

Pick ONE

CoPower ONE™

Affordable, Fixed Price¹ Per Employee Available in:

Delta Dental of California PPO SM	GOOD (2-99) ²		BETTER (5-99)			BETTER PLUS (5-99)			BEST (5-99)			
	PLAN BENEFITS		PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists
Dental												
Network	Delta Dental PPO ³		Delta Dental PPO ³			Delta Dental PPO Plus Premier ⁴			Delta Dental PPO Plus Premier ⁴			
Calendar Year Max (per patient)	\$1,000	\$750	\$1,500	\$1,250	\$1,500	\$1,250	\$2,000	\$1,500				
Calendar Year Deductible (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	• \$50 • For D&P: Waived	• \$75 • For D&P: Not waived	• \$50 • For D&P: Waived	• \$75 • For D&P: Waived		
Diagnostic & Preventive Services (D&P)	100%	50%	100%	80%	100%	80%	100%	80%	100%	100%		
Basic, Oral Surgery, Endodontics, and Periodontics	80%	50%	80%		80%		80%		80%			
Major Services	50%		50%			50%			50%			
Orthodontics—Children Only	Not available		50% lifetime max \$1,000			50% lifetime max \$1,000			50% lifetime max \$1,000			
Vision												
VSP Choice Network												
Annual Copayment	\$25 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses			\$10 exam/\$25 prescription glasses			\$10 exam/\$25 prescription glasses			
Frames	\$150 allowance	\$70*	\$150 allowance	\$70*	\$150 allowance	\$70*	\$150 allowance	\$70*	\$150 allowance	\$70*		
Contact Lenses	\$150 allowance	\$105*	\$150 allowance	\$105*	\$150 allowance	\$105*	\$150 allowance	\$105*	\$150 allowance	\$105*		
Eye Exam		\$45*		\$45*		\$45*		\$45*		\$45*		
Single-vision Lenses	Covered in full after copay	\$30*	Covered in full after copay	\$30*	Covered in full after copay	\$30*	Covered in full after copay	\$30*	Covered in full after copay	\$30*		
Bifocal Lenses		\$50*		\$50*		\$50*		\$50*				
Trifocal Lenses		\$65*		\$65*		\$65*		\$65*				
Frequency												
Eye Exam	12 months		12 months			12 months			12 months			
Lenses	24 months		12 months			12 months			12 months			
Frames	24 months		24 months			24 months			12 months			
Contact Lenses (in lieu of lenses)	24 months		12 months			12 months			12 months			
Life												
Unum Basic Group Term Life with AD&D and EAP												
Policy	\$15,000			\$20,000			\$20,000			\$25,000		
	EE	EE+1	EE+2	EE	EE+1	EE+2	EE	EE+1	EE+2	EE	EE+1	EE+2
	\$45	\$80	\$121	\$56	\$101	\$168	\$63	\$113	\$188	\$76	\$138	\$228

Underwritten by Premier Carriers



Dental



Vision



Life

Contact your broker or visit www.copower.com to learn more about CoPower ONE.

¹ Rates may vary based on employer rating region, size, and industry code, and are effective January 1, 2021 through December 31, 2021. Rates shown are for Region 1 Level 1. While the information and rates provided in this guide are believed to be accurate as of the print date, they are subject to change without notice. Please consult and verify with your broker for the most up-to-date information. DeltaCare® USA bundles are also available.

² The rate shown is for groups 5-99. The 2-4 plan is available at a different rate.

³ All dentists (in- and out-of-network) are reimbursed at the lesser of the submitted charge or the Delta Dental PPO provider contracted fee.

⁴ 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.

* Reimbursed up to.

Delta Dental is a registered mark of Delta Dental Plans Association