

Benefits made easy

The Easiest Way to Have Dental, Vision, and Life

DeltaCare® 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 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

DeltaCare USA is 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. These companies are financially responsible for their own products.

CoPower *ONE*™ Better

Plan Highlights: DeltaCare USA®

Calendar Year Deductible Calendar Year Maximum Diagnostic & Preventive (D&P) Services Basic Restorative Fillings (amalgam filling-one surface) Periodontics Calendar Maximum Scaling & root planing—four or more teeth per quadrant Coval—motor (excluding final restoration) Root canal—anterior (excluding final restoration) Root canal—molar (excluding final	DeltaCare USA Plan 13B				
Calendar Year Maximum Diagnostic & Preventive (D&P) Services Basic Restorative Fillings (amalgam filling-one surface) Periodontics Caling & root planing—four or more teeth per quadrant Root canal—anterior (excluding final restoration) Root canal—anterior (excluding final restoration) Root canal—enolar (excluding final restoration) Root canal—molar (excluding final restoration) Perstorative Crown—full cast high noble metal Crown—full cast high noble metal Crown—porcelain fused with high noble metal D2750 \$355 Prosthodontics Complete denture—maxillary Maxillary partial denture—resin base (including any conventional clasps, rests and teeth) 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) Vision VSP Choice Network Annual Copayment \$10 exam/\$25 prescription glasses Eye Exam Covered after copayment Reimbursed up to \$45 Single-vision Lenses Covered in full Reimbursed up to \$30 Bifocal Lenses Covered in full Reimbursed up to \$50 Trifocal Lenses Covered in full Reimbursed up to \$50 Trifocal Lenses \$150 allowance Reimbursed up to \$70 Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Eye Exam Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Sample Benefits	Sample Procedure		Code	Copay
Diagnostic & Preventive (D&P) Services Basic Restorative Fillings (amalgam filling-one surface) Periodontics Fillings (amalgam filling-one surface) Scaling & root planing—four or more teeth per quadrant Root canal—anterior (excluding final restoration) Root canal—molar (excluding final restoration) Root canal—molar (excluding final restoration) Root canal—molar (excluding final restoration) Periodontics Crown—full cast high noble metal Crown—porcelain fused with high noble metal Crown—porcelain fused with high noble metal D2790 Maxillary partial denture—maxillary Maxillary partial denture—resin base (including any conventional clasps, rests and teeth) 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) Vision VSP Choice Network Annual Copayment \$10 exam/\$25 prescription glasses Eye Exam Covered after copayment Reimbursed up to \$45 Single-vision Lenses Covered in full Reimbursed up to \$50 Trifocal Lenses Covered in full Reimbursed up to \$50 Trifocal Lenses S150 allowance Reimbursed up to \$65 Frames \$150 allowance Reimbursed up to \$70 Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Calendar Year Deductible			N/A	None
Day Complete denture—maxillary Day	Calendar Year Maximum			N/A	None
Periodontics Scaling & root planing—four or more teeth per quadrant		Intraoral—complete series (including bitewings)		D0210	No Cost
Root canal—anterior (excluding final restoration) D3310 \$95 D3310 \$95 D3330 \$335 \$355 \$335 \$355 \$335 \$35	Basic Restorative	Fillings (amalgam filling-one surface)		D2140	No Cost
Endodontics restoration) Root canal—molar (excluding final restoration) D3330 D3330 \$335 Oral Surgery Extraction—erupted tooth Removal of impacted tooth—completely bony D7140 P7240 \$5 P7240 \$95 P7240 \$95	Periodontics			D4341	\$50
Restorative Crown—full cast high noble metal Crown—porcelain fused with high noble metal D2750 \$355 Prosthodontics Complete denture—resin base (including any conventional clasps, rests and teeth) 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) Vision VSP Choice Network Annual Copayment \$10 exam/\$25 prescription glasses Eye Exam Covered after copayment Reimbursed up to \$45 Single-vision Lenses Covered in full Reimbursed up to \$30 Bifocal Lenses Covered in full Reimbursed up to \$50 Trifocal Lenses Covered in full Reimbursed up to \$65 Frames \$150 allowance Reimbursed up to \$70 Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Lenses Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy	Endodontics	restoration)			
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Orthodonticsof 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 \$2,100VisionVSP Choice NetworkAnnual Copayment\$10 exam/\$25 prescription glassesEye ExamCovered after copaymentReimbursed up to \$45Single-vision LensesCovered in fullReimbursed up to \$30Bifocal LensesCovered in fullReimbursed up to \$50Trifocal LensesCovered in fullReimbursed up to \$65Frames\$150 allowanceReimbursed up to \$70Contact Lenses\$150 allowanceReimbursed up to \$105Frequency: Eye Exam12 monthsFrequency: Lenses12 monthsFrequency: Contact Lenses (in lieu of lenses & frame)12 monthsLifeUnum Basic Group Term Life with AD&D and EAPPolicy\$20,000 policy	Prosthodontics	Maxillary partial denture—resin base (including			
Annual Copayment \$10 exam/\$25 prescription glasses Eye Exam Covered after copayment Reimbursed up to \$45 Single-vision Lenses Covered in full Reimbursed up to \$30 Bifocal Lenses Covered in full Reimbursed up to \$50 Trifocal Lenses Covered in full Reimbursed up to \$65 Frames \$150 allowance Reimbursed up to \$70 Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Lenses 12 months Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Orthodontics	of the transitional dentition (child or adolescent to age 19) Adult—Comprehensive orthodontic treatment of the adult dentition (adults, including covered			\$1,900 \$2,100
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Bifocal Lenses Covered in full Reimbursed up to \$50 Trifocal Lenses Covered in full Reimbursed up to \$65 Frames \$150 allowance Reimbursed up to \$70 Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Lenses 12 months Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Eye Exam	Covered after copayment	Reimbursed up to \$45		
Trifocal Lenses Covered in full Reimbursed up to \$65 Frames \$150 allowance Reimbursed up to \$70 Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Lenses 12 months Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Single-vision Lenses	Covered in full	Reimbursed up to \$30		
Frames \$150 allowance Reimbursed up to \$70 Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Lenses 12 months Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) 12 months Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Bifocal Lenses	Covered in full	Reimbursed up to \$50		
Contact Lenses \$150 allowance Reimbursed up to \$105 Frequency: Eye Exam 12 months Frequency: Lenses 12 months Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) 12 months Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Trifocal Lenses	Covered in full	Reimbursed up to \$65		
Frequency: Eye Exam 12 months Frequency: Lenses 12 months Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Frames	\$150 allowance	Reimbursed up to \$70		
Frequency: Lenses 12 months Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Contact Lenses	\$150 allowance	Reimbursed up to \$105		
Frequency: Frames 24 months Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Frequency: Eye Exam	12 months			
Frequency: Contact Lenses (in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Frequency: Lenses	12 months			
(in lieu of lenses & frame) Life Unum Basic Group Term Life with AD&D and EAP Policy \$20,000 policy	Frequency: Frames	24 months			
Policy \$20,000 policy	Frequency: Contact Lenses (in lieu of lenses & frame)	12 months			
	Life	Unum Basic Group Term Life with AD&D and EAP			
Age Reduction Schedule 65% at age 70 50% at age 75	Policy	\$20,000) policy		
00.0 de age 70	Age Reduction Schedule	65% at age 70	65% at age 70 50% at age 75		

^{*} 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, 5:00 AM to 5:00 PM, PST

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

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

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. 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
- · 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.

Organization name: Unum - Life Planning

609.986.1234

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)

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



Benefits made easy

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.