

Benefits made easy

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 guarantee

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

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.

CoPower *ONE*™ Best

Plan Highlights

\$50,000 Enhanced Life

COPOWER ONE BEST	In-network Delta Dental PPO Dentists	Out-of-network Delta Dental Premier and 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	\$2,000	\$1,500	
Deductible	\$50 For D&P: Waived	\$75 For D&P: Waived	
Diagnostic and Preventive (D&P) Services	100%		
Basic, Oral Surgery, Endodontics, and Periodontics	80%		
Major Services	50%		
Orthodontics—Children Only (Available to groups 5+ enrolled)	50% lifetime max \$1,000		
	VSP Choice Network		
Vision	VSP Choice	e Network	
Vision Annual Copayment	VSP Choice \$10 exam/\$25 pro		
Annual Copayment	\$10 exam/\$25 pro	escription glasses	
Annual Copayment Eye Exam	\$10 exam/\$25 pro Covered after copayment	escription glasses Reimbursed up to \$45	
Annual Copayment Eye Exam Single-vision Lenses	\$10 exam/\$25 pro Covered after copayment Covered in full	escription glasses Reimbursed up to \$45 Reimbursed up to \$30	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses	\$10 exam/\$25 pro Covered after copayment Covered in full Covered in full	Reimbursed up to \$45 Reimbursed up to \$30 Reimbursed up to \$50	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses	\$10 exam/\$25 pro 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	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses Frames	\$10 exam/\$25 pro Covered after copayment 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 \$70	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses Frames Contact Lenses	\$10 exam/\$25 pro Covered after copayment 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 \$70 Reimbursed up to \$105	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency	\$10 exam/\$25 pro Covered after copayment 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 \$70 Reimbursed up to \$105	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam	\$10 exam/\$25 pro Covered after copayment 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 \$70 Reimbursed up to \$105	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam Lenses	\$10 exam/\$25 pro Covered after copayment 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 \$70 Reimbursed up to \$105 Onths Onths Onths	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam Lenses Frames Contact Lenses	\$10 exam/\$25 pro Covered after copayment 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 \$70 Reimbursed up to \$105 Onths Onths Onths Onths	
Annual Copayment Eye Exam Single-vision Lenses Bifocal Lenses Trifocal Lenses Frames Contact Lenses Frequency Eye Exam Lenses Frames Contact Lenses (in lieu of lenses and a frame)	\$10 exam/\$25 pro Covered after copayment Covered in full Covered in full \$150 allowance \$150 allowance 12 mo 12 mo 12 mo	Reimbursed up to \$45 Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$70 Reimbursed up to \$105 Onths Onths Onths Onths Onths Life with AD&D and EAP	

* 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 '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**

· 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 Best 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	
Dentist Bills (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. 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 percent savings on the most popular lens enhancements
- A discount of 20 percent 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 percent on the cost of a contact lens exam (fitting and evaluation)
- An average of 15-20 percent discount on the regular price or 5 percent discount on the promotional price for laser vision correction services. Discounts are only available at contracted facilities. Visit 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 percent 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 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

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

CoPower VANTAGE

PLAN ADMINISTRATION:

For plan coverage, benefits, or eligiblity, 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

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**



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