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Delta Dental of New York PPO[™] GOOD **BETTER (5-99) BETTER PLUS (5-99) BEST (5-99)** Non-PPO **PLAN BENEFITS PPO Dentists PPO Dentists PPO Dentists PPO Dentists** Dental Delta Dental PPO² Delta Dental PPO 2 Delta Dental PPO Plus Premier ³ Delta Dental PPO Plus Premier ³ Network Calendar Year Max (per patient) \$1,000 \$750 \$1,500 \$1,250 \$1,500 \$1,250 \$2,000 \$1,500 • \$75 • \$50 • \$75 • \$50 • \$75 • \$50 • \$75 • \$50 **Calendar Year Deductible** (per patient) • D&P: Waived D&P: Not waived • D&P: Waived D&P: Not waived D&P: Waived D&P:Not waived • D&P: Waived D&P: Waived Diagnostic & Preventive Services (D&P) 100% 50% 100% 80% 100% 80% 100% 100% Basic, Oral Surgery, Endodontics, 80% 50% 80% 80% 80% and Periodontics **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 \$150 allowance \$150 allowance \$150 allowance \$70* \$70* \$70* \$175 allowance \$70* Frames **Contact Lenses** \$105* \$150 allowance \$105* \$150 allowance \$105* \$175 allowance \$105* \$150 allowance \$45* \$45* \$45* \$45* Eye Exam **Single-vision Lenses** \$30* \$30* \$30* \$30* Covered in full Covered in full Covered in full Covered in full after copay after copay after copay after copay **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 Unum Basic Group Term Life with AD&D and EAP Life Policy \$15,000 \$25.000 \$20.000 \$20.000 EE EE+1 EE+2 FF FF+1 FF+2 ЕE FF+1 FF+2 EE FF+1 FF+2 **ZIP Code Regions** \$48.50 \$60.50 (5-99)\$67 Region 1: This region includes \$52.50 \$98.50 (2-4)ZIP Codes: 100-102

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¹ Rates may vary based on employer rating region, size, and industry code, and are effective January 1, 2023 through December 31, 2023. While the information and rates provided in this guide are believed

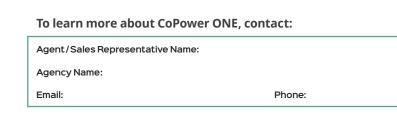
to be accurate as of the print date, they are subject to change without notice. Please consult and verify with your broker for the most up-to-date information. DeltaCare® USA bundles are also available.

² All dentists (in- and out-of-network) are reimbursed at the lesser of the submitted charge or the Delta Dental PPO provider contracted fee.

³ 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.

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