

# **CoPower ONE™ Gold**

## **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
- No waiting periods for any dental procedures

#### **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

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#### 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

COPOWER ONE GOLD	In-network Delta Dental PPO Dentists	<b>Out-of-network</b> Delta Dental Premier & Non-Delta Dental Dentists	
Dental	Delta Dental PPO + Premier		
Reimbursement Basis	Delta Dental PPO dentists are reimbursed at the lesser of the submitted charge or the PPO provider allowed fee. Delta Dental Premier dentists are reimbursed at the lesser of the submitted charge or the Premier provider allowed fee. Non-contracted dentists are reimbursed at the lesser of the submitted charge or the fee that satisfies the majority of dentists with the same training and geographical area.		
Calendar Year Max	\$1,500	\$1,500	
Deductible	\$50 For D&P: Waived	\$75 For D&P: Not Waived	
Diagnostic and Preventive (D&P) Services	100%	80%	
Basic, Oral Surgery, Endodontics, and Periodontics	80%	80%	
Posterior Composites	Yes		
Major Services	50%		
Orthodontics—Children Only (Available to groups 5+ enrolled)	50% lifetime max \$1,000		
Vision	VSP Choice Network		
Annual Copayment	\$10 exam/\$25 pre	escription glasses	
Annual Copayment  Eye Exam	\$10 exam/\$25 pre	escription glasses Reimbursed up to \$45	
Eye Exam	Covered after copayment	Reimbursed up to \$45	
Eye Exam Single-Vision Lenses	Covered after copayment  Covered in full	Reimbursed up to \$45 Reimbursed up to \$30	
Eye Exam Single-Vision Lenses Bifocal Lenses	Covered after copayment  Covered in full  Covered in full	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses	Covered after copayment  Covered in full  Covered in full  Covered in full	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50  Reimbursed up to \$65	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50  Reimbursed up to \$65  Reimbursed up to \$50	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses Frames	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full  \$150 allowance  \$150 allowance	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50  Reimbursed up to \$65  Reimbursed up to \$50  Reimbursed up to \$70  Reimbursed up to \$105	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses Frames Contact Lenses	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full  \$150 allowance	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50  Reimbursed up to \$65  Reimbursed up to \$50  Reimbursed up to \$70  Reimbursed up to \$105	
Eye Exam  Single-Vision Lenses  Bifocal Lenses  Trifocal Lenses  Standard Progressive Lenses  Frames  Contact Lenses  Frequency	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full  \$150 allowance  \$150 allowance	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50  Reimbursed up to \$65  Reimbursed up to \$50  Reimbursed up to \$70  Reimbursed up to \$105	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses Frames Contact Lenses Frequency Eye Exam	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full  \$150 allowance  \$150 allowance	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50  Reimbursed up to \$65  Reimbursed up to \$50  Reimbursed up to \$70  Reimbursed up to \$105  Ponths	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses Frames Contact Lenses Frequency Eye Exam Lenses	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full  \$150 allowance  \$150 allowance	Reimbursed up to \$45  Reimbursed up to \$30  Reimbursed up to \$50  Reimbursed up to \$65  Reimbursed up to \$50  Reimbursed up to \$70  Reimbursed up to \$105  Ponths  Onths  Onths	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses Frames Contact Lenses Frequency Eye Exam Lenses Frames Contact Lenses	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full  \$150 allowance  \$150 allowance	Reimbursed up to \$45 Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$50 Reimbursed up to \$70 Reimbursed up to \$105	
Eye Exam Single-Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses Frames Contact Lenses Frequency Eye Exam Lenses Frames Contact Lenses (in lieu of lenses and a frame)	Covered after copayment  Covered in full  Covered in full  Covered in full  Covered in full  \$150 allowance  \$150 allowance  12 mc  24 mc	Reimbursed up to \$45 Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$50 Reimbursed up to \$70 Reimbursed up to \$105  Onths	

<sup>\*</sup> 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

Select 'PPO 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

• 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 Gold Dental Plan Works:

Example of a Crown After the Deductible (If Applicable) Has Been Met				
Dentist Network Status:	Delta Dental PPO Network	Delta Dental Premier Network	Non-contracted Network	
<b>Dentist Bills</b> (Submitted Charge)	\$1,000	\$1,000	\$1,000	
Fee Agreement with Delta Dental	\$640	\$800	\$700	
Plan Payment	\$320	\$400 (50% of \$800)	\$350 (50% of \$700)	
Patient's Share	\$320	\$400	\$650 [(\$700 x 0.5) + \$300]	

### **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.

#### **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** 

Delta Dental PPO and Delta Dental PPO+Premier are underwritten by Delta Dental of California; 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.

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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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