

# CoPower ONE™

## Summary of Benefits and Rate Guide

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For plans effective January 1, 2021

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Benefits Made Easy

[copower.com](http://copower.com)



# ONE rate. ONE bundle. ONE bill.

## A Simple, Comprehensive Solution for Small Businesses

CoPower ONE is a simplified package of the most popular ancillary offerings for small businesses. Dental, vision, and life coverages are bundled together in one package that makes it easy to explain and to sell.

### The Easiest Way to Get Dental, Vision, & Life

#### GOOD

- \$1000 Delta Dental PPO<sup>SM</sup> and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/24/24
- Unum \$15,000 Life/AD&D and EAP

#### BETTER

- \$1,500 Delta Dental PPO + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/24
- Unum \$20,000 Life/AD&D and EAP

#### BETTER PLUS

- \$1,500 Delta Dental PPO Plus Premier + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/24
- Unum \$20,000 Life/AD&D and EAP

#### BEST

- \$2,000 Delta Dental PPO Plus Premier + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/12
- Unum \$25,000 Life/AD&D and EAP

#### MINIMUM PARTICIPATION BASE

- \$1,500 Delta Dental PPO + Ortho and/or DeltaCare<sup>®</sup> USA + Ortho
- VSP Choice 12/12/24

### Top Quality Coverage from Recognized Ancillary Carriers

In CoPower ONE, your clients get first-in-class coverage from carriers they trust: Delta Dental, VSP, and Unum, plus a one-year rate guarantee.

### Effortless Administration

When signing up for CoPower ONE, your clients only need to fill out ONE application, have ONE point of contact, and get only ONE bill every month. It is easy to administer and simple to use.

### Custom-Tailored Sets of Benefits, Networks, and Pricing

Your clients just choose the option that works best for them: Good, Better, Better Plus, Best, or Minimum Participation Base. The 'Good' package is the most economical plan and scales up to the 'Best' plan, which features the most increased benefits.

All packages have three-tier rating, industry loads (some exempt industries), and multiple rating regions. Employees must enroll in all lines of coverage for the bundle chosen.

### Optional Benefits

- **Dual Choice.** Clients may offer CoPower ONE as dual choice within the same bundle. See page 8 for further details.
- **Enhanced Life.** Clients may substitute the standard group term life policy in Good, Better, Better Plus, and Best packages with a \$50,000, \$100,000, or \$150,000 policy for an additional charge.

# CoPower ONE Dental

## Dental Benefits to Fit Your Needs, Your Schedule and Your Budget

Protect your greatest investment — your workforce — while balancing your budget. Delta Dental delivers plans at affordable rates, eliminates complicated plan management and covers more than the bare minimum, with rich plan designs and optional features.

### Rates to Rave About

Delta Dental works hard to keep rates stable year after year — and rates don't include hidden fees or set-up charges, so you know what to expect from enrollment to claims processing. Delta Dental specializes in dental benefits, so your rate reflects the actual cost of your plan — no cost shifting to other lines of coverage like medical.

### Financially Flexible

Pick a plan from a varied portfolio with flexible contribution and coverage choices, plus optional plan features to attract and retain top talent. With options like Minimum Participation Base plans, network participation, orthodontics and more, you can feel like you've designed your plan from scratch to fit both your employees' needs and your financial goals.

### Sweet Simplicity

Make plan management a breeze with dedicated account service from CoPower, and exceptional employee customer service with Delta Dental. Plus, with industry leading<sup>1</sup> dentist networks, Delta Dental makes it easy for your employees to find network savings.

### Advantages That Go Beyond Smiles

While your enrollees' oral health remains a top priority, we also care about the bigger picture — their overall well-being. That's why your enrollees now have access to preferred pricing on hearing aid and LASIK services through Amplifon Hearing Health Care and Quallsight.



## Great Reasons to Choose CoPower ONE

### DELTA DENTAL PPO

- Nationwide, 80% of dentists are Delta Dentists; 50% are in the PPO network, and an additional 30% are in the Delta Premier network. Delta Dental credentials and contracts with these dentists directly.\*
- Unlike some dental carriers, Delta Dental PPO covers dental implants under their Major Services

### DELTACARE USA

- Out-of-pocket costs are clearly defined
- Large, stable network of dentists
- No deductibles, annual or lifetime dollar maximums
- Enrollees can choose their primary care dentist in NY, NJ or PA

\* Unique Dentists Network Penetration Report, Delta Dental Plans Association, December 2020

### Did You Know?

DeltaCare® USA offers a unique treatment-in-progress provision that allows patients to continue active treatment with their orthodontist — even if they are not in the DeltaCare® USA network.

<sup>1</sup> NetMinder Dental Network Trend Report, September 2016

<sup>2</sup> Unique Dentists Network Penetration Report, Delta Dental Plans Association, September 2016

<sup>3</sup> Delta Dental Plans Association 2015 Network Turnover Report, April 2016



# CoPower ONE Vision

VSP Choice is the portfolio of choice in CoPower ONE

VSP's vision plans are good for your clients' eyes as well as their wallets! There's no need to cut coupons or wait for retail chain sales—the savings and benefits are already built into VSP plans.

## Great Reasons to Choose CoPower ONE

### Participating Retail Chains

Gives employees the added convenience and access to over 16,000 nationwide retail locations such as Costco Optical. Members can enjoy a covered-in-full benefit experience at any of the participating retail chain locations. Eye exams are covered in full, lens options get special pricing at Costco and a 20% discount at other affiliate locations, frames are covered up to an \$80 allowance at Costco and \$150 at other affiliates, and elective contact lenses are covered up to the plan allowance at all affiliate locations.

### Personalized Care

Establishing a relationship with an eye doctor is important—members receive personalized care from a doctor they trust. Since all VSP doctors are private-practice doctors and they stay in their practices year after year, members don't have to worry about seeing an unfamiliar doctor.

### Diverse Selection and Services

Members can experience the private-practice difference with a VSP doctor. Products and services from a retail chain are also available from a VSP doctor's office, such as a diverse selection of eyewear, including designer brands and convenient weekend and evening appointments.

### Diabetic Eyecare Program

This program provides coverage of additional eyecare services specifically for members with type 1 & 2 diabetes including: medical follow-up exams, specialized screenings and tests, medically necessary retinal imaging, and diabetic retinopathy. Members never need a referral and pay only a copay for services.

### Everyone Needs an Annual Eye Exam

Annual eye exams are important to one's overall health. During a WellVision Exam®, a VSP doctor can see differences in their patient's vision and overall eye health. VSP providers detect signs of certain chronic conditions before any other healthcare provider:

- 65% of the time for high cholesterol
- 30% of the time for hypertension
- 20% of the time for diabetes

### The VSP Eye Health Management Program

For every initial \$1 invested in VSP exam services, clients can expect an average two year total return of \$1.27 through avoided medical costs and improved human capital performance.<sup>2</sup>

### Exclusive VSP Member Extras

**Truhearing®:** Save up to 60% on Digital Hearing Aids

**Laser Vision Correction:** Average 15-20% off the regular price or 5% off the promotional price. Visit [vsp.com](http://vsp.com) for savings on LASIK from The LASIK Vision Institute and TLC Laser Eye Centers.<sup>1</sup>

**Contact Lens Offers:** Additional savings available with exclusive mail-in rebates on brands like Bausch + Lomb and CooperVision

**Glasses and Sunglasses:** An extra \$20 to spend on select designer brands

<sup>1</sup> Discounts only available from contracted facilities.

<sup>2</sup> Human Capital Management Services, Inc. (HCMS) study on behalf of VSP, 2010

# CoPower ONE Life

## Unum Group Term Life Offers Peace of Mind and Helps Protect Families

Unum group term life coverage through CoPower ONE enables employers to support their employees through life's ups and downs. Our wide array of tools and resources brings additional value to your benefit package. It's simply one more way employers can show their employees how much they care.

### Accidental Death and Dismemberment (AD&D)

100% benefit not only for loss of life, but also in the unfortunate case of dismemberment, loss of sight/speech/hearing and quadriplegia. Additional benefits will be paid in the event of a fatal accident or an accident that results in the loss of eyesight, speech, hearing, or a limb. Benefits also include coverage for education, repatriation, exposure/disappearance, and seatbelt/airbag benefits.

### Waiver of Premium

The premium is waived for an employee's life coverage if the employee is under age 60 and disabled for 9 months.

### Work-Life Balance Employee Assistance Program (EAP)

Childcare/eldercare referrals and financial planning assistance. Members have access to master-level consultants who can help with all of life's challenges, including work and personal issues by phone, web, or through face-to-face sessions.

### Life Planning Financial and Legal Resources

Impartial advice and customized service. Financial and legal resources, as well as emotional counseling and support, are available at no charge to the spouse and beneficiaries if the covered employee is terminally ill or dies.

### Worldwide Emergency Travel Assistance

Emergency medical evacuation and medically supervised transportation home. Whether traveling for business or pleasure, covered members can get help in the event of a medical emergency to assist with prescription replacement—with just one phone call.

### Accelerated Death Benefit

Pays 100% of the insured employee's or dependent's life benefit in the event the insured employee or dependent becomes terminally ill, and the employee's or dependent's life expectancy has been reduced to less than 12 months. The employee's or dependent's death benefit will be reduced by the Accelerated Life Benefit paid.



## Great Reasons to Choose CoPower ONE

- Members are not required to undergo a physical exam
- This benefit is even portable or convertible—employees can keep their coverage if they leave their employer

### GROUP SUPPLEMENTAL LIFE

- Supplemental life coverage providing additional protection. Employers have the option to allow employees to purchase higher coverage for themselves and / or their families
- Minimum of 2 lives are required to setup the plan
- The Guaranteed Issue limits are scaled based on group size
- Simple buy-up option

# Plan Benefits – Delta Dental PPO

For groups of 2–99 eligible employees

CoPower ONE PLAN BENEFITS WITH DELTA DENTAL PPO	Good (2-99)		Better (5-99)		Better Plus (5-99)	
	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists
<b>Dental<sup>1</sup></b>						
<b>Network</b>	Delta Dental PPO <sup>2</sup>		Delta Dental PPO <sup>2</sup>		Delta Dental PPO Plus Premier <sup>3</sup>	
<b>Calendar Year Max</b> (per patient)	\$1,000	\$750	\$1,500	\$1,250	\$1,500	\$1,250
<b>Calendar Year Deductible</b> (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
<b>Diagnostic &amp; Preventive Services</b> (D&P)	100%	50%	100%	80%	100%	80%
<b>Basic, Oral Surgery, Endodontics, and Periodontics</b>	80%	50%	80%		80%	
<b>Major Services</b>	50%		50%		50%	
<b>Orthodontics—Children Only</b> (Available to groups 5+ enrolled; 25+ enrolled for MPB Plan)	Not available		50% lifetime max \$1,000			
<b>Vision</b>	<b>VSP Choice Network</b>					
<b>Annual Copayment</b>	\$25 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses	
<b>Eye Exam</b>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>	Covered in full <sup>*</sup>	\$45 <sup>**</sup>
<b>Single-vision Lenses</b>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>	Covered in full <sup>*</sup>	\$30 <sup>**</sup>
<b>Bifocal Lenses</b>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>	Covered in full <sup>*</sup>	\$50 <sup>**</sup>
<b>Trifocal Lenses</b>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>	Covered in full <sup>*</sup>	\$65 <sup>**</sup>
<b>Frames</b>	\$150 allowance	\$70 <sup>**</sup>	\$150 allowance	\$70 <sup>**</sup>	\$150 allowance	\$70 <sup>**</sup>
<b>Contact Lenses</b>	\$150 allowance	\$105 <sup>**</sup>	\$150 allowance	\$105 <sup>**</sup>	\$150 allowance	\$105 <sup>**</sup>
<b>Frequency</b>						
<b>Eye Exam</b>	12 months		12 months		12 months	
<b>Lenses</b>	24 months		12 months		12 months	
<b>Frames</b>	24 months		24 months		24 months	
<b>Contact Lenses</b> (in lieu of lenses)	24 months		12 months		12 months	
<b>Life</b>	<b>Unum Basic Group Term Life with AD&amp;D and EAP</b>					
<b>Policy</b>	\$15,000		\$20,000		\$20,000	

## PPO Plus Premier: Better Plus and Best Plans

With PPO Plus Premier - Delta Dental's unique PPO plan design feature - employees receive extra network cost protections from the Delta Dental Premier network. Protections include no unbundling of services or billing above the contracted fee; however, enrollees will usually save more when visiting a PPO dentist.

<sup>1</sup> Subject to Limitations and Exclusions shown on pages 14 and 15

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

<sup>3</sup> 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

\* After copay.

\*\* Reimbursed up to

# Delta Dental PPO (continued)

CoPower ONE PLAN BENEFITS WITH DELTA DENTAL PPO (CONT.)	Best (5-99)		Minimum Partipation Base (5-99)		
	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	
<b>Dental<sup>1</sup></b>					
<b>Network</b>	Delta Dental PPO Plus Premier <sup>3</sup>		Delta Dental PPO <sup>2</sup>		
<b>Calendar Year Max</b> (per patient)	\$2,000	\$1,500	\$1,500	\$1,250	
<b>Calendar Year Deductible</b> (per patient)	• \$50 • For D&P: Waived	• \$75 • For D&P: Waived	• \$50 • For D&P: Waived	• \$75 • For D&P: Not waived	
<b>Diagnostic &amp; Preventive Services</b> (D&P)	100%	100%	100%	80%	12 Months First
<b>Basic, Oral Surgery, Endodontics, and Periodontics</b>	80%		Sealants, Simple Restorations, & Simple Extractions: 80%		12 Months Second
<b>Major Services</b>	50%		Oral Surgery/Endodontics/Periodontics: 50%		
<b>Orthodontics—Children Only</b> (Available to groups 5+ enrolled; 25+ enrolled for MPB Plan)	50% lifetime max \$1,000		50% lifetime max \$1,000		
<b>Vision</b>	VSP Choice Network				
<b>Annual Copayment</b>	\$10 exam/\$25 prescription glasses		\$10 exam/\$25 prescription glasses		
<b>Eye Exam</b>	Covered in full*	\$45**	Covered in full*	\$45**	
<b>Single-vision Lenses</b>	Covered in full*	\$30**	Covered in full*	\$30**	
<b>Bifocal Lenses</b>	Covered in full*	\$50**	Covered in full*	\$50**	
<b>Trifocal Lenses</b>	Covered in full*	\$65**	Covered in full*	\$65**	
<b>Frames</b>	\$175 allowance	\$70**	\$200 allowance	\$70**	
<b>Contact Lenses</b>	\$175 allowance	\$105**	\$200 allowance	\$105**	
<b>Frequency</b>					
<b>Eye Exam</b>	12 months		12 months		
<b>Lenses</b>	12 months		12 months		
<b>Frames</b>	12 months		12 months		
<b>Contact Lenses</b> (in lieu of lenses)	12 months		12 months		
<b>Life</b>	Unum Basic Group Term Life w/ AD&D & EAP				
<b>Policy</b>	\$25,000		N/A		

## Minimum Base Plan Dental

Minimum Base Plan dental program also includes Dental Accident coverage at 100% with \$1,000 lifetime maximum. Covers conditions caused directly and independent of all other causes, by external, violent and accidental means occurring after the enrollee's eligibility date. Services must be provided to an enrollee within 180 days following the date of accident. Accidental benefits are subject to all plan limitations, exclusions, deductibles and annual maximums. Ancillary Benefits remain a valuable offering to attract and retain employees. CoPower ONE MPB offers these benefits without impacting a company's benefits budgets. With this dental and vision package, employers can still offer benefits that fully meet the needs of your employees.

\* After copay.

\*\* Reimbursed up to



# Plan Benefits - DeltaCare<sup>®</sup> USA

## For Groups of 2-99 Eligible Employees

CoPower ONE offers a closed network, HMO-type dental plan from DeltaCare<sup>®</sup> USA that can be paired with the vision and basic term life options already offered in CoPower ONE Good (2-99), Better (5-99), or Best (5-99.) Your clients have the choice of CoPower ONE with Delta Dental PPO or DeltaCare<sup>®</sup> USA!

SAMPLE BENEFITS <sup>1</sup>	Employer Paid or Minimum Participation Base DeltaCare <sup>®</sup> USA Plan 13B		
	Sample Procedure <sup>1</sup>	Code <sup>2</sup>	Copay
<b>Calendar Year Deductible per Patient</b>	N/A	N/A	None
<b>Calendar Year Maximum per Patient</b>	N/A	N/A	None
<b>Diagnostic &amp; Preventive (D&amp;P) Services</b>	• Intraoral—complete series of radiographic images	D0210	No Cost
<b>Restorative</b>	• Amalgam - one surface, primary or permanent (fillings) • Crown - Full cast high noble metal • Crown - Porcelain fused to high noble metal	D2140 D2790 D2750	No Cost \$355 \$355
<b>Periodontics</b>	• Periodontic scaling & root planing—four or more teeth per quadrant	D4341	\$50
<b>Endodontics</b>	• Root Canal - Endodontic therapy, anterior tooth - excluding final restoration (excluding final restoration) • Root Canal - Endodontic therapy, molar tooth - excluding final restoration (excluding final restoration)	D3310 D3330	\$95 \$335
<b>Oral Surgery</b>	• Extraction, erupted tooth or exposed root (elevation and/or forceps removal) • Removal of impacted tooth—completely bony	D7140 D7240	\$5 \$95
<b>Prosthodontics</b>	• Complete denture—maxillary • Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	D5110 D5211	\$285 \$245
<b>Orthodontics</b>	• Comprehensive orthodontic treatment of the transitional dentition (child or adolescent to age 19) • Comprehensive orthodontic treatment of the adult dentition (adults, including covered dependent adult children)	D8070 D8090	\$1,900 \$2,100


**Ineligible Industries:** Law firms, associations, groups with seasonal employment, groups without an employee/employer relationship and businesses with high turnover<sup>3</sup> are not eligible for any DeltaCare<sup>®</sup> USA plan. All groups in the cannabis or cannabis related industries are ineligible.

## Dual Choice

Employers may offer a bundled plan of both PPO and DeltaCare<sup>®</sup> USA


- **Dual Choice with CoPower ONE Good** requires a minimum of 2 enrolled employees on the PPO plan and a minimum of 2 on DeltaCare<sup>®</sup> USA
  - With 2-4 enrolled on PPO, CoPower ONE Good (2-4) rates apply
  - With 5 or more enrolled on PPO, CoPower ONE Good (5-99) rates apply
- **Dual Choice With CoPower ONE Better, Better Plus, and Best** plans requires a minimum of 5 enrolled employees on the PPO plan and a minimum of 2 on DeltaCare<sup>®</sup> USA
- **Bundles Cannot be Mixed.** For example, if an employer chooses CoPower ONE Better, only the Better vision and life benefits will be paired with the Better Delta Dental PPO plan and DeltaCare<sup>®</sup> USA closed network dental plan
- **Dual Choice MPB PPO and DeltaCare<sup>®</sup> USA** available for groups of 10 or more enrolling

## Minimum Participation Base Plan DeltaCare<sup>®</sup> USA Bundle



**Dental**  
DeltaCare<sup>®</sup>  
USA Plan 13B

+



**Vision**  
VSP Choice B  
\$10/\$25

Life coverage not included

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Subject to the Limitations and Exclusions shown on page 15. See DeltaCare<sup>®</sup> USA Description of Benefits and Copayments available with CoPower for a complete list of procedures covered and benefit frequency limitations

<sup>2</sup> Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT-2020 descriptors or nomenclature, which are under copyright by the American Dental Association<sup>®</sup>.

<sup>3</sup> A business has a "high turnover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business



# Program Guidelines

The following guidelines will help you ensure that your clients comply with plan requirements and are eligible for CoPower ONE.

PROGRAM GUIDELINES	Good PPO	Better PPO	Better Plus PPO Plus Premier	Best PPO Plus Premier	MPB & Employer Paid DeltaCare® USA	MPB PPO
<b>Group Eligibility</b>	<ul style="list-style-type: none"> <li>Businesses must be headquartered in NY with 2-99 eligible employees for Good-PPO and DeltaCare USA™ plans; 5-99 eligible employees for Better-PPO, Better Plus-PPO Plus Premier, Best-PPO Plus Premier, Minimum Participation Base-PPO plans</li> <li>Groups currently enrolled with Unum are not eligible for CoPower ONE coverage</li> </ul>					
<b>Employer Contribution</b>	<ul style="list-style-type: none"> <li>2-50 eligible: 75% minimum for employees</li> <li>51-99 eligible: 50% minimum for employees</li> <li>No minimum for dependents</li> </ul>				Less than 75% for employees	Less than 75% for employees
<b>Participation</b>	<ul style="list-style-type: none"> <li>Minimum of 75% of eligible employees must enroll but no less than:                             <ul style="list-style-type: none"> <li>2 in Good-PPO</li> <li>5 in remaining PPO plans</li> </ul> </li> <li>If employer contributes 100%, 100% employee participation is required</li> <li>Except if 100% employer contribution, employees with dental coverage from another employer's plan can waive CoPower ONE coverage even if they do not have other vision coverage</li> <li>Groups 2-4 cannot consist of family only (husband, wife, children, &amp; parents)</li> </ul>				Minimum enrollment of 2 eligible employees	Minimum enrollment of 5 eligible employees
<b>Rate Guarantee</b>	12 months					
<b>Industry Loads</b>	Yes, and some industries are ineligible (page 10)				No, but some industries are ineligible (page 8)	Yes, and some industries are ineligible. (page 10)
<b>Waiting Period for Services</b>	Good, Better, Better Plus, Best PPOs & DeltaCare® USA: None MPB PPO: <ul style="list-style-type: none"> <li>12-months for all covered services except D&amp;P, sealants, simple restorations, simple extractions and dental accident</li> <li>Waiting period can be waived for initial enrollees at takeover with proof of coverage in a comprehensive dental plan with no break in coverage (copy of group's prior carrier's EOC and last bill)</li> <li>New hires and their dependents are subject to 12-month waiting period regardless of previous coverage</li> </ul>					
<b>Out-of-State</b>	<ul style="list-style-type: none"> <li>Groups with 2-3 eligible employees: Two employees must be in NY</li> <li>Groups with 4 eligible employees: Two eligible employee may be located out of state</li> <li>Groups with 5-99 eligible employees: Two employees must be in NY</li> </ul>				Service must be rendered in NY, NJ, PA	Two employees must be in NY
<b>Eligible Dependents</b>	Legal spouse or domestic partner. Dependent children are eligible until age 26 for dental, vision, and life coverage. If less than 100% employer paid, all eligible dependents not covered under another group plan must be enrolled if dependent coverage is selected					
<b>Basic Life Age Reduction Schedule</b>	<ul style="list-style-type: none"> <li>65% at age 70</li> <li>50% at age 75</li> </ul>					
<b>Carve-outs</b>	<ul style="list-style-type: none"> <li>Only Union/Non-union, Management/Non-management, and Salaried/Hourly carve-outs will be allowed</li> <li>Allowed if non-carved-out employees are not covered by any dental plan, or covered by a Delta Dental or DeltaCare® USA plan</li> <li>Carve-out groups will receive Level 2 rates</li> </ul>					
<b>Eligible Employees</b>	<ul style="list-style-type: none"> <li>Full time, permanent eligible employees working 30 or more hours per week</li> <li>In order to maintain enrollment in the CoPower ONE program, enrollees must continue coverage in all three lines of coverage</li> <li>Dependent relationships (husband, wife, children, &amp; parents) may not enroll separately to meet the minimum eligibility requirements</li> </ul>					
<b>1099 Employees</b>	Not eligible					
<b>Product Combinations</b>	Employer Sponsored dual choice Delta Dental PPO and DeltaCare® USA within CoPower ONE portfolio: <ul style="list-style-type: none"> <li>Less than 10 eligible and/or enrolled employees – minimum of 2 enrolled in DeltaCare® USA plan and the remainder in the Good-PPO plan (utilize Good-PPO 2-4 rates)</li> <li>10 or more eligible and enrolled employees – minimum of 2 enrolled in DeltaCare® USA plan and the remainder in the eligible PPO plans (all PPO plans except Good-PPO require a minimum enrollment of 5)</li> <li>Dual choice MPB Delta Dental PPO and MPB DeltaCare® USA available for groups of 10+ enrolling - minimum of 5 enrolled in one plan and remainder in the other</li> </ul>					
<b>Orthodontics</b>	Not available in CoPower ONE Good PPO	<ul style="list-style-type: none"> <li>Available to groups with a minimum of 5 primary enrollees</li> <li>Yes, for Better PPO, Better Plus PPO Plus Premier, and Best PPO Plus Premier</li> <li>Child only up to age 26</li> </ul>			Yes, for children and adults	Yes (optional), for children only, and for groups with minimum enrollment of 25 eligible employees
<b>Open Enrollment</b>	Open Enrollment is available only to groups with a POP/Section 125 plan in place					
<b>Terminations</b>	<ul style="list-style-type: none"> <li>Dental coverage will end on the last day of the month when primary enrollee is no longer eligible for coverage</li> <li>Dependent coverage will end at the same time as the primary enrollee or at the end of the month when the dependent is no longer eligible</li> </ul>					
<b>Administration Fees</b>	None					

# PPO Eligible and Ineligible Industries<sup>1</sup>

For Bundles with Delta Dental PPO plans. For Bundles with DeltaCare® USA plans, see page 8.

SIC CODES — LEVEL 1			
Eligible Industries	SIC Code(s)	Eligible Industries	SIC Code(s)
Advertising (except Misc., not classified #7319)	7311–7313	Independent Auto Repair and Services	7532–7599
Agriculture, Forestry, and Fishing (except seasonal employees)	0100–0999	Laundry/Garment Services and Shoe Repair Services	7211– 7219, 7251
Auto Rental Agencies	7513–7519	Manufacturing (except Jewelry Manufacturing)	2000–2699
Automobile Parking Services	7521	Manufacturing (Chemicals, Allied, and Other)	2810–3999
Building Maintenance/Equipment Rental	7349–7359	Mining, Oil, and Gas Extraction	1000–1499
Collection Agencies and Credit Reporting Services	7322–7323	Miscellaneous Computer Services	7379
Communication (Radio, Telephone, TV/Radio, and Broadcasting)	4800–4899	Miscellaneous Repair (Welding, etc.)	7692–7699
Community Services Organizations/Social Services	8300–8499	Museums, Art Galleries, and Gardens	8412–8422
Computer Programming and Related Services	7371–7379	News Syndicates	7383
Construction Contractors	1500–1799	Photofinishing Labs	7384
Direct Mailing, Reproduction, and Secretarial Services	7331–7338	Printing and Publishing	2700–2799
Electrical Repair (Radio, TV, A/C, and Refrigerator)	7622–7629	Public Administration (Cities, Counties, Police, etc.)	9000-9720, 9722-9998
Engineering and Management Services	8711–8748	Public and Private Schools (Elementary and High Schools)	8200–8299
Finance (Banks, Securities, and Credit Agencies)	6000–6299	Retail	5200–5510, 5610–5699, 5712–5736, 5912–5999
Funeral Services and Crematories	7261	Security Systems, Detectives, and Armored Cars	7381–7382
Furniture Repair/Re-upholstery	7641	Transportation	4000–4799
Government Funded Groups	8300-8499	Utilities	4900–4999
Hospitals	8062–8069	Wholesale Trade	5000–5199
SIC CODES — LEVEL 2			
Eligible Industries	SIC Code(s)	Eligible Industries	SIC Code(s)
Advertising (Miscellaneous, not classified)	7319	Management Carve-outs (regardless of industry)	9999
Automobile Dealerships	5511–5599	Medical Groups	8000–8059, 8082–8099
Amusement, Recreation, and Entertainment	7800–7999	Photographic Studios	7221
Churches (Administration and Management staff only)	8661	Real Estate	6500–6799
Hotels	7000–7099	Restaurants	5800–5899
Insurance Carriers/Brokers	6300–6499	Tax Return Preparation Services and Miscellaneous Personal Services	7291–7299
Jewelry Manufacturing	3911–3915	Watch, Clock, and Jewelry Repair	7631
Legal	8100–8199		
INELIGIBLE SIC CODES			
Ineligible Industries	SIC Code(s)	Ineligible Industries	SIC Code(s)
Associations and Trusts <sup>1</sup>	8600–8660, 8662–8699	Professional Employer Organizations (PEO)	7361
Beauty and Barber Shops	7231–7241	Private Households	8811
International Affairs	9721	Religious Organizations (except Churches 8661)	No SIC
Dental Offices, Dental Labs, and Medical Labs	8021, 8071, 8072	Seasonal Employees (Christmas/Part-time Help)	No SIC
Employment Agencies	7361–7363	Seasonal Employees (Agriculture)	0761–0783
Groups with high turnover <sup>1</sup>	Varies	Miscellaneous Services not classified elsewhere	8999
Miscellaneous Business Services	7389	Cannabis or Cannabis Related Industries	No SIC

<sup>1</sup> SIC rate level cannot change for renewing business. Management and the administrative staff of associations and trusts are eligible under Level 2 (Use SIC Code 9999). A business has a "high turnover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business

# CoPower ONE Rates

DELTA DENTAL PPO PLANS		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE Good (2-4)	Single	\$48.00	\$54.00	\$46.00	\$51.00	\$36.00	\$40.00
	Two-Party	\$91.00	\$102.00	\$86.00	\$97.00	\$65.00	\$73.00
	Three-Party*	\$126.00	\$142.00	\$120.00	\$134.00	\$91.00	\$102.00
CoPower ONE Good (5-99)	Single	\$45.00	\$50.00	\$43.00	\$47.00	\$34.00	\$37.00
	Two-Party	\$84.00	\$94.00	\$79.00	\$89.00	\$61.00	\$68.00
	Three-Party*	\$117.00	\$131.00	\$111.00	\$124.00	\$85.00	\$94.00
CoPower ONE Better (5-99)	Single	\$56.00	\$62.00	\$53.00	\$59.00	\$43.00	\$47.00
	Two-Party	\$106.00	\$119.00	\$101.00	\$113.00	\$77.00	\$86.00
	Three-Party*	\$154.00	\$173.00	\$146.00	\$163.00	\$111.00	\$124.00
CoPower ONE Better Plus (5-99)	Single	\$62.00	\$69.00	\$61.00	\$68.00	\$48.00	\$53.00
	Two-Party	\$119.00	\$134.00	\$117.00	\$131.00	\$89.00	\$99.00
	Three-Party*	\$172.00	\$194.00	\$169.00	\$190.00	\$128.00	\$143.00
CoPower ONE Best (5-99)	Single	\$71.00	\$79.00	\$70.00	\$78.00	\$56.00	\$61.00
	Two-Party	\$135.00	\$152.00	\$133.00	\$149.00	\$102.00	\$114.00
	Three-Party*	\$196.00	\$221.00	\$193.00	\$217.00	\$147.00	\$164.00

**CoPower ONE ZIP Code Regions**

Region 1: This region includes ZIP Codes: 100-102

The following ZIP Codes are excluded from Region 1 but included in Region 2: 103-119, 124 (Orange), 125 (Orange, Putnam), 127 (Orange)

Region 3: This region includes ZIP Codes: 120-123, 124 (Ulster, Albany, Delaware, Greene), 125 (Ulster, Columbia, Dutchess), 126, 127 (Delaware, Sullivan, Ulster), 128-149

CoPower ONE Minimum Participation Base Plan is a Dental and Vision only plan.  
 Note: Rates are effective for new groups enrolling no later than December 1, 2021.

DELTA DENTAL MINIMUM PARTICIPATION BASE PLAN		Region 1		Region 2		Region 3	
		Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
CoPower ONE MPB (5-99)	Single with and w/o Ortho	\$71.00	\$79.00	\$64.00	\$72.00	\$50.00	\$55.00
	Two-Party w/o Ortho	\$140.00	\$158.00	\$126.00	\$142.00	\$95.00	\$107.00
	Two-Party w/Ortho	\$144.00	\$162.00	\$129.00	\$146.00	\$98.00	\$109.00
	Three-Party* w/o Ortho	\$202.00	\$227.00	\$182.00	\$205.00	\$139.00	\$155.00
	Three-Party* w/ Ortho	\$215.00	\$242.00	\$194.00	\$218.00	\$148.00	\$165.00

DELTACARE® USA PLANS		Regions 1	Region 2
CoPower ONE Good (2-99)	Single	\$36.00	\$35.00
	Two-Party	\$57.00	\$54.00
	Three-Party*	\$83.00	\$79.00
CoPower ONE Better (5-99)	Single	\$40.00	\$38.00
	Two-Party	\$62.00	\$59.00
	Three-Party*	\$89.00	\$86.00
CoPower ONE Best (5-99)	Single	\$44.00	\$43.00
	Two-Party	\$67.00	\$64.00
	Three-Party*	\$97.00	\$93.00

DELTACARE® USA MINIMUM PARTICIPATION BASE PLAN		Regions 1	Region 2
CoPower ONE MPB (2-99)	Single	\$42.00	\$40.00
	Two-Party	\$66.00	\$63.00
	Three-Party*	\$103.00	\$98.00

**DeltaCare® USA Regions by County**

Region 1: 100 -102

Region 2: 103 - 149

CoPower ONE Minimum Base Plan is a Dental and Vision only plan.  
 Note: Rates are effective for new groups enrolling no later than December 1, 2021.

# Plan Benefits - VSP

VSP BENEFITS	Good	Better/Better Plus	Best*	Minimum Participation Base**
Exam/Lens/Frame	CoPay \$25/\$25	CoPay \$10/\$25	CoPay \$10/\$25	CoPay \$10/\$25
VSP Choice Plan/ Elective Contact Lens Allowance	\$150/\$150	\$150/\$150	\$175/\$175	\$200/\$200
Costco/Walmart/ Elective Contact Lens Allowance	\$80/\$150	\$80/\$150	\$100/\$150	\$110/\$200
Exam/Lens/Frame Frequency	12 Exam/24 Lens/ 24 Frame Frequency	12 Exam/12 Lens/ 24 Frame Frequency	12 Exam/12 Lens/ 12 Frame Frequency	12 Exam/12 Lens/ 12 Frame Frequency

\* New Richer Benefit for the CoPower One NY Best plan

\*\*The MPB Vision Plan and the CP1 Dental PPO MPB or CP1 Dental DHMO plan are combined to create the CP1 MPB Bundle (no life included in the CP1 MPB bundle).

# Plan Benefits - Unum Enhanced Life

ENHANCED LIFE OPTION (10-49)	Good \$15,000	Better/Better Plus \$20,000	Best \$25,000
\$50,000	\$9.80	\$8.40	\$7.00
\$100,000	\$23.80	\$22.40	\$21.00
\$150,000	\$37.80	\$36.40	\$35.00

ENHANCED LIFE OPTION (50-99)	Good \$15,000	Better/Better Plus \$20,000	Best \$25,000
\$50,000	\$7.70	\$6.60	\$5.50
\$100,000	\$18.70	\$17.60	\$16.50
\$150,000	\$29.70	\$28.60	\$27.50

1. Per employee per month rates
2. Only available to groups of 10 or more enrolling employees
3. Rates are in addition to the CoPower ONE standard rates. For example: Add an additional \$35,000 on the Good Plan for \$50,000 total (\$30,000 on Better/Better Plus and \$25,000 on Best)

# Optional Benefits - Unum Supplemental Life

UNUM SUPPLEMENTAL LIFE GUIDELINES & RATES	Unum Group Supplemental Protection Life Benefits, AD&D, and EAP		
	Employee	Spouse	Child
<b>Supplemental</b>	Requires the employee to have Basic Life in place	Requires the employee to have Voluntary Life in place	Requires the employee to have Voluntary Life in place
<b>Contribution</b>	100% employee-paid	100% employee-paid	100% employee-paid
<b>Participation</b>	Minimum 2 enrolled	N/A	N/A
<b>Guarantee Issue</b>	<ul style="list-style-type: none"> <li>2-9 eligible employees: \$10,000</li> <li>10-49 eligible employees: \$30,000</li> <li>50-99 eligible employees: \$80,000</li> </ul>	All group sizes: \$10,000	All group sizes: \$6,000
<b>Amounts Available</b>	\$10,000 increments	\$5,000 increments	\$6,000 is the only option
<b>Maximum Amount</b>	Lesser of \$250,000 or five times earnings	Lesser of \$250,000 or 100% of employee's Voluntary life amount	\$6,000 per child
<b>Age Reduction Schedule</b>	<ul style="list-style-type: none"> <li>65% at age 70</li> <li>50% at age 75</li> </ul>	<ul style="list-style-type: none"> <li>65% at age 70</li> <li>50% at age 75</li> </ul>	Not applicable

UNUM SUPPLEMENTAL LIFE	Unum Group Supplemental Protection Life with AD&D and EAP	
	Age Band	Rate
<b>Employee and Spouse Per \$1,000</b>	<25	\$0.12
	25-29	\$0.13
	30-34	\$0.15
	35-39	\$0.21
	40-44	\$0.29
	45-49	\$0.44
	50-54	\$0.69
	55-59	\$1.04
	60-64	\$1.84
	65-69	\$2.78
	70-74	\$4.94
	75+	\$9.66
<b>Child Per \$1,000</b>	Up to Age 26	\$0.33

Covers all children up to age 26.

All rates effective January 1, 2021

# Delta Dental PPO™

## Limitations

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract information.

See Evidence of Coverage for a complete list of Limitations.

1. Exams and cleanings are limited to twice each calendar year.<sup>1</sup>
2. Bitewing x-rays are limited to twice each calendar year under age 18 and one per year over 18.
3. Full mouth x-rays are limited to once every five years.
4. Topical application of fluoride solutions is limited to enrollees to age 19 and no more than twice in a calendar year.
5. Space maintainers are limited to the initial appliance for children to age 14.
6. Sealants will be replaced only after two years have elapsed following any prior provision. Age limitations may vary.
7. Periodontal scaling and root planing in the same quadrant are limited to once every two years.<sup>1</sup>
8. Crowns, inlays/onlays and prosthodontic appliances (bridges, dentures and implants) are limited to every five years.
9. The orthodontic maximum amount is a lifetime maximum. Benefits are not paid to repair or replace any orthodontic appliance received under a Delta Dental plan.
10. Delta Dental will base payment for optional services on the contract allowance for the covered procedure. Optional services are those elected by the enrollee in lieu of lower-cost conventional services.

<sup>1</sup> Pregnant enrollees and enrollees with certain qualifying medical conditions may be eligible for additional services. See plan contract for more details.

# DeltaCare<sup>®</sup> USA - 13B

## Limitations

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract

See Evidence of Coverage for a complete list of Limitations.

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
2. Any combination of more than six crowns, bridge pontics and/or bridge retainers may result in additional charges.
3. General anesthesia and/or IV sedation is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral.
4. Coverage for treatment provided by a pediatric dentist are limited to members through age 7 and requires a referral from the enrollee's selected DeltaCare USA contract dentist.
5. Orthodontic treatment costs for enrollees whose coverage has been terminated or canceled will be based on the contract orthodontist's usual fee for treatment. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee pays the contract orthodontist as arranged.



## Enrollment Checklist\*

- CoPower ONE Employer Application.
- List of employees, social security numbers, dates of birth, mailing addresses, and dependent information (name, gender and date of birth) on the CoPower ONE Census Enrollment Form
  - Enrolling employees may also complete the CoPower Employee Enrollment/Change Form–All Plans
  - DeltaCare® USA enrollees must select a primary care dentist
- A Unum Employee Beneficiary Designation Form—to be provided to the employer for their records
- Annual gross salary on the CoPower SELECT Census Enrollment Form – Supplemental/Voluntary Life
  - Enrolling employees may also complete the Unum Employee Voluntary Term Life and AD&D Enrollment Form
- Completed waivers and declination of coverage documents for employees waiving due to other dental coverage.
- A company check made payable to CoPower, or a one-time only debit authorization form with a copy of a voided check for the first month's premium
- CoPower ONE MBP PPO only: Proof of coverage in the employer's prior comprehensive dental plan with no break in coverage
- Employees enrolling in Supplemental Life (if applicable):
  - A completed Unum Employee Supplemental Term Life and AD&D Enrollment Form
  - A completed Evidence of Insurability Form (for coverage amounts above the Guaranteed Issue limits)

### Plan Administration:

CoPower

1600 W. Hillsdale Blvd., Suite 203  
San Mateo, California 94402

T: 888.920.2322

E: sales@copower.com

[www.copower.com](http://www.copower.com)

### Carrier Contact Information:

Delta Dental PPO<sup>SM</sup>

888.932.0783

[www.deltadentalins.com](http://www.deltadentalins.com)

DeltaCare® USA

800.422.2234

[www.deltadentalins.com](http://www.deltadentalins.com)

VSP

800.877.7195

[www.vsp.com](http://www.vsp.com)

Unum Life

866.679.3054

[www.unum.com](http://www.unum.com)



#### Delta Dental PPO

Delta Dental PPO is underwritten in New York by Delta Dental of New York, Inc.

#### DeltaCare® USA

DeltaCare USA is underwritten in these states by these entities: AL – Alpha Dental of Alabama, Inc.; AZ – Alpha Dental of Arizona, Inc.; CA – Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY – Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV – Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX – Alpha Dental Programs, Inc.; NV – Alpha Dental of Nevada, Inc.; UT – Alpha Dental of Utah, Inc.; NM – Alpha Dental of New Mexico, Inc.; NY – Delta Dental of New York, Inc.; PA – Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental is a registered mark of Delta Dental Plans Association.

#### VSP and Unum

VSP Choice is underwritten by VSP; Unum Basic Group Term Life and Unum Group LTD is underwritten by Unum Life Insurance Company of America. These companies are financially responsible for their own products.

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 or your broker. The benefit information contained in this booklet is summary in nature.