

Delta Dental plans

Percentages shown represent the amount the plan pays after you meet the deductible (unless otherwise noted). You pay the remaining percentage (your coinsurance). Under the Delta Dental plan, PPO and Premier network dentists cannot charge you amounts above

the allowed fee. Non-Delta dentists are paid up to the usual, customary and reasonable (UCR) maximum. To help your coverage go further, preventive care services do not count toward your annual maximum.

General provisions

Plan Provisions	Delta Dental Plan		
	PPO Dentists	Premier Dentists	Non-Delta Dentists ¹
Provider Choice	<p>You may use any licensed dentist; however, your out-of-pocket costs will be lower when you use Premier dentists and the lowest when you use PPO dentists.</p> <p>If you use non-Delta dentists, you are responsible for your percentage share plus any amounts the dentist charges above the allowed amount.</p>		
Annual Deductible	\$50/individual \$150/family		
Annual Benefit Maximum	\$2,500/calendar year		

Covered services

Plan Provisions	Delta Dental Plan		
	PPO Dentists	Premier Dentists	Non-Delta Dentists
Diagnostic and Preventive Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic Care	Plan pays 90%	Plan pays 80%	Plan pays 80%
Major Care	Plan pays 60%	Plan pays 50%	Plan pays 50%
Orthodontic Treatment² (adults and children)	Plan pays 50% Benefits limited to \$2,500 per lifetime per individual	Plan pays 50% Benefits limited to \$2,500 per lifetime per individual	Plan pays 50% Benefits limited to \$2,500 per lifetime per individual

¹ Plan pays up to the usual, customary and reasonable (UCR) maximum.

² The deductible is applied once at the start of a new treatment plan.

VSP vision plans

While you receive the best overall benefits when seeing VSP network doctors, you also have access to VSP retail chain affiliate partners, including Costco Optical. You can search for network providers and affiliate providers using the provider search on [vsp.com](https://www.vsp.com). The vision

plans have an enhanced SunCare benefit, which allows you to use your frame allowance with VSP providers and affiliate providers for nonprescription sunglasses if you don't wear prescription glasses or already have your prescription glasses.

Plan Provisions	VSP Plan		
	Vision Plus Plan	Vision Basic Plan	Non-VSP Provider
Exam	100% every 12 months	100% every 12 months	Plan pays up to \$50 every 12 months
Optomap Retinal Screening	\$25 copay	\$39 copay	Plan pays up to \$50
Lenses (pair)	Subject to plan limits; plan pays every 12 months:	Subject to plan limits; plan pays every 12 months:	Plan pays up to:
Single Vision	100%	100%	\$50
Lined Bifocal	100%	100%	\$75
Lined Trifocal	100%	100%	\$100
Standard Progressive	100%	100%	\$85
Premium Progressive	100%	\$80–\$90 copay	\$85
Custom Progressive	100%	\$120–\$160 copay	\$85
Antireflective Lens Coating	\$35 copay	\$35 copay	Not covered
Frames	Plan pays up to \$250 every 12 months (\$135 allowance at Costco)	Plan pays up to \$150 every 24 months (\$80 allowance at Costco)	Plan pays up to \$70 every 24 months (Basic), 12 months (Plus)
SunCare Benefit	Plan pays up to \$250 every 12 months for ready-made nonprescription sunglasses instead of prescription glasses	Plan pays up to \$150 every 24 months for ready-made nonprescription sunglasses instead of prescription glasses	Not covered
Contact Lenses	Plan pays standard and premium fittings in full after copay, plus 15% off contact lens exam. Copay will never exceed \$60. \$200 lens allowance every 12 months.	Plan pays standard and premium fittings in full after copay, plus 15% off contact lens exam. Copay will never exceed \$60. \$150 lens allowance every 12 months (in lieu of lenses and frames).	Plan pays up to \$150 every 12 months
Second Pair of Glasses or Contacts	Covered, subject to the same allowance as the first pair	Not covered	Not covered
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. \$20 copay. Ask your VSP doctor for details.		
Additional Benefits	When you use VSP providers, you receive 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam or 20% off from any VSP doctor within 12 months. Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. Laser Vision Correction: Generally 15% off the regular price or 5% off the promotional price from contracted facilities.		