

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)		
	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: Waived
Diagnostic & Preventive Services (D&P)	100%		50%	100%		80%	100%		80%	100%		100%
Basic, Oral Surgery, Endodontics, and Periodontics	80%		50%	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*
Contact Lenses	\$150 allowance		\$105*	\$150 allowance		\$105*	\$150 allowance		\$105*	\$150 allowance		\$105*
Eye Exam			\$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*
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
	\$46	\$85	\$128	\$57	\$108	\$178	\$63	\$118	\$197	\$78	\$146	\$239

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, 2019 through December 31, 2019. Rates shown are for Region 2 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