

## **CoPower ONE<sup>™</sup> Better**

## Plan Highlights: DeltaCare® USA

# The Easiest Way to Have Dental, Vision, and Life

#### Delta Care® USA

- DeltaCare USA is a prepaid plan that features:
- set copayments
- · no annual deductibles
- no maximums for covered benefits
- Members and their dependents must select a primary care dentist in the DeltaCare USA network from whom to receive treatment

#### **VSP**

- Care from VSP doctors who are qualified to detect problems and signs of health conditions, such as diabetes and high blood pressure, through WellVision Exams®
- Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed

\_\_\_\_\_\_

#### **Unum**

- Group term life benefits include Accidental Death & Dismemberment (AD&D), Employee Assistance Program (EAP), and two other value-added coverage and service
- Available with conversion and portability options

			400
DeltaCare	USA	Plan	13B

Sample Benefits	Sample Procedure	Code	CoPay	
Calendar Year Deductible		N/A	None	
Calendar Year Maximum		N/A	None	
Diagnostic and Preventive (D&P) Services	Intraoral—complete series (including bitewings)	D0210	No Cost	
<b>Basic Restorative</b>	Fillings (amalgam filling-one surface)	D2140	No Cost	
Periodontics	Scaling & root planing—four or more teeth per quadrant	D4341	\$50	
Endodontics	Root canal—anterior (excluding final restoration) Root canal—molar (excluding final restoration)	D3310 D3330	\$95 \$335	
Oral Surgery	Extraction—erupted tooth Removal of impacted tooth—completely bony	D7140 D7240	\$5 \$95	
Restorative	Crown—full cast high noble metal Crown—porcelain fused with high noble meta	D2790 D2750	\$355 \$355	
Prosthodontics	Complete denture—maxillary Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	D5110 D5211	\$285 \$245	
Orthodontics	Child—Comprehensive orthodontic treatment of the transitional dentition (child or adolescent to age 19) Adult—Comprehensive orthodontic treatment of the adult dentition (adults, including covered dependent adult children)	D8070 D8090	\$1,900 \$2,100	
Vision	VSP Choice Network			
Annual Copayment	\$10 exam/\$25 prescription glasses			
Eye Exam	Covered after copayment	Reimbursed up to \$45		
		Reimbursed up to \$30		
Single-Vision Lenses	Covered in full	Reimburse	а ар то фоо	
Single-Vision Lenses Bifocal Lenses	Covered in full  Covered in full	Reimbursed	· · · · · · · · · · · · · · · · · · ·	
			d up to \$50	
Bifocal Lenses	Covered in full	Reimbursed	d up to \$50 d up to \$65	
Bifocal Lenses Trifocal Lenses	Covered in full Covered in full	Reimbursed	d up to \$50 d up to \$65 d up to \$70 sed up to	
Bifocal Lenses Trifocal Lenses Frames	Covered in full Covered in full \$150 allowance \$150 allowance	Reimbursed Reimbursed Reimbursed	d up to \$50 d up to \$65 d up to \$70 sed up to	
Bifocal Lenses Trifocal Lenses Frames Contact Lenses	Covered in full Covered in full \$150 allowance	Reimbursed Reimbursed Reimbursed	d up to \$50 d up to \$65 d up to \$70 sed up to	
Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency	Covered in full Covered in full \$150 allowance \$150 allowance	Reimbursed Reimbursed Reimbursed	d up to \$50 d up to \$65 d up to \$70 sed up to	
Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam	Covered in full Covered in full \$150 allowance \$150 allowance	Reimbursed Reimbursed Reimbursed	d up to \$50 d up to \$65 d up to \$70 sed up to	
Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam Lenses	Covered in full Covered in full \$150 allowance \$150 allowance  12 months 12 months	Reimbursed Reimbursed Reimbursed	d up to \$50 d up to \$65 d up to \$70 sed up to	
Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam Lenses Frames Contact Lenses (in lieu of	Covered in full Covered in full \$150 allowance \$150 allowance  12 months 12 months 24 months	Reimbursed Reimbursed Reimbursed Reimburs \$10	d up to \$50 d up to \$65 d up to \$70 sed up to 05	
Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam Lenses Frames Contact Lenses (in lieu of lenses and a frame)	Covered in full Covered in full \$150 allowance \$150 allowance  12 months 12 months 24 months 12 months	Reimbursed Reimbursed Reimbursed Reimburs \$10	d up to \$50 d up to \$65 d up to \$70 sed up to 05	

<sup>\*</sup> The benefit information contained herein 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. 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 information, contact CoPower.

#### Delta Dental Contact Information

#### **Customer Service**

**T:** 800.422.4234 Monday through Friday, 8AM to 9PM ET

#### Provider Search/Directory, Claims, Benefits, Eligibility:

T: 888.335.8227

#### www.deltadentalins.com

Select 'DeltaCare USA Network'

When covered by a DeltaCare USA plan, you:

- 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

#### VSP Contact Information

#### **Customer Service:**

T: 800.877.7195 Monday through Friday, 8AM to 9PM, ET Saturday & Sunday 10AM to 8PM, ET

#### **Provider Search/Directory:**

#### www.vsp.com

• Select 'Choice Network'

## **Using the DeltaCare® USA Plan**

By covering many services at little or no cost to you, DeltaCare USA encourages regular preventive dental visits. You also enjoy great features including out-of-area emergency coverage, an orthodontic treatment in progress provision and expanded business hours for toll-free customer service.

#### Know the Name and Location of a DeltaCare USA Dentist

DeltaCare USA dentists undergo a comprehensive credentialing process to ensure they meet high-quality standards. You must visit your selected DeltaCare USA dentist to receive benefits under the DeltaCare USA plan. If you change your dentist by the 21st of the month, the change will be effective on the first day of the following month.

#### How the Plan Works

Following enrollment in DeltaCare USA, you will receive an ID card and a plan booklet. The booklet contains a complete list of the procedures and copayments that are covered for the DeltaCare USA plan, as well as plan limitations and exclusions. Delta Dental will also include in the packet the name, address, and phone number of your DeltaCare USA dentist. You simply call the dental office to make an appointment.

#### **Orthodontic Treatment in Progress**

Following enrollment in DeltaCare USA, you will receive an ID card and a plan booklet. The booklet contains a complete list of the procedures and copayments that are covered for the DeltaCare USA plan, as well as plan limitations and exclusions. Delta Dental will also include in the packet the name, address, and phone number of your DeltaCare USA dentist. You simply call the dental office to make an appointment.

## **Vision Coverage: VSP**

Your VSP benefit offers you the best in eyecare and eyewear. You get personalized care from your VSP doctor who focuses on keeping you and your eyes healthy year after year.

#### **Additional Vision Benefits You Receive:**

**VSP LightCare™:** \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.

#### **Essential Medical Eye Care**

- Retinal imaging for members with diabetes covered-in-full
- Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.
- Coordination with your medical coverage may apply. Ask your VSP network doctor for details.

#### **Glasses and Sunglasses**

- Discover all current eyewear offers and savings at vsp.com/offers.
- 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.

#### **Laser Vision Correction**

• Average of 15% off the regular price; discounts available at contracted facilities.

#### **Exclusive Member Extras for VSP Members**

- Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
- Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details.
- Enjoy everyday savings on health, wellness, and more with VSP Simple Values

**VSP's Participating Retail Chains** – Access to thousands of nationwide retail locations such as Costco Optical. Members can enjoy a covered-in-full benefit experience with equivalent benefits at any of the participating retail chain location

#### Using your VSP Benefit Is Easy:

- Find the right provider for you by visiting www.vsp.com and selecting the Choice network or calling 800.877.7195
- Review your benefit information before your scheduled appointment
- Tell your provider you have VSP coverage. No ID card is necessary

## **Basic Life Coverage: Unum**

With Unum and CoPower ONE's group term life insurance, you get the peace of mind and protection you and your family deserve.

It is even portable—it gives you coverage you can keep if you ever leave your employer.

#### **Value-Added Coverage and Services:**

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

This coverage provides additional benefits to you or your beneficiary in the event of a fatal accident or an accident that results in the loss of eyesight, speech, hearing or a limb.

- · 100% benefit for loss of life or dismemberment; loss of sight, speech, and hearing; quadriplegia
- 75% benefit for triplegia or paraplegia
- 50% benefit for loss of one hand or foot, sight of one eye, speech or hearing
- 25% benefit for loss of thumb and index finger on the same hand, uniplegia
- Education benefit for the insured's qualified unmarried children
- · Repatriation benefit
- · Exposure and disappearance benefit
- · Seatbelt and airbag benefit

#### 2. Work-Life Balance—Employee Assistance Program (EAP)

Confidential assistance to you and your family members with finding solutions for the everyday challenges of work and home, as well as for more serious issues involving emotional and physical well-being.

- Childcare and/or eldercare referrals
- Personal relationship information
- · Health information and online tools
- · Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

Three face-to-face sessions with master-level consultants every six months per incidence, per family member. Available 365 days a year, 24 hours a day by phone (toll-free) or web.

#### 3. Life Planning Financial and Legal Resources

Available at no charge, these life planning services are available to your spouse and beneficiaries if you are terminally ill or die.

- Financial and legal resources
- Impartial, accurate advice
- Emotional counseling and support
- · Customized service

#### 4. Worldwide Emergency Travel Assistance

Whether traveling for business or pleasure anywhere in the world, help is available to you and your family in the event of a medical emergency. These worldwide emergency travel assistance services, provided by Assist America, Inc., are just a phone call away:

- Hospital admission guarantee
- Emergency medical evacuation
- Medically supervised transportation home
- Transportation for a friend or family member to join the hospitalized patient
- Prescription replacement assistance
- Access to multilingual crisis management professionals
- · Medical referrals to Western-trained English-speaking medical providers
- · Care and transport of unattended minor children

#### **Unum Contact Information**

#### Claim Information

T: 800.445.0402

www.unum.com

#### **Benefits and Eligibility**

T: 800.421.0344

## Value-Added Coverage and Services Contact Information

#### AD&D

T: 800.421.0344

#### **EAP**

**T:** 800.854.1446

www.unum.com/lifebalance

#### Life Planning/Legal Resources

T: 800.422.5142

members.healthadvocate.com

Organization name:

**Unum - Life Planning** 

#### Worldwide Emergency Travel Assistance

Ref. # 01-AA-UN-762490

E: medservices@assistamerica.com

Within the U.S:

**T:** 800.872.1414

Outside the U.S:

T: + (U.S. access code) 609.986.1234



### **Plan Administration:**

For plan coverage, benefits, or eligibility, contact a CoPower Customer Success Representative Monday through Friday, 8:00 am to 5:00 pm PST.

T: 888.920.2322

**E**: copower.requests@amwins.com www.copower.com

## CoPower VANTAGE

CoPower VANTAGE is a portfolio of value-add services, available free of cost to all CoPower members!



#### Discount Rx Card

FREE discount prescription card to members with up to 75% discounts on prescription drugs (discounts average roughly 30%.) Honored at more than 56,000 pharmacies!



#### BenefitHub

Stretch your paychecks with money-saving offers and exclusive discounts. Members enjoy savings on dining, theme parks, shopping and a host of other services.

Includes discounts on:

- Amusement parks
- Direct TV
- Legal Zoom
- Restaurant Gift Cards
- Hotel Deals
- Car Rental & Airfare

To learn more on how you can take advantage of these free services and offerings, visit **www.copower.com/our-products/copower-vantage** 

DeltaCare® USA is underwritten by Delta Dental of New York; VSP Choice is underwritten by VSP; and 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.

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.



www.copower.com CPE021.100 NY 1/24