



Benefits Made Easy

# CoPower ONE™ Voluntary w/Ortho Plan Highlights

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

### Delta Dental

- Offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Four out of five dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists

### 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

Delta Dental PPO and Delta Dental PPO+Premier are underwritten by Delta Dental of California; and VSP Choice is underwritten by VSP. These companies are financially responsible for their own products.

COPOWER ONE VOLUNTARY	In-network Delta Dental PPO Dentists	Out-of-network Delta Dental Premier and Non-Delta Dental Dentists
<b>Dental</b>	<b>Delta Dental PPO</b>	
<b>Reimbursement Basis</b>	All dentists (in- and out-of-network) are reimbursed at the lesser of the submitted charge or the PPO provider allowed fee.	
<b>Calendar Year Max</b>	\$1,500	\$1,250
<b>Deductible</b>	\$50 For D&P: Waived	\$75 For D&P: Not Waived
	<b>First 12 months</b>	
<b>Diagnostic and Preventive (D&amp;P) Services</b>	100%	80%
<b>Sealants, Simple Restorations, &amp; Simple Extractions</b>	80%	
	<b>Second 12 months</b>	
<b>Oral Surgery, Endodontics, Periodontics, Major Services</b>	50%	
<b>Orthodontics - Children Only</b> (Available to groups 25+ enrolled)	50% lifetime max \$1,000	
<b>Vision</b>	<b>VSP Choice Network</b>	
<b>Annual Copayment</b>	\$10 exam/\$25 prescription glasses	
<b>Eye Exam</b>	Covered after copayment	Reimbursed up to \$45
<b>Single-Vision Lenses</b>	Covered in full	Reimbursed up to \$30
<b>Bifocal Lenses</b>	Covered in full	Reimbursed up to \$50
<b>Trifocal Lenses</b>	Covered in full	Reimbursed up to \$65
<b>Frames</b>	\$150 allowance	Reimbursed up to \$70
<b>Contact Lenses</b>	\$150 allowance	Reimbursed up to \$105
<b>Frequency</b>		
Eye Exam	12 months	
Lenses	12 months	
Frames	24 months	
Contact Lenses (in lieu of lenses and a frame)	12 months	

\* As the patient, your share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum, and any services the plan does not cover. If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

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 or your benefits administrator.

## Delta Dental Contact Information

### Member Services/Claims

T: 800.765.6003  
Monday through Friday,  
5:00 AM to 5:00 PM, PST

### Provider Search/Directory:

T: 888.335.8227

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

- Select 'Delta Dental PPO or Premier Network'

## VSP Contact Information

### Customer Service:

T: 800.877.7195  
Monday through Friday,  
5:00 AM to 7:00 PM, PST

### Provider Search/Directory:

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

- Select 'Choice Network'

## Dental Coverage: Delta Dental of California

If you visit a dentist contracted through Delta Dental's expansive PPO network, you will enjoy dentist fee discounts that average 20 to 35 percent. Not only is your calendar year maximum benefit higher, deductibles lower, and basic services covered at a higher percentage, but your annual deductible is waived for diagnostic and preventive services.

**Note:** Choosing to visit a dentist in the Delta Dental Premier network will result in benefits and claims being processed in the out-of-network tier.

### How the CoPower ONE Voluntary Dental Plan Works:

Example of a Teeth Cleaning Visit after the Deductible (if Applicable) Has Been Met			
Dentist Network Status:	Delta Dental PPO Network	Delta Dental Premier Network	Non-contracted Network
Dentist Bills (Submitted Charge)	\$75	\$75	\$75
Fee Agreement with Delta Dental	\$50	\$60	None
Plan Payment	\$50	\$40 (80% of PPO Fee)	\$40
Patient's Share	0	\$20	\$35

### Using your Delta Dental Benefit Is Easy:

You don't need an ID card to access services from your Delta Dental dentist. Just tell the dental office that you are a member of Delta Dental and they will call the carrier to confirm your eligibility.

## 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. Plus, when you see a VSP doctor, you get the most out of your vision benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

### Additional Vision Benefits You Receive:

- An average of 20 to 25% savings on the most popular lens enhancements
- A discount of 20% on pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor within 12 months of your WellVision exam
- An extra \$20 is available on select designer brands
- A discount of 15% on the cost of a contact lens exam (fitting and evaluation)
- An average of 15-20% discount on the regular price or 5% discount on the promotional price for laser vision correction services. Discounts are only available at contracted facilities. Visit [vsp.com](http://vsp.com) for savings on LASIK from The LASIK Vision Institute and TLC Laser Eye Centers
- Diabetic Eyecare Program - \$20 copay for services related to type 1 and type 2 diabetes. Ask your VSP doctor for details
- Save up to 60% on TruHearing® Digital Hearing Aids
- 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 locations

### Using your VSP Benefit Is Easy:

- Find the right provider for you by visiting [www.vsp.com](http://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

# CoPower VANTAGE

## Plan Administration:

For plan coverage, benefits, or eligibility, contact a CoPower Group Service Representative Monday through Friday, 8:00 am to 5:00 pm PST.  
T: 888.920.2322  
E: [requests@copower.com](mailto:requests@copower.com)  
[www.copower.com](http://www.copower.com)

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](http://www.copower.com/our-products/copower-vantage)



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

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