	ASBESTOS	X		X
3482-3483	AMMUNITION & SMALL ARMS	X		X
4311	U.S. POSTAL SERVICE	X		X
4511-4599	TRANSPORTATION BY AIR	X		X
4611-4699	PIPE LINES-NO NAT GAS	X		X
7231-7241	BEAUTY AND BARBER SHOPS	X	X	
7361-7363	EMPLOYMENT AGENCIES & PEOS	X	X	
7389	MISCELLANEOUS BUSINESS SERVICES	X	X	
8021, 8071, 8072	DENTAL OFFICES, DENTAL LABS, AND MEDICAL LABS	X	X	
8100-8199	LEGAL			X
8321	HIGH RISK INDUSTRIES	X		X
8600 - 8699	MEMBERSHIP ORGANIZATIONS/ASSOCIATIONS*	X	X	X
8811	PRIVATE HOUSEHOLDS	X	X	X
8999	MISCELLANEOUS SERVICES NOT CLASSIFIED ELSEWHERE	X	X	
9211	COURTS	X		X
9221-9299	POLICE/FIRE/CORRECTIONAL	X		X
9311	FINANCE TAX & MONETARY POLICY	X		X
9411-9499	ADMIN OF HUMAN RESOURCES	X		X
9611-9699	ADMIN OF ECONOMIC PRGRMS	X		X
9711-9799	NATIONAL SECURITY	X	X	X
9999	NON CLASSIFIABLE	X		X
NO SIC	RELIGIOUS ORGANIZATIONS (EXCEPT CHURCHES #8661)	X	X	X
NO SIC	PARTNERSHIPS	X	X	
NO SIC	SEASONAL EMPLOYEES (CHRISTMAS/PART-TIME HELP)	X	X	X
VARIES	GROUPS WITH HIGH TURNOVER**	X	X	X

Level 2 Eligible Industries - PPO ***	
SIC RANGE	SEGMENT
3911-3915	JEWELRY MANUFACTURING
5511-5599	AUTOMOBILE DEALERSHIPS
5800-5899	RESTAURANTS
6300-6499	INSURANCE CARRIERS/BROKERS
6500-6799	REAL ESTATE
7000-7099	HOTELS
7221	PHOTOGRAPHIC STUDIOS
7291-7299	TAX RETURN PREPARATION SERVICES / MISC. PERSONAL SVCS
7319	ADVERTISING (MISCELLANEOUS, NOT CLASSIFIED)
7631	WATCH, CLOCK AND JEWELRY REPAIR
7800-7999	AMUSEMENT, RECREATION, AND ENTERTAINMENT
8000-8059, 8082-8099	MEDICAL GROUPS
8100-8199	LEGAL
8661	RELIGIOUS ORGANIZATIONS (ADMIN. AND MGMT. STAFF ONLY)

* Management and the Administrative staff of Associations, Trusts & Religious Organizations are eligible under Level 2. All carve-outs will be rated Level 2.

** 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.

Cannabis groups are eligible for CoPower ONE Voluntary which does not include UNUM (Life). Generally, groups in the cannabis or cannabis related industries are ineligible for Unum life coverage.

*** Not applicable to Vol. PPO Bundles

CoPower ONE Rates

(2 - 9 Group Size)

DELTA DENTAL PPO BUNDLE		Region 1		Region 2	
		Level 1	Level 2	Level 1	Level 2
Bronze PPO 1000 (2-9)	Single	\$45.20	\$51.60	\$46.10	\$52.70
	Two-Party	\$79.80	\$92.60	\$83.50	\$97.00
	Three-Party*	\$121.60	\$141.20	\$127.20	\$148.00
Silver PPO 1500 (5-9)	Single	\$55.70	\$63.80	\$56.90	\$65.20
	Two-Party	\$101.10	\$117.70	\$105.90	\$123.40
	Three-Party*	\$167.40	\$195.50	\$175.50	\$205.30
Gold Premier 1500 (5-9)	Single	\$61.00	\$70.20	\$62.30	\$71.70
	Two-Party	\$112.10	\$130.90	\$117.60	\$137.40
	Three-Party*	\$187.80	\$220.00	\$197.10	\$231.20
Platinum Premier 2500 (5-9)	Single	\$76.70	\$88.20	\$78.30	\$90.20
	Two-Party	\$138.80	\$162.00	\$145.50	\$170.00
	Three-Party*	\$227.80	\$266.80	\$239.10	\$280.40

DELTA DENTAL VOLUNTARY BUNDLE		Without Ortho (5-99)	With Ortho (5-99)
CoPower ONE Voluntary (5-99)	Single	\$56.60	\$56.60
	Two-Party	\$106.40	\$117.00
	Three-Party*	\$163.70	\$179.60

DELTACARE® USA BUNDLE		Regions 1 & 2	Region 3	Region 4	Region 5
Bronze DHMO (2-9)	Single	\$26.90	\$29.10	\$30.70	\$68.90
	Two-Party	\$40.90	\$44.60	\$47.20	\$110.10
	Three-Party*	\$60.60	\$66.20	\$69.90	\$163.00
Silver/Gold DHMO (2-9)	Single	\$29.30	\$31.50	\$33.10	\$71.30
	Two-Party	\$43.50	\$47.20	\$49.80	\$112.70
	Three-Party*	\$63.50	\$69.10	\$72.80	\$165.90
Platinum DHMO (2-9)	Single	\$32.90	\$35.10	\$36.70	\$74.90
	Two-Party	\$47.70	\$51.50	\$54.10	\$117.00
	Three-Party*	\$69.60	\$75.20	\$78.90	\$172.00

DELTACARE® USA VOLUNTARY BUNDLE		Regions 1 & 2	Region 3	Region 4	Region 5
Voluntary DHMO (2-99)	Single	\$24.90	\$27.50	\$29.30	\$73.30
	Two-Party	\$39.20	\$43.20	\$45.90	\$112.50
	Three-Party*	\$62.20	\$68.20	\$72.10	\$170.60

Important Note for Rates: Rates shown are based on employees under the age of 70. Actual rates may be lower at the time of enrollment for members over the age of 70. For Dual Choice, rates are based on the total number of enrolled employees in the group, not in each individual PPO or DHMO plan. Example: A group with 9 enrolled (2 DHMO, 7 PPO) will use the 2-9 rate band.

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

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

CoPower ONE Rates

(10 - 49 Group Size)

DELTA DENTAL PPO BUNDLE		Region 1		Region 2	
		Level 1	Level 2	Level 1	Level 2
Bronze PPO 1000 (10-49)	Single	\$39.70	\$45.50	\$40.50	\$46.50
	Two-Party	\$71.10	\$82.60	\$74.50	\$86.60
	Three-Party*	\$109.50	\$127.20	\$114.60	\$133.30
Silver PPO 1500 (10-49)	Single	\$48.70	\$56.00	\$49.70	\$57.20
	Two-Party	\$89.90	\$104.80	\$94.20	\$109.90
	Three-Party*	\$150.30	\$175.60	\$157.60	\$184.40
Gold Premier 1500 (10-49)	Single	\$53.40	\$61.70	\$54.60	\$63.00
	Two-Party	\$99.80	\$116.60	\$104.70	\$122.50
	Three-Party*	\$168.70	\$197.70	\$177.10	\$207.80
Platinum Premier 2500 (10-49)	Single	\$67.10	\$77.50	\$68.60	\$79.30
	Two-Party	\$123.40	\$144.30	\$129.50	\$151.60
	Three-Party*	\$204.50	\$239.60	\$214.70	\$251.80

DELTA DENTAL VOLUNTARY BUNDLE		Without Ortho (5-99)	With Ortho (5-99)
CoPower ONE Voluntary (5-99)	Single	\$56.60	56.60
	Two-Party	\$106.40	117.00
	Three-Party*	\$163.70	179.60

DELTACARE® USA BUNDLE		Regions 1 & 2	Region 3	Region 4	Region 5
Bronze DHMO (10-49)	Single	\$24.60	\$26.90	\$28.40	\$66.60
	Two-Party	\$38.60	\$42.40	\$44.90	\$107.80
	Three-Party*	\$58.30	\$63.90	\$67.70	\$160.80
Silver/Gold DHMO (10-49)	Single	\$26.30	\$28.50	\$30.10	\$68.30
	Two-Party	\$40.50	\$44.20	\$46.80	\$109.70
	Three-Party*	\$60.50	\$66.10	\$69.80	\$162.90
Platinum DHMO (10-49)	Single	\$29.10	\$31.40	\$32.90	\$71.10
	Two-Party	\$44.00	\$47.80	\$50.30	\$113.20
	Three-Party*	\$65.80	\$71.40	\$75.20	\$168.30

DELTACARE® USA VOLUNTARY BUNDLE		Regions 1 & 2	Region 3	Region 4	Region 5
CoPower ONE Voluntary (2-99)	Single	\$24.90	\$27.50	\$29.30	\$73.30
	Two-Party	\$39.20	\$43.20	\$45.90	\$112.50
	Three-Party*	\$62.20	\$68.20	\$72.10	\$170.60

Important Note for Rates: Rates shown are based on employees under the age of 70. Actual rates may be lower at the time of enrollment for members over the age of 70. For Dual Choice, rates are based on the total number of enrolled employees in the group, not in each individual PPO or DHMO plan. Example: A group with 11 enrolled (2 DHMO, 9 PPO) will use the 10-49 rate band.

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

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

CoPower ONE Rates

(50 - 99 Group Size)

DELTA DENTAL PPO BUNDLE		Region 1		Region 2	
		Level 1	Level 2	Level 1	Level 2
Bronze PPO 1000 (50-99)	Single	\$35.20	\$40.70	\$36.00	\$41.70
	Two-Party	\$65.10	\$76.00	\$68.20	\$79.70
	Three-Party*	\$101.80	\$118.50	\$106.60	\$124.20
Silver PPO 1500 (50-99)	Single	\$43.50	\$50.40	\$44.50	\$51.60
	Two-Party	\$82.60	\$96.70	\$86.70	\$101.60
	Three-Party*	\$140.10	\$164.10	\$147.00	\$172.40
Gold Premier 1500 (50-99)	Single	\$48.00	\$55.80	\$49.10	\$57.10
	Two-Party	\$91.90	\$107.90	\$96.60	\$113.40
	Three-Party*	\$157.50	\$184.90	\$165.40	\$194.40
Platinum Premier 2500 (50-99)	Single	\$60.80	\$70.70	\$62.20	\$72.30
	Two-Party	\$114.20	\$133.90	\$119.90	\$140.80
	Three-Party*	\$191.30	\$224.50	\$200.90	\$236.00

DELTA DENTAL VOLUNTARY BUNDLE		Without Ortho (5-99)	With Ortho (5-99)
CoPower ONE Voluntary (5-99)	Single	\$56.60	\$56.60
	Two-Party	\$106.40	\$117.00
	Three-Party*	\$163.70	\$179.60

DELTACARE® USA BUNDLE		Regions 1 & 2	Region 3	Region 4	Region 5
Bronze DHMO (50-99)	Single	\$23.30	\$25.50	\$27.10	\$65.30
	Two-Party	\$37.30	\$41.00	\$43.60	\$106.50
	Three-Party*	\$57.00	\$62.60	\$66.40	\$159.40
Silver/Gold DHMO (50-99)	Single	\$24.60	\$26.90	\$28.50	\$66.70
	Two-Party	\$38.80	\$42.60	\$45.10	\$108.10
	Three-Party*	\$58.80	\$64.50	\$68.20	\$161.30
Platinum DHMO (50-99)	Single	\$27.20	\$29.50	\$31.00	\$69.20
	Two-Party	\$42.10	\$45.90	\$48.40	\$111.30
	Three-Party*	\$63.90	\$69.50	\$73.30	\$166.40

DELTACARE® USA VOLUNTARY BUNDLE		Regions 1 & 2	Region 3	Region 4	Region 5
CoPower ONE Voluntary (2-99)	Single	\$24.90	\$27.50	\$29.30	\$73.30
	Two-Party	\$39.20	\$43.20	\$45.90	\$112.50
	Three-Party*	\$62.20	\$68.20	\$72.10	\$170.60

Important Note for Rates: Rates shown are based on employees under the age of 70. Actual rates may be lower at the time of enrollment for members over the age of 70. For Dual Choice, rates are based on the total number of enrolled employees in the group, not in each individual PPO or DHMO plan. Example: A group with 51 enrolled (2 DHMO, 49 PPO) will use the 50-99 rate band.

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

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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

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Unum Enhanced Life

Optional Benefits

Enhanced Life. Clients may substitute the standard group term life policy in Bronze, Silver, Gold or Platinum packages with a \$35,000, \$50,000, \$100,000, or \$150,000 policy for an additional charge.

ENHANCED LIFE OPTION Enhanced Coverage	Enrolled EEs	Bronze \$15,000	Silver/Gold \$20,000	Platinum \$25,000
\$35,000	2-4	\$8.60	\$6.45 (DHMO Only)	\$4.30 (DHMO Only)
\$35,000	5-9	\$8.60	\$6.45	\$4.30
\$35,000	10-49	\$5.60	\$4.20	\$2.80
\$50,000	10-49	\$9.80	\$8.40	\$7.00
\$100,000	10-49	\$23.80	\$22.40	\$21.00
\$150,000	10-49	\$37.80	\$36.40	\$35.00
\$35,000	50-99	\$4.40	\$3.30	\$2.20
\$50,000	50-99	\$7.70	\$6.60	\$5.50
\$100,000	50-99	\$18.70	\$17.60	\$16.50
\$150,000	50-99	\$29.70	\$28.60	\$27.50

Enhanced Life Rates:

- Rates are per employee per month, and in addition to the CoPower ONE standard rates.
- Rates shown are based on employees under the age of 70. Actual rates may be lower at the time of enrollment for members over the age of 70.
- Enhanced Life amounts of \$50,000, \$100,000 and \$150,000 are only available to groups of 10 or more enrolling employees.



Delta Dental PPO

Limitations and Exclusions

Limitations

- (1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services." Optional Services also include the use of specialized techniques instead of standard procedures.

Examples of Optional Services:

- a) a composite restoration instead of an amalgam restoration on posterior teeth (for Bronze and Voluntary dental PPO plans only);
- b) a crown where a filling would restore the tooth;
- c) an inlay/onlay instead of an amalgam restoration;
- d) porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown); or
- e) an overdenture instead of denture.

If an Enrollee receives Optional Services, an alternate Benefit will be allowed, which means Delta Dental will base Benefits on the lower cost of the customary service or standard practice instead of on the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

- (2) Exam and cleaning limitations:

- a) Delta Dental will pay for oral examinations and cleanings (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, periodontal maintenance in the presence of inflamed gums or any combination thereof) no more than twice in a Calendar Year.
- b) A full mouth debridement is allowed once in a lifetime when the Enrollee has no history of prophylaxis, scaling and root planing, periodontal surgery or periodontal maintenance procedures within three (3) years. When allowed a full mouth debridement counts toward the maintenance frequency in the year provided.
- c) Note that periodontal maintenance and Procedure Codes that include periodontal maintenance and full mouth debridement are covered as a Basic Benefit and that routine cleanings (including scaling in presence of generalized moderate or severe gingival inflammation-full mouth) are covered as a Diagnostic and Preventive Benefit. See note on additional Benefits during pregnancy.
- d) Caries risk assessments are allowed once in 36 months.

- (3) X-ray limitations:

- a) Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
- b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series.

- c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.

- d) A complete intraoral series and panoramic film are each limited to once every 60 months.

- e) Bitewing x-rays are limited to two (2) times in a Calendar Year when provided to Enrollees under age 18 and one (1) time each Calendar Year for Enrollees age 18 and over. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.

- (4) Topical application of fluoride solutions is limited to twice in a Calendar Year.

- (5) Space maintainer limitations:

- a) Space maintainers are limited to the initial appliance and are a Benefit for an Enrollee to age 14. However, a distal shoe space maintainer-fixed-unilateral is limited to children age eight (8) and younger. A separate/additional space maintainer can be allowed after the removal of a unilateral distal shoe.

- b) Recementation of space maintainer is limited to once per lifetime.

- c) The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/Provider's office.

- (6) Pulp vitality tests are allowed once per day when definitive treatment is not performed.

- (7) Oral/facial photographic images and diagnostic casts are covered once per lifetime in conjunction with Orthodontic Services only when Orthodontic Services are a covered benefit. If Orthodontic Services are covered, see Limitations as age limits may apply. However, 3D x-rays are not a covered benefit.

- (8) Sealants are limited as follows:

- a) to permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface.
- b) repair or replacement of a Sealant on any tooth within 24 months of its application is included in the fee for the original placement.

- (9) Specialist Consultations, screenings of patients and assessments of patients are limited to once per lifetime per Provider and count toward the oral exam frequency.

- (10) Delta Dental will not cover replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated crowns within 24 months of treatment if the service is provided by the same Provider/Provider office. Replacement restorations within 24 months are included in the fee for the original restoration.

- (11) Protective restorations (sedative fillings) are allowed once per tooth per lifetime when definitive treatment is not performed on the same date of service.

- (12) Prefabricated crowns are allowed on baby (deciduous) teeth up to age 16. Replacement restorations within 24 months are included in the fee for the original restoration.

- (13) Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only and is considered palliative treatment for permanent teeth.

- (14) Pulpal therapy (resorbable filling) are limited to once in a



- lifetime. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (15) Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation. Apexification visits have a lifetime limit per tooth of one (1) initial visit, four (4) interim visits and one (1) final visit to age 19.
- (16) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (17) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.
- (18) Periodontal limitations:
- a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional Benefits during pregnancy. No more than two quadrants of scaling and root planing will be covered on the same date of service.
 - b) Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing performed within 36-months by the same Provider/Provider office.
 - c) Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants. Guided tissue regenerations and/or bone grafts are not benefited in conjunction with soft tissue grafts in the same surgical area.
 - d) Periodontal surgery is subject to a 30 day wait following periodontal scaling and root planing in the same quadrant
 - e) Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
 - f) When implant procedures are a covered benefit, scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure is covered as a Basic Service and are limited to once in a 24-month period.
- (19) Oral Surgery services are covered once in a lifetime except removal of cysts and lesions and incision and drainage procedures, which are covered once in the same day.
- (20) The following Oral Surgery procedure is limited to age 19 (or orthodontic limiting age): transeptal fiberotomy/supra crestal fiberotomy, by report.
- (21) The following Oral Surgery procedures are limited to age 19 (or orthodontic limiting age) provided Orthodontic Services are covered: surgical access of an unerupted tooth, placement of device to facilitate eruption of impacted tooth, and surgical repositioning of teeth.
- (22) Crowns and Inlays/Onlays are limited to Enrollees age 12 and older and are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.
- (23) Core buildup, including any pins, is covered not more than once in any 60 month period.
- (24) Post and core services are covered not more than once in any 60 month year period.
- (25) Crown repairs are covered not more than twice in any 60-month period. Crowns, inlays/onlays and fixed bridges include repairs for 24 months following installation.
- (26) Denture Repairs are covered not more than once in any six (6) month period except for fixed Denture Repairs which are covered not more than twice in any 60-month period.
- (27) Prosthodontic appliances implants and/or implant supported prosthetics that were provided under any Delta Dental program will be replaced only after 60 months have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to Enrollees age 16 and older. Replacement of a prosthodontic appliance and/or implant supported prosthesis not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.
- (28) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
- (29) Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation in a lifetime by the same Provider/Provider office.
- (30) Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six (6) months after placement.
- a) Denture rebase is limited to one (1) per arch in a 24-month period and includes any relining and adjustments for six (6) months following placement.
 - b) Dentures, removable partial dentures and relines include adjustments for six (6) months following installation. After the initial six (6) months of an adjustment or reline, adjustments are limited to two per arch in a calendar year and relining is limited to one (1) per arch in a six (6) month period.
 - c) Tissue conditioning is limited to two (2) per arch in a 12-month period. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
 - d) Recementation of fixed partial dentures is limited to once in a lifetime.

Exclusions

Delta Dental does not pay Benefits for:

- (1) treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law, except as provided in Section 1373(a) of the California Health and Safety Code.
- (2) cosmetic surgery or procedures for purely cosmetic reasons.
- (3) maxillofacial prosthetics.
- (4) provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under). Provisional and/or temporary restorations are not separately payable procedures and are included in the fee for completed service.
- (5) services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for medically diagnosed congenital defects or birth abnormalities.
- (6) treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, complete occlusal adjustments or Night Guards/Occlusal guards and abfraction.
- (7) any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.
- (8) prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- (9) charges for anesthesia, other than General Anesthesia and IV Sedation administered by a Provider in connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures. Local anesthesia and regional/or trigeminal bloc anesthesia are not separately payable procedures.
- (10) extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- (11) laboratory processed crowns for Enrollees under age 12.
- (12) fixed bridges and removable partials for Enrollees under age 16.
- (13) interim implants and endodontic endosseous implant.
- (14) indirectly fabricated resin-based Inlays/Onlays.
- (15) charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
- (16) treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.
- (17) charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, or tobacco counseling.
- (18) dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
- (19) procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
- (20) any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.
- (21) Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.
- (22) services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.
- (23) services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Services section, if applicable.
- (24) services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues) except as provided under the TMJ Benefit section, if applicable.
- (25) missed and/or cancelled appointments.
- (26) actions taken to schedule and assure compliance with patient appointments are inclusive with office operations and are not a separately payable service.
- (27) the fees for care coordination are considered inclusive in overall patient management and are not a separately payable service.
- (28) dental case management motivational interviewing and patient education to improve oral health literacy.
- (29) non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum.
- (30) extra-oral – 2D projection radiographic image and extra-oral posterior dental radiographic image.

Note on additional Benefits during pregnancy

When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under the Contract include one (1) additional oral exam and either one (1) additional routine cleaning; one (1) additional periodontal scaling and root planing per quadrant; or one (1) additional periodontal maintenance procedure. Written confirmation of the pregnancy must be provided by the Enrollee or her Provider when the claim is submitted.

DeltaCare® 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, outpatient 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
- ☐ 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 for the first month's premium
- ☐ CoPower ONE PPO Voluntary only: Proof of coverage in a comprehensive dental plan with no break in coverage

Optional Benefit Enhancements

- ☐ 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
- ☐ 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)

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.

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Delta Dental PPO

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DeltaCare® USA

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