



An Amwins Company

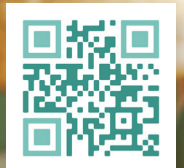
NEW YORK



# 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: 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.

### 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
- ✓ OPEN ENROLLMENT
- ✓ ONE BLENDED RATE
- ✓ ONE BILL
- ✓ NO ADMINISTRATIVE FEES
- ✓ 8 GREAT OPTIONS (PPO AND/OR HMO)
- ✓ DUAL CHOICE OPTIONS
- ✓ 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

GOOD  
BETTER  
BETTER PLUS  
BEST

# 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.<sup>1</sup>
- **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.<sup>2</sup>
- Delta Dental PPO product offers industry-leading network savings for members<sup>3</sup> backed by the nation's largest dentist network.<sup>4</sup>



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 years<sup>5</sup> and #2 in new sales for life insurance.<sup>6</sup>
- 53% of the Fortune 100 Companies or their subsidiaries and affiliates are served by Unum.<sup>7</sup>
- Unum in the US protects 38 million people and their families.<sup>8</sup>

<sup>1</sup> Delta Dental Plans Association enrollment statistics, 2021

<sup>2</sup> Delta Dental Social Impact Report, 2020, for Delta Dental of California and affiliated companies.

<sup>3</sup> 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.

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

<sup>5</sup> 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.

<sup>6</sup> 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

<sup>7</sup> Fortune, "Fortune 500 2016," (2016); Unum customer database, 2016

<sup>8</sup> 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.
- **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

- **Child Orthodontia** is available to groups of 2 or more exclusively through CoPower ONE.
- **Implants** - Unlike some dental carriers, Delta Dental PPO covers dental implants for all group sizes under their Major Services.
- **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 patient<sup>1</sup>, 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)

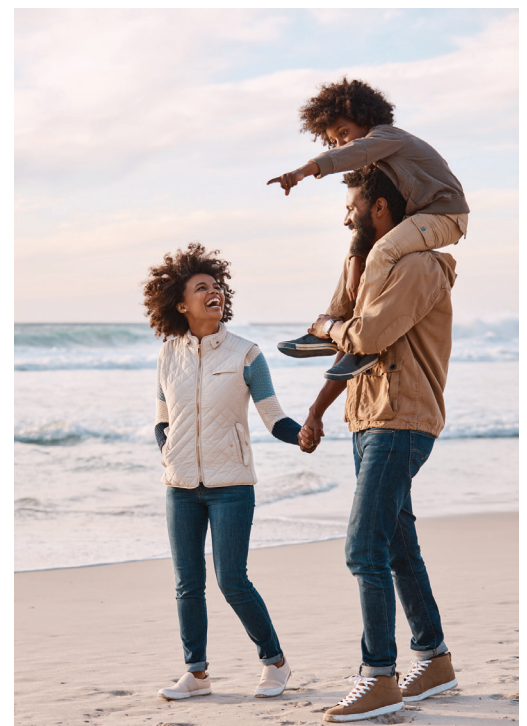
100% benefit not only for loss of life, but also in the unfortunate case of dismemberment, loss of sight/speech/hearing and quadriplegia.

### 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 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



# 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	Good (2-99)		Better (2-99)		Better Plus (2-99)	
	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 (D&amp;P)</b>	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>	Not available		50% lifetime max \$1,000			
<b>Vision</b>						
	VSP Choice Network					
<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*	\$45**	Covered in full*	\$45**	Covered in full*	\$45**
<b>Single-vision Lenses</b>	Covered in full*	\$30**	Covered in full*	\$30**	Covered in full*	\$30**
<b>Bifocal Lenses</b>	Covered in full*	\$50**	Covered in full*	\$50**	Covered in full*	\$50**
<b>Trifocal Lenses</b>	Covered in full*	\$65**	Covered in full*	\$65**	Covered in full*	\$65**
<b>Frames</b>	\$150 allowance	\$70**	\$150 allowance	\$70**	\$150 allowance	\$70**
<b>Contact Lenses</b>	\$150 allowance	\$105**	\$150 allowance	\$105**	\$150 allowance	\$105**
<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 (in lieu of lenses)</b>	24 months		12 months		12 months	
<b>Life</b>						
	Unum Basic Group Term Life with AD&D					
<b>Policy</b>	\$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.



<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

# Plan Benefits

CoPower ONE PLAN BENEFITS WITH DELTA DENTAL PPO	Best (2-99)	
	In Network	Out of Network
Dental <sup>1</sup>	Delta Dental PPO Plus Premier <sup>3</sup>	
Calendar Maximum (per patient)	\$2,000	\$1,500
Deductible (Per Patient)	\$50	\$75
Deductible Waived for Diagnostic & Preventive	Yes	
Diagnostic & Preventive Services (D&P)	100%	
Basic, Oral Surgery, Endodontics, and Periodontics	80%	
Major Services	50%	
Orthodontics—Children Only (Optional for Voluntary DPPO bundle)	50% lifetime max \$1,000	
<b>Vision - Vision Service Plan</b>		
Annual Copayment	\$10 exam/\$25 prescription glasses	
Frequency	C	
Eye Exam	12 months	
Lenses	12 months	
Frames	12 months	
Contact Lenses (in lieu of lenses)	12 months	
Frames Allowance	\$175 allowance	\$70**
Contact Lenses Allowance	\$175 allowance	\$105**
Eye Exam	Covered in full*	\$45**
Single-vision Lenses	Covered in full*	\$30**
Bifocal Lenses	Covered in full*	\$50**
Trifocal Lenses	Covered in full*	\$65**
<b>Life - UNUM</b>		
Basic Group Term Life with AD&D	\$25,000	

Minimum Partipation Base (5-99)	
DPPO Dentists	Non-DPPO Dentists
Delta Dental DPPO <sup>2</sup>	
\$1,500	\$1,250
\$50	\$75
Yes	No
100%	80%
Sealants, Simple Restorations, & Simple Extractions: 80%	
Oral Surgery/Endodontics/Periodontics: 50%	
50%	
50% lifetime max \$1,000	
<b>\$10 exam/\$25 prescription glasses</b>	
C	
12 months	
12 months	
12 months	
12 months	
\$200 allowance	\$70**
\$200 allowance	\$105**
Covered in full*	\$45**
Covered in full*	\$30**
Covered in full*	\$50**
Covered in full*	\$65**
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 Good, Better Better Plus, or Best.

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	Good DHMO	Better/Better Plus DHMO	Best DHMO	
Sample Benefits <sup>1</sup>	Sample Procedure <sup>1</sup>		Code <sup>2</sup>	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	\$175 \$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 turnover<sup>3</sup> are not eligible for any DeltaCare® USA plan. All groups in the cannabis or cannabis related industries are ineligible.

## Minimum Participation Base Plan 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 MPB option is available for 5+ in PPO plan and 2+ in DeltaCare USA plan. MPB bundles do not include Life coverage.

(See page 6 for dental PPO plan benefits)

<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. Dual Choice MPB option is available for 5+ in PPO plan and 2+ in DeltaCare USA plan. MPB bundles do not include Life coverage. (See page 6 for dental PPO plan benefits).

# 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	MPB & Employer Paid DeltaCare® USA	MPB PPO
<b>Group Eligibility</b>	<ul style="list-style-type: none"> <li>Businesses must be headquartered in NY with 2-99 enrolled employees for Good-PPO, Better-PPO, Better Plus-PPO Plus Premier, Best-PPO Plus Premier and DeltaCare USA™ plans; 5-99 enrolled employees for MPB-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% eligible employees must enroll but no less than 2 enrolled in PPO plans</li> <li>If employer contributes 100%, 100% employee participation is required 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>	12 months					
<b>Industry Loads</b>	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)
<b>Waiting Period for Services</b>	Good, Better, Better Plus, Best PPOs & DeltaCare® USA: None MPB 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>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)</li> </ul>					
<b>Out-of-State</b>	Groups with 2-99 eligible employees: One employee must be in NY.				Service must be rendered in NY, NJ, PA	One employee must be in NY
<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>Dual Choice</b>	Employer Sponsored dual choice Delta Dental PPO and DeltaCare® USA within CoPower ONE portfolio: <ul style="list-style-type: none"> <li>Minimum of 2 enrolled in either plan, DeltaCare USA or PPO, with remainder in the other plan (bundles need to match e.g. CoPower ONE Best DHMO sold with CoPower ONE Best PPO, rates based on total # of enrolling EE's)</li> <li>Dual choice MPB Delta Dental PPO and MPB DeltaCare USA – minimum of 5 enrolled in PPO plan and minimum of 2 enrolled DeltaCare plan</li> </ul>					
<b>Orthodontics</b>	Not available in CoPower ONE Good PPO	<ul style="list-style-type: none"> <li>Available to groups with a minimum of 2 primary enrollees</li> <li>Child only up to age 26</li> </ul>			Yes, for children and adults	Yes, for children only
<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					



# 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.

CoPower ONE Ineligible Industries by SIC		Bundle Type		
SIC RANGE	SEGMENT	PPO	MPB 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 and Minimum Participation Base PPO Bundles	
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 MPB which does not include UNUM (Life). Generally, groups in the cannabis or cannabis related industries are ineligible for Unum life coverage.

# CoPower ONE Rates

(2 - 9 Group Size, All Regions)

DELTA DENTAL PPO PLANS		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE Good (2-9)	Single	\$41.50	\$46.00	\$39.50	\$43.50	\$32.50	\$35.50
	Two-Party	\$78.00	\$87.50	\$74.00	\$83.00	\$59.50	\$66.00
	Three-Party*	\$108.50	\$121.50	\$103.00	\$115.00	\$82.50	\$91.50
CoPower ONE Better (2-9)	Single	\$51.50	\$57.00	\$49.00	\$54.50	\$41.00	\$44.50
	Two-Party	\$98.50	\$110.50	\$93.50	\$105.00	\$75.00	\$83.50
	Three-Party*	\$142.50	\$160.50	\$135.50	\$152.00	\$108.00	\$120.50
CoPower ONE Better Plus (2-9)	Single	\$57.50	\$63.50	\$56.50	\$62.50	\$46.00	\$50.50
	Two-Party	\$110.50	\$124.00	\$108.50	\$121.50	\$86.50	\$96.00
	Three-Party*	\$160.00	\$179.50	\$157.00	\$176.00	\$124.00	\$138.50
CoPower ONE Best (2-9)	Single	\$66.00	\$73.00	\$65.00	\$72.00	\$54.00	\$59.00
	Two-Party	\$126.00	\$141.00	\$123.50	\$138.50	\$99.00	\$110.50
	Three-Party*	\$182.50	\$204.50	\$179.50	\$201.00	\$142.50	\$159.00

## CoPower ONE ZIP Code Regions

Regions are determined by ZIP Code and County.

**Region 1:** This region includes ZIP Codes: 100-102

**Region 2:** This region includes ZIP codes: 103-119, 124 (Orange), 125 (Orange, Putnam), 127 (Orange)

**Region 3:** This region includes ZIP Codes: 120-123, 124 (Ulster, Albany, Delaware, Greene) 125 (Ulster, Columbia, Dutchess), 126, 127 (Delaware, Sullivan, Ulster), 128-149

CoPower ONE Minimum Participation Base Plan is a Dental and Vision only plan.

Note: 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. Rates are effective for new groups enrolling no later than December 1, 2025.

DELTA DENTAL MINIMUM PARTICIPATION BASE PLAN		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE MPB (5-9)	Single w/o Ortho	\$65.00	\$72.50	\$59.00	\$66.00	\$47.00	\$52.00
	Single w/ Ortho	\$65.00	\$72.50	\$59.00	\$66.00	\$47.00	\$52.00
	Two-Party w/o Ortho	\$129.00	\$146.00	\$117.00	\$131.50	\$91.50	\$103.50
	Two-Party w/ Ortho	\$133.00	\$150.00	\$120.00	\$135.00	\$94.50	\$105.50
	Three-Party* w/o Ortho	\$188.00	\$210.50	\$170.00	\$190.00	\$135.00	\$150.50
	Three-Party* w/ Ortho	\$199.50	\$224.00	\$180.50	\$202.50	\$143.50	\$160.00

## DeltaCare USA Plans

DELTACARE® USA PLANS		Regions 1	Region 2
CoPower ONE Good (2-9)	Single	\$33.00	\$32.00
	Two-Party	\$53.50	\$50.50
	Three-Party*	\$77.50	\$74.00
CoPower ONE Better (2-9)	Single	\$37.00	\$35.50
	Two-Party	\$58.00	\$55.50
	Three-Party*	\$83.50	\$80.50
CoPower ONE Best (2-9)	Single	\$41.00	\$40.00
	Two-Party	\$63.50	\$60.50
	Three-Party*	\$91.50	\$88.00

## DeltaCare® USA Regions by County

Region 1: 100 -102

Region 2: 103 - 149

CoPower ONE Minimum Base Plan is a Dental and Vision only plan.

Note: 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 Rates are effective for new groups enrolling no later than December 1, 2025.

DELTACARE® USA MINIMUM PARTICIPATION BASE PLAN		Regions 1	Region2
CoPower ONE MPB (2-9)	Single	\$39.00	\$37.00
	Two-Party	\$62.00	\$58.50
	Three-Party*	\$96.50	\$92.50

# CoPower ONE Rates

(10 - 49 Group Size, All Regions)

DELTA DENTAL PPO PLANS		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE Good (10-49)	Single	\$38.00	\$42.50	\$36.50	\$40.50	\$29.00	\$31.50
	Two-Party	\$72.00	\$81.50	\$68.50	\$77.00	\$52.50	\$58.50
	Three-Party*	\$101.50	\$114.00	\$96.00	\$108.00	\$74.00	\$82.00
CoPower ONE Better (10-49)	Single	\$47.00	\$52.50	\$44.50	\$50.00	\$36.00	\$40.00
	Two-Party	\$91.50	\$103.00	\$87.00	\$97.00	\$66.50	\$74.00
	Three-Party*	\$133.50	\$150.00	\$127.00	\$142.00	\$97.00	\$108.00
CoPower ONE Better Plus (10-49)	Single	\$52.00	\$57.50	\$51.00	\$56.50	\$40.00	\$44.00
	Two-Party	\$103.00	\$115.50	\$100.50	\$113.00	\$76.50	\$85.50
	Three-Party*	\$150.00	\$168.50	\$146.00	\$165.50	\$112.00	\$124.50
CoPower ONE Best (10-49)	Single	\$60.00	\$66.50	\$59.00	\$65.50	\$47.00	\$51.50
	Two-Party	\$117.00	\$131.00	\$115.00	\$129.00	\$88.00	\$98.00
	Three-Party*	\$171.00	\$192.00	\$168.00	\$188.00	\$128.50	\$143.50

## CoPower ONE ZIP Code Regions

Regions are determined by ZIP Code and County.

**Region 1:** This region includes ZIP Codes: 100-102

**Region 2:** This region includes ZIP codes: 103-119, 124 (Orange), 125 (Orange, Putnam), 127 (Orange)

**Region 3:** This region includes ZIP Codes: 120-123, 124 (Ulster, Albany, Delaware, Greene) 125 (Ulster, Columbia, Dutchess), 126, 127 (Delaware, Sullivan, Ulster), 128-149

CoPower ONE Minimum Participation Base Plan is a Dental and Vision only plan.

Note: 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. Rates are effective for new groups enrolling no later than December 1, 2025.

DELTA DENTAL MINIMUM PARTICIPATION BASE PLAN		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE MPB (10-49)	Single w/o Ortho	\$62.00	\$69.50	\$56.50	\$63.00	\$44.00	\$48.50
	Single w/ Ortho	\$62.00	\$69.50	\$56.50	\$63.00	\$44.00	\$48.50
	Two-Party w/o Ortho	\$123.00	\$138.00	\$111.00	\$124.50	\$85.00	\$95.00
	Two-Party w/ Ortho	\$127.00	\$143.50	\$115.00	\$129.00	\$87.00	\$97.50
	Three-Party* w/o Ortho	\$179.50	\$201.00	\$162.50	\$182.00	\$125.50	\$139.00
	Three-Party* w/ Ortho	\$191.00	\$214.50	\$172.50	\$193.50	\$132.00	\$147.00

## DeltaCare USA Plans

DELTACARE® USA PLANS		Regions 1	Region 2
CoPower ONE Good (10-49)	Single	\$30.00	\$29.00
	Two-Party	\$49.00	\$47.00
	Three-Party*	\$72.00	\$69.00
CoPower ONE Better (10-49)	Single	\$33.00	\$32.00
	Two-Party	\$53.00	\$50.50
	Three-Party*	\$78.00	\$74.00
CoPower ONE Best (10-49)	Single	\$36.50	\$36.00
	Two-Party	\$57.50	\$55.00
	Three-Party*	\$84.50	\$81.50

## DeltaCare® USA Regions by County

Region 1: 100 -102  
Region 2: 103 - 149

CoPower ONE Minimum Base Plan is a Dental and Vision only plan.

Note: 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. Rates are effective for new groups enrolling no later than December 1, 2025.

DELTACARE® USA MINIMUM PARTICIPATION BASE PLAN		Regions 1	Region2
CoPower ONE MPB (10-49)	Single	\$37.50	\$36.00
	Two-Party	\$59.50	\$57.00
	Three-Party*	\$93.50	\$90.00

# CoPower ONE Rates

(50 - 99 Group Size, All Regions)

DELTA DENTAL PPO PLANS		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE Good (50-99)	Single	\$35.50	\$39.50	\$33.50	\$37.50	\$26.50	\$29.00
	Two-Party	\$67.50	\$76.00	\$64.00	\$71.50	\$48.50	\$54.00
	Three-Party*	\$95.50	\$107.00	\$90.50	\$101.50	\$69.50	\$77.00
CoPower ONE Better (50-99)	Single	\$43.50	\$48.50	\$41.50	\$46.00	\$33.00	\$36.50
	Two-Party	\$85.50	\$96.00	\$81.00	\$90.50	\$62.00	\$69.00
	Three-Party*	\$125.50	\$141.00	\$119.00	\$133.50	\$91.00	\$101.50
CoPower ONE Better Plus (50-99)	Single	\$48.50	\$54.00	\$47.50	\$53.00	\$37.50	\$41.00
	Two-Party	\$96.00	\$108.00	\$94.00	\$106.00	\$71.50	\$80.00
	Three-Party*	\$141.00	\$158.50	\$138.00	\$155.50	\$105.00	\$117.00
CoPower ONE Best (50-99)	Single	\$55.50	\$62.00	\$55.00	\$61.00	\$43.50	\$48.00
	Two-Party	\$109.00	\$123.00	\$107.00	\$120.00	\$82.00	\$91.00
	Three-Party*	\$161.00	\$180.50	\$158.00	\$177.00	\$120.50	\$134.50

## CoPower ONE ZIP Code Regions

Regions are determined by ZIP Code and County.

**Region 1:** This region includes ZIP Codes: 100-102

**Region 2:** This region includes ZIP codes: 103-119, 124 (Orange), 125 (Orange, Putnam), 127 (Orange)

**Region 3:** This region includes ZIP Codes: 120-123, 124 (Ulster, Albany, Delaware, Greene), 125 (Ulster, Columbia, Dutchess), 126, 127 (Delaware, Sullivan, Ulster), 128-149

CoPower ONE Minimum Participation Base Plan is a Dental and Vision only plan.

Note: 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. Rates are effective for new groups enrolling no later than December 1, 2025.

DELTA DENTAL MINIMUM PARTICIPATION BASE PLAN		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE MPB (50-99)	Single w/o Ortho	\$59.00	\$66.00	\$54.00	\$60.00	\$42.00	\$46.50
	Single w/ Ortho	\$59.00	\$66.00	\$54.00	\$60.00	\$42.00	\$46.50
	Two-Party w/o Ortho	\$117.00	\$132.00	\$106.00	\$119.00	\$81.00	\$90.00
	Two-Party w/ Ortho	\$120.00	\$135.00	\$108.50	\$122.00	\$82.50	\$92.00
	Three-Party* w/o Ortho	\$170.00	\$190.50	\$154.50	\$172.50	\$119.00	\$132.00
	Three-Party* w/ Ortho	\$181.50	\$203.00	\$163.50	\$183.50	\$125.50	\$140.50

## DeltaCare USA Plans

DELTACARE® USA PLANS		Regions 1	Region 2
CoPower ONE Good (50-99)	Single	\$28.00	\$26.50
	Two-Party	\$45.50	\$43.50
	Three-Party*	\$67.50	\$64.50
CoPower ONE Better (50-99)	Single	\$31.00	\$29.50
	Two-Party	\$49.00	\$46.50
	Three-Party*	\$73.00	\$69.50
CoPower ONE Best (50-99)	Single	\$34.00	\$32.50
	Two-Party	\$52.50	\$51.00
	Three-Party*	\$79.50	\$76.50

## DeltaCare® USA Regions by County

Region 1: 100 -102  
Region 2: 103 - 149

CoPower ONE Minimum Base Plan is a Dental and Vision only plan.

Note: 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. Rates are effective for new groups enrolling no later than December 1, 2025.

DELTACARE® USA MINIMUM PARTICIPATION BASE PLAN		Regions 1	Region2
CoPower ONE MPB (50-99)	Single	\$36.00	\$35.00
	Two-Party	\$57.00	\$54.50
	Three-Party*	\$89.50	\$85.50

# Plan Benefits

## Unum Enhanced Life

**Enhanced Life.** Clients may substitute the standard group term life policy in Good, Better, Better Plus, and Best packages with a \$35,000, \$50,000, \$100,000, or \$150,000 policy for an additional charge.

ENHANCED LIFE OPTION Enhanced Coverage	Enrolled EEs	Good \$15,000	Better/Better Plus \$20,000	Best \$25,000
\$35,000	2-9	\$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.

# Optional Plan Benefits

## Unum Supplemental Life

UNUM SUPPLEMENTAL LIFE GUIDELINES & RATES	Unum Group Supplemental Protection Life Benefits and AD&D		
	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: \$50,000</li> <li>• 50-99 eligible employees: \$80,000</li> </ul>	All group sizes: \$10,000	All group sizes: \$10,000
<b>Amounts Available</b>	\$10,000 increments	\$5,000 increments	\$2,000 increments
<b>Maximum Amount</b>	Lesser of \$250,000 or five times earnings	Lesser of \$250,000 or 100% of employee's Voluntary life amount	\$10,000 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

UNUM SUPPLEMENTAL LIFE	Unum Group Supplemental Protection Life with AD&D	
	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
<b>Child Per \$1,000</b>	Up to Age 26	\$0.33

All rates effective January 1, 2025.

Covers all children up to age 26.



## Limitations

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract information.

See Evidence of Coverage for a complete list of Limitations.

1. Exams and cleanings are limited to twice each calendar year.<sup>1</sup>
2. Bitewing x-rays are limited to twice each calendar year under age 18 and one per year over 18.
3. Full mouth x-rays are limited to once every five years.
4. Topical application of fluoride solutions is limited to enrollees to age 19 and no more than twice in a calendar year.
5. Space maintainers are limited to the initial appliance for children to age 14.
6. Sealants will be replaced only after two years have elapsed following any prior provision. Age limitations may vary.
7. Periodontal scaling and root planing in the same quadrant are limited to once every two years.<sup>1</sup>
8. Crowns, inlays/onlays and prosthodontic appliances (bridges, dentures and implants) are limited to every five years.
9. The orthodontic maximum amount is a lifetime maximum. Benefits are not paid to repair or replace any orthodontic appliance received under a Delta Dental plan.
10. Delta Dental will base payment for optional services on the contract allowance for the covered procedure. Optional services are those elected by the enrollee in lieu of lower-cost conventional services.

<sup>1</sup> Pregnant enrollees and enrollees with certain qualifying medical conditions may be eligible for additional services. See plan contract for more details.

# DeltaCare® USA - 13B

## Limitations

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract information.

See Evidence of Coverage for a complete list of Limitations.

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
2. Any combination of more than six crowns, bridge pontics and/or bridge retainers may result in additional charges.
3. General anesthesia and/or IV sedation is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral.
4. Coverage for treatment provided by a pediatric dentist are limited to members through age 7 and requires a referral from the enrollee's selected DeltaCare USA contract dentist.
5. Orthodontic treatment costs for enrollees whose coverage has been terminated or canceled will be based on the contract orthodontist's usual fee for treatment. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee pays the contract orthodontist as arranged.



## 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 MPB 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/MPB Life
  - Enrolling employees may also complete the Unum Employee MPB Term Life and AD&D Enrollment Form
- Employees enrolling in MPB Life (if applicable):
  - A completed Unum Employee MPB 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.

## Plan Administration

### CoPower

2677 N. Main Street, Suite 800  
Santa Ana, CA 92705

**T:** 888.920.2322

**E:** [copower.sales@amwins.com](mailto:copower.sales@amwins.com)

[www.copower.com](http://www.copower.com)

## Carrier Contact Information

### Delta Dental PPO SM

888.335.8227

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

### DeltaCare® USA

800.422.4234

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

### VSP

800.877.7195

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

### Unum Life

866.679.3054

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