Apply Two Ways

SECTION 5

Need assistance? A quote? Call an Aetna authorized agent 1-866-286-3155 or Visit www.costcopersonalhealth.com

Application Checklist
You’ll need this info for each person on the application:
• Date of birth
• Social Security Number
• Height/weight
• Current/past health insurance plans
• Medical history for each applicant (diagnosis, treatment, dates of service, status)
• Prescription drug information (name, dose, date prescribed)
• Contact information for doctors (primary care and specialists)

There are two convenient ways to apply:

BY PHONE
Call 1-866-286-3155
Speak to an Aetna authorized agent.

ONLINE
www.costcopersonalhealth.com

Here’s how the application process works and what to expect in the days ahead.

STEP 1 // APPLY ONLINE
You complete the online application on our secure website. If you have questions or need personal assistance, you can work with a program representative by calling the number above.

Note: When you apply online and have to stop in the middle, don’t worry. The information will be saved and you can come back to it.

STEP 2 // AETNA REVIEWS INFORMATION
Once your completed application is received online, Aetna reviews it in what is known as “medical underwriting”. In order to clarify information about medical conditions or treatments, you may receive a call from Aetna. On average, the review process takes 5–15 days.

STEP 3 // AETNA NOTIFIES YOU
You’ll be notified by mail. If you’re approved, coverage will typically start on your chosen effective date (a future date on the 1st or 15th of the month). Important — don’t cancel existing health insurance until you have been notified of your effective date.
Introducing Costco Personal Health Insurance
Insured by Aetna

This new health insurance program for families and individuals offers the advantages you expect from Costco — great value, quality, a brand you can trust, and special members-only benefits. It’s made possible through a collaboration between Costco and Aetna Life Insurance Company (Aetna).

A unique combination of value and quality
Costco has teamed with Aetna to offer five health insurance plans tailored for Costco members. These five plans, insured by Aetna Life Insurance Company, offer quality coverage and features to help fit your lifestyle and financial needs. All plans include special features, innovative programs and lower pricing that have been negotiated on your behalf by Costco.

Backed by the experience and commitment of Aetna
Aetna is one of the nation’s leaders in health care, dental, pharmacy, group life, and disability insurance, and employee benefits. For over 150 years, Aetna has been dedicated to helping people achieve health and financial security. Aetna puts information and helpful resources to work for its members to help them make better-informed decisions about their health care.

You can expect straightforward information, helpful tools and dedicated customer service — making it quick and easy to find the coverage you’re looking for.

SECTION 1

Our plans provide important features you can count on

<table>
<thead>
<tr>
<th>Feature</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower monthly premiums for Costco members</td>
<td>✓</td>
</tr>
<tr>
<td>Lower copayments at Costco pharmacies</td>
<td>✓</td>
</tr>
<tr>
<td>Preventive care covered from the start with deductible waived</td>
<td>✓</td>
</tr>
</tbody>
</table>
  - Annual routine physicals
  - Routine office visits
  - Annual routine GYN exams
  - Immunizations
| Nationwide Aetna physician and hospital network | ✓ |
| Unlimited lifetime maximum coverage (per insured member) | ✓ |
| Dental insurance available                    | ✓        |

Need assistance? A quote?
Call an Aetna authorized agent
1-866-286-3155 or Visit
www.costcopersonalhealth.com

Costco Personal Health Insurance Plan is the name of the program provided for Costco members and underwritten by Aetna Life Insurance Company (Aetna) through an out of state group policy to members of Costco Wholesale Costco. To the extent permitted by law, these plans are medically underwritten and you may be declined coverage in accordance with your health condition. Medical records may be requested in conjunction with the underwriting process. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. Aetna small group plans are not associated with Costco.
Now, the quality, value and extras you expect from Costco can be yours in an exclusive health insurance plan.

Whichever Costco Personal Insurance plan you apply for, you can look forward to broader major medical benefits, an extensive network of doctors and hospitals, and a variety of helpful services, tools and information.

Costco is providing value to its members through benefits like affordable $15 copays on generic prescriptions at Costco pharmacies. In addition, all plans include special features and lower monthly premiums negotiated only for Costco members.

Plus, all plans come with valuable extras, including special programs, services and discounts to help you manage your health.

### Broader Coverage
*For details see benefit grids*

- Deductible waived for preventive care such as annual exams, doctor visits and annual routine GYN exams in-network
- Nationwide network of doctors and hospitals
- No waiting period to use preventive care benefits
- Deductible waived for generic prescriptions
- No referrals required to see a specialist
- No copay or coinsurance for immunizations — up to age 21 in-network
- Preventive Colonoscopy exams covered at no copay in-network
- Flexible family coverage
- Unlimited lifetime coverage
- Dental insurance available

### Exclusive Features

- Lower monthly premiums negotiated only for Costco members
- Lower copayments at Costco pharmacies
- Lower copayments for generic prescriptions
- 24/7 assistance with work/life issues
- Free concierge service for help with appointments, important errands, and more
- Online interactive wellness programs tailored to your needs
- Support of Personal Health Advocate for Costco Executive Members

† This feature does not apply to the Health Savings Account (HSA) Compatible Plan.

### Valuable Extras

- Secure member website/online health records
- 24/7 nurse hotline
- Savings on services, such as chiropractic care, acupuncture, massage therapy and dietetic counseling
- Free 30 day Program from Jenny® weight loss
- Access to preferred rates on gym memberships
- Convenient mail-order pharmacy options

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services.
BUDGET-FRIENDLY PRICING AND FEATURES
Costco has arranged for you to receive lower rates on health care products and services provided through these plans. You also save with lower copays for prescription drugs at Costco pharmacies. Even the way the family deductible is calculated saves you money. Unlike other plans, ours allow all family members to contribute to meeting the deductible, which helps lower your out-of-pocket expenses.

COVERAGE NATIONWIDE
Do you travel for business or pleasure? Good news! You’re covered nationwide by Aetna’s network, which includes over 971,000 primary care physicians, specialists and other health care professionals, along with over 5,400 hospitals*. It’s easy to find out if your physician is in-network — simply call a program representative at 1-866-286-3155 or go to www.costcopersonalhealth.com and click on “Find a Doctor” on the left side of the page.

In addition, you can be reimbursed for emergency or urgent care when you travel outside the United States.

CONVENIENT FAMILY COVERAGE
You can apply for coverage for yourself, and your dependents; including your spouse/domestic partner, children and grandchildren, so long as they meet eligibility requirements. Applicants may be subject to medical underwriting.

Prevention plays a vital role in your overall wellness
That’s why all plans also cover preventive care from the start, with no deductible applied.

Plus, there’s no deductible applied and no copay for in-network:
- Immunizations (up to age 21)
- Annual routine GYN exams (including pap and mammogram)
- Well-child visits
- Preventive cancer screening
- Annual routine physicals

Want To Know More?

Need assistance? A quote?
Call an Aetna authorized agent
1-866-286-3155 or Visit
www.costcopersonalhealth.com

* The Aetna Enterprise Provider Database as of July 2012.
Exclusive features for Costco members

**AETNA’S MEMBER ASSISTANCE PROGRAM (MAP)**
You can take advantage of Aetna’s Member Assistance Program (MAP), which provides telephone access to licensed behavioral health clinicians and resources to help manage stress, workplace conflicts, marital concerns, substance abuse and other work/life issues. MAP also includes free concierge service for time-saving assistance with many daily tasks like scheduling appointments, running important errands and more.

**SIMPLE STEPS TO A HEALTHIER LIFE®**
Enrollees can also utilize Simple Steps to A Healthier Life. This online resource provides interactive wellness programs tailored to your needs, so you can make healthy, lasting changes in areas such as nutrition, weight loss, smoking, stress and sleep.

**EXCLUSIVE COSTCO EXECUTIVE MEMBER BENEFIT**
Are you a Costco Executive Member? Great! With these plans you and your family can utilize the services of Health Advocate, Inc. These services, which are not insured by, nor affiliated with, Aetna, are designed to help you understand, navigate, and make the most of your health insurance benefits.

You receive the dedicated attention of a Personal Health Advocate, typically a registered nurse. Health Advocate does not provide or recommend medical treatment. They specialize in providing assistance and support, such as finding the best doctor for your needs, answering questions about tests and medications or resolving billing or claims issues.

Not a Costco member?
If you are not a member, please call Costco Member Services at 1-800-220-6000 or visit a Costco location near you to purchase or renew a Costco membership.

Want To Know More?

**Need assistance? A quote?**
Call an Aetna authorized agent 1-866-286-3155 or Visit www.costcopersonalhealth.com
Valuable extras for all Costco members

AETNA’S SECURE MEMBER WEBSITE
Log on anywhere, any time — day or night — to check the status of claims, estimate the costs of health care services and manage your health benefits.

ONLINE PERSONAL HEALTH RECORD
Provides secure anytime access to your health history and makes it easy to view or update test results, diagnoses and prescriptions so you can better share personal health information with your physicians.

AETNA WEIGHT MANAGEMENT℠ PROGRAM
Offers saving on weight loss programs and products from Jenny®, starting with a FREE 30-Day Program.

INFORMED HEALTH® LINE*
Get answers to your health information questions, 24 hours a day, 7 days a week, by calling a toll-free hotline staffed by Aetna’s team of registered nurses.

AETNA NATURAL PRODUCTS AND SERVICES℠ PROGRAM
Your source for discounts on acupuncture, chiropractic care, massage therapy and nutrition counseling.

AETNA FITNESS℠ DISCOUNT PROGRAM
Eligible Aetna members and their families can access the GlobalFit™ national network of nearly 10,000 fitness clubs, in the United States and Canada, at preferred rates**. In addition, members can access other programs such as at-home weight loss programs, home fitness options and even one-on-one health coaching*** services.

AETNA RX HOME DELIVERY®
Use this program to order prescription drugs through Aetna’s convenient mail-order pharmacy.

COSTCO RX HOME DELIVERY
Use www.costco.com to order prescription drugs through Costco’s convenient mail-order pharmacy.

TRY AN ONLINE DOCTOR VISIT
As an Aetna member, you may be able to use RelayHealth for secure, Web-based contact with your doctor. Visit www.relayhealth.com. RelayHealth offers free services, such as scheduling appointments, renewing prescriptions or getting lab test results. If you need more help, RelayHealth can set up an online visit with your doctor (called a webVisit®). With a webVisit, your cost is the same as an in-person office visit — but you still can save time and travel costs!

Dedicated Program Info Line
Call toll free 1-866-286-3155 to speak to a licensed program representative if you have questions or want a quote.

Want To Know More?

Need assistance? A quote?
Call an Aetna authorized agent
1-866-286-3155 or Visit
www.costcopersonalhealth.com

Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services.

1 Offers good at participating centers and through Jenny only. Additional cost for all food purchases. Additional weekly food discounts will grow throughout the year, based on active participation.

* While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

** At some clubs, participation in this program may be restricted to new club members.

*** Provided by WellCall, Inc. through GlobalFit.
Costco evaluated many health insurance carriers and types of plans to identify and offer you the right combination of quality and value. Then we took it to the next level by adding exclusive benefits for our members. We’ve made sure to include a range of plans and cost options.

For more plan details, please see pages 8-11

**Preferred Network Plans** (#1–#2)

- Broader coverage. Competitive premiums. For those who anticipate frequent use of health care services.
- Covers preventive care, prescriptions, doctor visits, hospitalization, diagnostic tests
- Preventive Care and unlimited doctor visits not subject to deductible
- Prescription coverage for brand and generic drugs
- Lower copays at Costco pharmacies
- Two deductible levels ($3000 and $5500)

**Preferred Network Value Plans** (#3–#4)

- A balance of cost and coverage. For health conscious individuals who seek coverage for preventive care and major services.
- Covers preventive care, prescriptions, doctor visits, hospitalization, diagnostic tests
- In-network preventive care not subject to deductible
- Prescription coverage for generics only
- Lower copays at Costco pharmacies
- Two deductible levels ($5,500 and $7,500)

**Health Savings Account (HSA) Compatible Plan** (#5)

- Solid, high-deductible plan coverage. For those who want to pay for qualified health care expenses with tax-free dollars.
- Covers preventive care, prescriptions, doctor visits, hospitalization, diagnostic tests
- 90% coverage with 10% coinsurance after deductible is met
- Can be paired with a Health Savings Account (HSA) that offers the ability to pay for qualified expenses with tax advantaged funds
- One deductible level ($4000)

See the next page for more on Health Savings Accounts

**Preferred Network Dental Option**

Once you are approved for a medical plan, you can choose to enroll in a dental plan, offering a strong balance of coverage level and affordability. There is 100 percent coverage with no deductible for in-network preventive services, including oral exams, cleanings and fluoride treatments. Basic amalgam fillings are fully covered after the low deductible is met. Aetna member discounts on many other dental procedures may apply.
Good news about the plan deductibles
With these Costco plans, preventive care like annual physicals, well-child visits and GYN exams are covered from the start with no deductible applied in network.

Health savings account (HSA) advantages
• A health savings account is a financial account linked to a compatible, high-deductible health insurance plan.
• You or an eligible family member can contribute to your HSA tax free, and the dollars in your account earn interest tax free.
• When you take money out to pay for qualified health care expenses (including health insurance premiums for sole proprietors) before or after the deductible is met, that’s tax free, too.
• You own your HSA. If you change jobs or health insurance plans, the money in your account is yours and can be used in conjunction with another health plan.
• Any money you haven’t used at the end of the plan year rolls over to the next year. You can allow your HSA to grow over time and use it to help pay for future health-related expenses. You do not lose it.
• If you are age 55 or older (until enrolled in Medicare), you can also make additional catch-up contributions to your HSA.

Important Information
Once you are enrolled in a qualifying High Deductible Health Plan, Aetna will send you a letter outlining how to enroll in an HSA with the Bank of America. There is no additional charge to you for opening this account.
Once you are enrolled in an HSA, we will send you a welcome kit. Review the material so we can help you start using your HSA.

If you have questions about your HSA
Refer to the welcome kit to use the account. If you have questions about the HSA you can call Bank of America at 1-877-319-8114.

Want To Know More?
Need assistance? A quote?
Call an Aetna authorized agent
1-866-286-3155 or Visit
www.costcopersonalhealth.com
### MEMBER BENEFITS

<table>
<thead>
<tr>
<th>In Network</th>
<th>Out of Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible Individual / Family</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>In Network Out of Network</td>
<td>$4,500/$9,000</td>
</tr>
<tr>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum Individual / Family includes deductible***</td>
<td>$7,500/$15,000</td>
</tr>
<tr>
<td>Non-Specialist Office Visit Unlimited visits General Physician, Pediatrician or Internist</td>
<td>$30 copay ded. waived</td>
</tr>
<tr>
<td>$0 once out-of-pocket max is satisfied</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Specialist Visit Unlimited visits</td>
<td>$50 copay ded. waived</td>
</tr>
<tr>
<td>Preventive Health Routine Physical (No waiting period) includes lab work and x-rays</td>
<td>$0 copay ded. waived</td>
</tr>
<tr>
<td>Annual Routine GYN Exam Annual Pap / Mammogram (No waiting period)</td>
<td>$0 copay ded. waived</td>
</tr>
<tr>
<td>Maternity</td>
<td>Treated the same as any other medical condition</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50 copay ded. waived</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$350 copay** (waived if admitted)</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Lab / X-Ray (non-preventive)</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Skilled Nursing 30-day max per calendar year*</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Physical / Occupational Therapy 24 visits per calendar year*</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Home Health Care 30-visit max per calendar year*</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment Aetna pays $2,000 max per calendar year*</td>
<td>30% after deductible</td>
</tr>
</tbody>
</table>

### PHARMACY

<table>
<thead>
<tr>
<th>Pharmacy Deductible per Individual*</th>
<th>$500 N/A to generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Maximum per Individual</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Generic *At Costco / ††other In-Network</td>
<td>$15/$20† copay, ded. waived</td>
</tr>
<tr>
<td>Preferred Brand *At Costco / ††other In-Network</td>
<td>$30/$35† copay, after deductible</td>
</tr>
<tr>
<td>Non-Preferred Brand *At Costco / ††other In-Network</td>
<td>$40/$50† copay, after deductible</td>
</tr>
</tbody>
</table>

---

**Need assistance? A quote?**

Call an Aetna authorized agent **1-866-286-3155** or Visit **[www.costcopersonalhealth.com](http://www.costcopersonalhealth.com)**

* Maximum applies to combined in- and out-of-network benefits. For a full list of benefit coverage and exclusions, refer to plan documents.

** Copay is billed separately and not due at time of service. Copay does not count toward coinsurance or out-of-pocket maximum.

*** Annual means calendar year January 1 to December 31.

Δ For important information on your costs and how Aetna pays for out-of-network care, read “What you need to know about your out-of-network costs.”
### Section 4

**COMPARE PLAN FEATURES & BENEFITS**

#### Member Benefits

<table>
<thead>
<tr>
<th></th>
<th>In Network</th>
<th>Out of Network</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong> Individual / Family</td>
<td>$5,500/$11,000</td>
<td>$10,000/$20,000</td>
<td>$7,500/$15,000</td>
<td>$10,000/$20,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong> Member’s Responsibility</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
<td>30% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Coinsurance Maximum</strong> Individual / Family</td>
<td>$5,000/$10,000</td>
<td>$2,500/$5,000</td>
<td>$4,500/$9,000</td>
<td>$2,500/$5,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong> Individual / Family</td>
<td>$10,500/$21,000</td>
<td>$12,500/$25,000</td>
<td>$12,000/$24,000</td>
<td>$12,500/$25,000</td>
</tr>
</tbody>
</table>

*Maximum applies to combined in- and out-of-network benefits. For a full list of benefit coverage and exclusions, refer to plan documents.*

*Copay is billed separately and not due at time of service. Copay does not count toward coinsurance or out-of-pocket maximum.*

**Annual means calendar year January 1 to December 31.**

*For important information on your costs and how Aetna pays for out-of-network care, read “What you need to know about your out-of-network costs.”

#### Pharmacy

| **Pharmacy Deductible** per Individual | N/A | N/A |
| **Calendar Year Maximum** per Individual | Unlimited | Unlimited |
| **Generic** At Costco / Other In-Network | $15/$20† copay | $20 copay plus 50% | $15/$20† copay | $20 copay plus 50% |
| **Preferred Brand** At Costco / Other In-Network | NA; Aetna N/A discount applies | N/A | NA; Aetna N/A discount applies | N/A |
| **Non-Preferred Brand** At Costco / Other In-Network | NA; Aetna N/A discount applies | N/A | NA; Aetna N/A discount applies | N/A |

*Need assistance? A quote?*  
Call an Aetna authorized agent 1-866-286-3155 or Visit www.costcopersonalhealth.com

---

*  Maximum applies to combined in- and out-of-network benefits. For a full list of benefit coverage and exclusions, refer to plan documents.

**  Copay is billed separately and not due at time of service. Copay does not count toward coinsurance or out-of-pocket maximum.

***  Annual means calendar year January 1 to December 31.

∆  For important information on your costs and how Aetna pays for out-of-network care, read “What you need to know about your out-of-network costs.”
### Member Benefits

<table>
<thead>
<tr>
<th></th>
<th>In Network</th>
<th>Out of Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$4,000/$8,000</td>
<td>$7,000/$14,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Coinsurance Maximum</strong></td>
<td>$1,950/$3,900</td>
<td>$5,500/$11,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$5,950/$11,900</td>
<td>$12,500/$25,000</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Non-Specialist Office Visit</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Specialist Visit</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Health Routine Physical</strong></td>
<td>$0 copay ded. waived</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Annual Routine GYN Exam</strong></td>
<td>$0 copay ded. waived</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td>Treated the same as any other medical condition</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Hospital Admission</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Lab / X-Ray (non-preventive)</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Physical / Occupational Therapy</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>10% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

### Pharmacy

<table>
<thead>
<tr>
<th></th>
<th>Integrated with Medical/Rx deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy Deductible per Individual</strong></td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Calendar Year Maximum per Individual</strong></td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

**Generic**

- At Costco / ††other In-Network
  - 10% after deductible | 50% after deductible

**Preferred Brand**

- At Costco / ††other In-Network
  - 10% after deductible | 50% after deductible

**Non-Preferred Brand**

- At Costco / ††other In-Network
  - 10% after deductible | 50% after deductible

---

**Need assistance? A quote?**

Call an Aetna authorized agent **1-866-286-3155** or Visit [www.costcopersonalhealth.com](http://www.costcopersonalhealth.com)

* Maximum applies to combined in- and out-of-network benefits. For a full list of benefit coverage and exclusions, refer to plan documents.

** Annual means calendar year January 1 to December 31.

∆ For important information on your costs and how Aetna pays for out-of-network care, read “What you need to know about your out-of-network costs.”
## COMPARE PLAN FEATURES & BENEFITS // SECTION 4

### MEMBER BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$25/$75</td>
<td>$25/$75</td>
</tr>
<tr>
<td><strong>Annual maximum benefit</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### DIAGNOSTIC SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic oral exam</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>Comprehensive oral exam</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>Problem-focused oral exam</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>X-rays bitewing single film</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>X-rays complete series</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
</tbody>
</table>

### PREVENTIVE SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult cleaning</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>Child cleaning</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>Sealants per tooth</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Fluoride application with cleaning</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### BASIC SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgam fillings 2 surfaces</td>
<td>0%; ded. waived</td>
<td>50%; ded. waived</td>
</tr>
<tr>
<td>Resin fillings 2 surfaces</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Oral surgery extraction exposed root or erupted tooth</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Oral surgery extraction of impacted tooth soft tissue</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### MAJOR SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Services</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Complete upper denture</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Partial upper denture (resin based)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Crown Porcelain with noble metal</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Pontic Porcelain with noble metal</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Inlay Metallic (3 or more surfaces)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Oral surgery removal of impacted tooth partially bony</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Bicuspid root canal therapy</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Molar root canal therapy</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Scaling &amp; root planing per quadrant</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Osseous surgery per quadrant</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### ORTHODONTIC SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
<th>Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontic services</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### 6 Preferred Network Dental Option

**Preferred Network Dental Option**

With the Preferred Network Dental Option plan, you can obtain services from either a participating or non-participating dentist. Participating dentists have agreed to provide services at a negotiated rate for covered services, so you generally pay less out of pocket. You also have the flexibility to visit a dentist who does not participate in the Aetna network, though you will not have access to negotiated fees. Dental coverage is offered only if medical coverage is obtained.

### Need assistance? A quote?

Call an Aetna authorized agent 1-866-286-3155 or Visit [www.costcopersonalhealth.com](http://www.costcopersonalhealth.com)

△ For important information on your costs and how Aetna pays for out-of-network care, read “What you need to know about your out-of-network costs.”
What you need to know about your out-of-network costs

We cover the cost of services based on whether doctors are “in network” or “out of network.” We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

You may choose a provider (doctor or hospital) in our network. You may choose to visit an out-of-network provider. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor’s bill.

Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the “recognized” or “allowed” amount. For Medical Plans, Aetna recognizes an amount based on what Medicare pays for these services. The government sets the Medicare rate.

Your doctor sets his or her own rate to charge you. It may be higher — sometimes much higher — than what your Aetna plan “recognizes.”

Your doctor may bill you for the dollar amount that Aetna doesn’t recognize. You must also pay any coinsurance and deductibles under your plan.

No dollar amount above the recognized charge counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit www.Aetna.com. Type “how Aetna pays” in the search box.

You can avoid these extra costs by getting your care from Aetna’s broad network of health care providers. Go to www.costcopersonalhealth.com and click on “Find a Doctor” on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network.

You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

For dental plans, your share of costs for care are determined in a similar way as your medical plan, which is outlined in detail above. If you choose an out-of-network dentist, you will pay more money out of your own pocket most of the time.

The amount Aetna recognizes for out-of-network dentists is based on different rates than the medical plan. Aetna bases payments to out-of-network dentists on rates we use to begin contract negotiations with dentists in our network.

Need assistance? A quote?
Call an Aetna authorized agent
1-866-286-3155 or Visit
www.costcopersonalhealth.com
Health Care Reform —
What You Need To Know

The federal health care reform legislation, known as the Patient Protection and Affordable Care Act, was signed into law on March 23, 2010 by President Obama. Since then, Aetna has periodically updated the Costco Personal Health Insurance Plans to include any necessary changes. It is important for you to know that your Plan will always comply with all of the federal health care reform legislation.

Women’s preventive health benefits —
new changes are now in effect

As you may know, the legislation includes changes that are being phased in over a number of years. The latest set of changes now includes coverage of Women’s Preventive Health Benefits.

As of August 1, 2012, all of the following women’s health services are considered preventive and therefore generally covered at no cost share, when provided in-network:

- Well-woman visits (annual routine physical, annual routine GYN exam and prenatal visits)
- Screening for gestational diabetes
- Human Papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Contraceptive methods and counseling

If you would like to compare additional plans, or for more detailed plan information, you may also visit www.HealthCare.gov.

Need assistance? A quote?
Call an Aetna authorized agent 1-866-286-3155 or Visit www.costcopersonalhealth.com
Apply Two Ways

There are two convenient ways to apply:

BY PHONE
Call 1-866-286-3155
Speak to an Aetna authorized agent.

ONLINE
www.costcopersonalhealth.com

Here’s how the application process works and what to expect in the days ahead.

STEP 1 // APPLY ONLINE
You complete the online application on our secure site. If you have questions or need personal assistance, you can work with a program representative by calling the number above. Note: When you apply online and have to stop in the middle, don’t worry. The information will be saved and you can come back to it.

STEP 2 // AETNA REVIEWS INFORMATION
Once your completed application is received online, Aetna reviews it in what is known as “medical underwriting”. In order to clarify information about medical conditions or treatments, you may receive a call from Aetna. On average, the review process takes 5–15 days.

STEP 3 // AETNA NOTIFIES YOU
You’ll be notified by mail. If you’re approved, coverage will typically start on your chosen effective date (a future date on the 1st or 15th of the month). Important—don’t cancel existing health insurance until you have been notified of your effective date.

Application Checklist

You’ll need this info for each person on the application:

• Date of birth
• Social Security Number
• Height/weight
• Current/past health insurance plans
• Medical history for each applicant (diagnosis, treatment, dates of service, status)
• Prescription drug information (name, dose, date prescribed)
• Contact information for doctors (primary care and specialists)
Things to know before you apply

When Aetna receives an application for health insurance, many factors are considered to determine if the applicant will be approved for coverage. Here are some things you should know about the approval process.

What you should know about medical underwriting

Please note that all the plans offered here are insured by Aetna Life Insurance Company and its affiliates. The health insurance plans require medical underwriting. Simply put, this means that your health status and health history are taken into consideration when you apply and could affect the cost of your monthly premium or whether you qualify for coverage under a Costco Personal Health Insurance Plan. To the extent that you are subject to medical underwriting, you may be declined coverage in accordance with your health condition (except for dependents under age 19).

What you should know about pre-existing conditions

A pre-existing condition is any physical or mental illness or injury for which you’ve been diagnosed or treated in the three months preceding the date your coverage begins. Your Costco Personal Health Insurance Plan will provide coverage for pre-existing conditions from the start, provided you’ve had prior creditable coverage (prior group or individual coverage, with no more than a 63-day gap in coverage). If not, there will be a 6-month waiting period before your pre-existing condition will be covered. Please note that having prior coverage is not a guarantee of acceptance into this program. Dependents under the age of 19 are exempt from the pre-existing condition exclusion.

To Qualify For Enrollment:

STEP 1
You must be a Costco member or the spouse/domestic partner and/or dependent of a Costco member. That membership must be maintained in good standing with Costco Wholesale. If you are not a member, please call Costco Member Services at 1-800-220-6000 or visit a Costco location nearest you to purchase or renew a Costco membership.

STEP 2
Applicant and enrolling spouse/domestic partner must be at least age 19 and under age 64 3/4.

STEP 3
Dependent children must be under the age of 26.

STEP 4
All applicants must be legal residents within the state and plan service area. Non-citizen residents of the United States must provide proof of legal residency in the United States for a period of six months immediately preceding the application for coverage.

Need assistance? A quote?
Call an Aetna authorized agent 1-866-286-3155 or Visit www.costcopersonalhealth.com
Limitations & exclusions

MEDICAL

These medical plans do not cover all health care expenses and include exclusions and limitations. You should refer to your plan documents to determine which health care services are covered and to what extent.

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s). Services and supplies that are generally not covered include, but are not limited to:

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Donor egg retrieval
- Weight control services including surgical procedures for the treatment of obesity, medical treatment, and weight control/loss programs
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial)
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics except as needed due to diabetes
- Over-the-counter medications and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling
- Special or private duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents

DENTAL

Listed below are some of the charges and services for which these dental plans do not provide coverage. For a complete list of exclusions and limitations, refer to plan documents.

- Dental Services or supplies that are primarily used to alter, improve or enhance appearance.
- Negotiated rates for cosmetic procedures available when a participating dentist is accessed.
- Experimental services, supplies or procedures
- Treatment of any jaw joint disorder, such as temporomandibular joint disorder
- Replacement of lost or stolen appliances and certain damaged appliances
- Services that Aetna defines as not necessary for the diagnosis, care or treatment of a condition involved
- All other limitations and exclusions in your plan documents

PRE-EXISTING CONDITIONS

For applicants 19 and older, during the first 6 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition unless you have prior creditable coverage. A pre-existing condition is an illness, disease, physical condition, or injury for which medical advice, or treatment was recommended or received and/or the use of prescription drugs of any kind within six months preceding the effective date of coverage. Services or supplies for the treatment of a pre-existing condition are not covered for the first 6 months after the member’s effective date. If the member had continuous prior creditable coverage within the 63 days immediately preceding the signature on the application and meets certain other requirements, then the pre-existing condition exclusion of 6 months may not apply.
What you should know about disqualifying conditions

Like other insurers, when certain health conditions are listed on the application, you may be declined by Aetna. The following are some examples of disqualifying conditions:

- Cancer diagnosed and treated in the last 5 years (excluding Basal Cell or Squamous Cell Cancer of the Skin)
- Treatment with self-injectable medications (e.g. insulin, heparin, IVIG, Clotting Factors)
- Pacemaker or Implantable Defibrillator (AICD)
- Recommendation to schedule or have surgery in the future
- Diagnostic testing or recommended to have testing (excludes routine mammography or colonoscopy)
- Surgery in the last 4 weeks (the applicant must be released from a doctor’s care, must have completed all follow up visits, therapy, completed medications, and be 100% recovered before applying)
- Anyone has the right to apply for health insurance coverage with Aetna, regardless of their health condition. If you are not able to obtain coverage with Aetna because of a disqualifying condition, please call 1-866-286-3155 to learn about other possible alternatives available in your state. You may also contact the Foundation for Health Coverage at 1-800-234-1317 or visit their website at www.coverageforall.org.

Rate Levels and Premium Payments

We offer various premium rate levels based on the medical underwriting of each applicant. To the extent that you are subject to medical underwriting, the following can occur once we have evaluated your application or enrollment form. You may be:

- Enrolled in your selected plan at the lowest rate available (known as the standard premium charge)
- Enrolled in your selected plan at a higher premium
- Declined coverage (except for dependents under age 19)

Your Coverage

Once your coverage starts, it will remain in effect as long as you pay the premium on time and continue to satisfy the enrollment requirements. Coverage will be terminated if you become ineligible due to any of the following circumstances:

- Non-payment of premiums
- Obtaining duplicate coverage
- For other reasons permissible by law

Duplicate Coverage

If you have health insurance from another insurer, you must discontinue it, either before or on the start date of your Costco Personal Health Insurance. Do not cancel your current insurance until you are notified that you have been accepted for coverage and are certain that you are keeping your Aetna coverage.

Ten-Day Right To Review

Do not cancel your current insurance until you are notified that you have been accepted for coverage. If you are approved for coverage, you’ll be sent a contract and ID card. If, after reviewing the contract, you are not satisfied for any reason, simply return the contract to us within ten days of receipt. We will refund any premium you have paid, less the cost of any medical or dental services paid on behalf of you or any covered dependent.

What Happens If Your Costco Membership Lapses

The Costco Personal Insurance Plans are made available to members of Costco Wholesale under a Group Accident and Health Insurance Policy between Aetna and Costco Wholesale. So long as you continue to be a member of Costco Wholesale, you will remain eligible to purchase insurance coverage under this group contract. However, if your membership in Costco Wholesale lapses at some time after you have enrolled (for example, you decide not to renew your membership for another year), you may still continue your insurance coverage under the Aetna group contract, but Costco Wholesale may charge you an annual fee of up to $125 to cover the administrative expense to Costco Wholesale of continuing your participation in the program.
This material is for information only.

Health/Dental insurance plans contain exclusions and limitations. Not all health services are covered. See health insurance plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug makers that may be taken into account in determining Aetna’s Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy providing prescription services by mail. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Rates and benefits vary by location.

Investment services are independently offered by the HSA Administrator.

Neither Costco nor its affiliates are the insurer. Costco contracts with insurers to make coverage available to Costco members. Costco does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

The services provided by Health Advocate, Inc. are not affiliated with or administered by Aetna. These services are made available exclusively by Costco to its Executive Members and are not an insured benefit by Aetna. Health Advocate, Inc. has been contracted by Costco to act as a health plan concierge for Costco Executive members participating in the Costco Personal Health Insurance program.

Plan details and eligibility guidelines vary by state and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change without notice.