

DENTAL PLAN BENEFITS

The Costco Core and Premium Dental Plans are administered by Aetna. The following enrollment rules apply to these plans:

- You and each family member enrolled for dental must also be enrolled in a Costco medical plan (HMSA in Hawaii).
- If you elect dental for yourself, you must elect it for all your family members enrolled for medical coverage. They will be in the same dental plan you choose for yourself.
- You may decline dental, even if you elect medical coverage.
- No matter which medical option you choose, you may elect either Core or Premium Dental unless you are a Part Time Employee, in which case you are limited to the Core Dental plan. (This also applies if you are a Full Time Employee but classified as “part-time” for benefit purposes as described in *Benefit Measurement Periods*, starting page 15.)

Summary of Dental Plans				
Plan Benefits	Core Plan		Premium Plan	
	In Network	Out of Network	In Network	Out of Network
Annual deductible	\$50 individual	\$50 individual	\$50 individual	\$50 individual
		\$150 family	\$150 family	\$150 family
Annual maximum benefit (Benefits for preventive care and orthodontic services do not count against the annual maximum.)	\$1,500 for covered Basic Services and Major Services combined.		\$2,000 for covered Basic Services and Major Services combined.	
Preventive care services , such as routine exams and cleanings, twice per year	100% no deductible	100% Reasonable and Customary (R&C) charges, no deductible	100% no deductible	100% R&C, no deductible
Basic services such as fillings, extractions, root canals, periodontics (treatment of gums and soft tissues)	85% after deductible	80% of Reasonable and Customary (R&C) charges after deductible	85% after deductible	80% R&C after deductible
Major services such as crowns, bridges, dentures, implants	55% after deductible	50% of R&C after deductible	55% after deductible	50% of R&C after deductible
Orthodontic services	50% no deductible. Lifetime maximum benefit: \$1,250		50% no deductible. Lifetime maximum benefit: \$1,500	

USING PARTICIPATING PROVIDERS

The Core and Premium Dental Plans are Preferred Provider Organizations (PPOs). These offer a national network of participating dentists. The plans pay benefits for covered services and supplies you and your enrolled family members receive from any qualified dentist. However, it's to your advantage to use a PPO participating dentist whenever you need dental care. Here's why:

- Covered Basic and Major Services received from participating dentists are paid at a higher in-network level.
- Participating dentists have contracted with Aetna to provide services and supplies at Negotiated Rates. That means they accept payment from your dental plan and any required amounts you pay towards your annual deductible or coinsurance as payment in full. There are no further costs to you (subject to the limit on lifetime and annual maximum benefits).

- If you receive services from an out of network provider, that provider may charge more than the Reasonable and Customary (R&C) charges established by Aetna. In that case, in addition to your other out-of-pocket expenses, you'll be responsible for any amount that exceeds R&C.
- Your PPO dentist will file claims on your behalf. If you use a non-participating dentist, it will be your responsibility to make sure claims for the Covered Expenses you incur are filed in a timely and proper fashion.

To find a PPO participating dentist near you, from www.costcobenefits.com you can link to DocFind, Aetna's list of providers customized for Costco Employees. You may also call Aetna at **1-800-218-1458** or contact your payroll or Benefits Representative for a provider directory.

YOUR OUT-OF-POCKET COSTS

As a dental plan participant, you pay a share of the Covered Expenses you incur and your plan pays the balance. Your share of dental expenses, called your "out-of-pocket costs," include the following:

1. *Your annual deductibles.* These are the amounts you must pay each calendar year toward all Covered Expenses (except preventive care or orthodontic services) before your plan begins to pay benefits.
 - The individual deductible applies separately to each covered family member.
 - The family deductible applies to you and your covered family members on a combined basis. When the family deductible is satisfied, no further deductible needs to be met by any covered family member during the remainder of that calendar year.

Eligible expenses applied to one calendar year's deductible cannot be carried over and applied to the next year's deductible.

2. *Your coinsurance.* This is the percentage of Covered Expenses you pay after you satisfy your annual deductible. For example, say you incur Covered Expenses for which your plan pays 85%, after your deductible. For these Covered Expenses, your coinsurance would be 15%.

ANNUAL MAXIMUM DENTAL BENEFIT

As follows, each Costco dental plan pays a maximum dollar amount per year for all covered basic and major services in or out of network. (Benefits for preventive and orthodontic services do not count against the annual maximum.)

- Core Dental Plan: \$1,500 per person per year
- Premium Dental Plan: \$2,000 per person year

After a plan has paid the annual maximum benefit for a covered individual, it will not pay any further benefits for basic or major expenses incurred by that person for the rest of that calendar year.

If you leave Costco for any reason, then are re-hired within the same calendar year, any annual dental deductibles and maximum annual benefit limits will be carried forward.

LIFETIME MAXIMUM ORTHODONTIC BENEFIT

Each dental plan pays the following lifetime maximum benefit for orthodontic services:

- Core Dental Plan: \$1,250 per person
- Premium Dental Plan: \$1,500 per person

These dollar maximums apply to all payments for orthodontic services on behalf of an individual for the entire time he or she is covered by all Costco dental plans combined. Once you reach the maximum, your dental plan will pay no further orthodontic benefits for the rest of the time you are covered.

If you leave Costco for any reason, then are re-hired, the lifetime maximum benefit payable for orthodontic benefits is always carried forward regardless of how long you were gone.

PREDETERMINATION OF BENEFITS

Whenever the charges for your dental care are expected to exceed \$350, you should ask your dentist to obtain a pre-determination of benefits from Aetna. A pre-determination will give you an advance idea of whether the proposed procedure is a Covered Expense, the amount your plan may pay for the procedure, and what your financial responsibility may be.

Your dentist may request a pre-determination electronically or by submitting a standard American Dental Association (ADA) claim form to Aetna, PO Box 14094, Lexington KY 40512-4094.

ALTERNATE TREATMENTS

If more than one service can be used to treat a covered person's dental condition, the Costco dental plans will only pay benefits based on the least costly covered service. This applies only if the least costly service:

- is deemed by the dental profession to be an appropriate method of treatment, and
- meets broadly accepted national standards of dental practice.

If you and the dentist decide to proceed with a more costly method of treatment, the excess amount will not be covered by the plan and you'll be responsible for that amount. *Exception:* porcelain will be allowed for crowns.

WHAT THE CORE AND PREMIUM DENTAL PLANS COVER

The plans pay benefits only for the Covered Expenses listed below. As specified on the Summary of Dental Benefits, starting page 71, benefits are paid after any applicable deductibles and are subject to annual or lifetime maximum benefit limits.

Covered Preventive Care Services

1. Routine comprehensive examinations (periodic oral evaluation), twice each calendar year per eligible person
2. X-rays, one set of bitewing x-rays per calendar year; complete x-ray series including full mouth or panorex X-rays once in a three-year period; vertical bitewings limited to one set every three-year period
3. Emergency examinations (problem-focused exams), two per calendar year
4. Dental cleaning (prophylaxis), two per calendar year
5. Periodontal maintenance cleanings limited to twice per calendar year
6. Fissure sealants for children-under age 16, once in a three-year period per tooth, available only for permanent molars
7. Topical application of fluoride, covered to age 18, twice per calendar year
8. Space maintainers to maintain space for eruption of permanent teeth

Covered Basic Services

1. Amalgam, synthetic, composite (filled resin) for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay). If a composite restoration is placed on a molar tooth only the cost of the amalgam filling will be covered
2. Stainless-steel crowns
3. Extraction of teeth
4. Surgical extractions of impacted teeth
5. General anesthesia/intravenous (deep) sedation covered:
 - in conjunction with certain covered endodontic, periodontic and oral surgery procedures, if Medically Necessary or
 - if Medically Necessary for children through age 6 or a physically or developmentally disabled person, when in conjunction with covered dental procedures

General anesthesia and intravenous sedation are not both covered when performed on the same day.

6. Periodontal services, surgical and nonsurgical procedures for treatment of the tissues supporting the teeth, including root planing, gingivectomy, and provisional splinting
7. Nightguards/ occlusal guards only for bruxism (grinding of teeth), covered once in a three year period
8. Root planing, limited to four separate quadrants per two rolling years
9. Limited occlusal adjustments
10. Root-canal therapy due to decay or trauma, including pulp exposure treatment, pulpotomy, apioectomy and x-rays

Covered Major Services

1. Crowns, inlays once in a two-year period per tooth subject to "Replacement of Existing Items" discussed on page 74. This includes coverage of:
 - Gold substitute castings or combinations of those materials (but not processed resin)
 - Porcelain crowns on posterior teeth

Note, if a tooth can be restored with a filling material such as amalgam, synthetic, composite or filled resin, the plan will pay benefits based on the Negotiated Rate or Reasonable and Customary (R&C) charge as applicable for the amalgam, synthetic, composite, or filled resin restoration.
2. Crown buildups
3. Dentures, fixed bridges, removable partial dentures, full, immediate and overdentures
4. Surgical placement or removal of implants and appliances on implants. The cost of a standard crown, bridge, partial or full denture will be allowed toward the cost of appliances constructed on implants. Replacement of an appliance is covered once in every two year period subject to "Replacement of Existing Items" discussed below.
5. Replacement of an existing prosthetic device, once every two-year period subject to "Replacement of Existing Items" discussed below.
6. Full, immediate and overdentures.
7. Preparation for dentures, including preparation of the alveolar ridge and soft tissues (not including iliac crest or rib grafts to alveolar ridges)
8. Temporary/interim partial dentures when they are used to replace any of the six anterior teeth, provided the permanent prosthesis is eligible for coverage.
9. Partial dentures. If a more elaborate or precision device is proposed, subject to consultant review, the plan may pay benefits for an alternate treatment based on the Reasonable and Customary charge for a cast chrome or acrylic partial denture
10. Denture adjustments and relines, initial reline done more than six months after placement of permanent denture

Covered Orthodontic Services. Subject to plan provisions, maximums and eligibility, the plan pays quarterly benefits for Covered Expenses related to Orthodontic Treatment. These include:

1. Comprehensive Orthodontic Treatment for adults and children, including post-treatment stabilization
2. Removable, fixed, or cemented inhibiting appliance to correct thumb sucking

Benefits for accidental Injury. If your teeth are injured due to an accident, your Costco dental plan will pay Covered Expenses related to that injury, but only those not covered by your Costco medical plan. Any amounts paid by the dental plan will be subject to the usual deductibles, annual and lifetime maximum limits.

Replacement of existing items. The replacement of, addition to, or modification of existing dentures, crowns, casts or processed restorations, removable dentures fixed bridgework or other prosthetic services are covered only in either of the following situations:

- The existing denture, crown, cast, or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least two years before its replacement.

- The existing denture is an immediate temporary one to replace one or more extracted natural teeth and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

Extended coverage after eligibility ends. Ordinarily, the Costco dental plans will not pay benefits for services you receive after your eligibility for the Costco Employee Benefit Program ends. The exception is if, while you were still eligible, you began a service that requires multiple visits such as a root canal, installation of a crown, or a prosthodontic installation.

For one of these procedures, your Costco dental plan will pay benefits for up to 30 days past the date coverage would normally end, provided the service will be completed during that 30 day period.