KAISER PERMANENTE PLAN COMPARISON CHART

Kaiser plan options may be available in CA, CO, DC, GA, MD, OR, VA and WA. If you enroll you must select a Kaiser PCP and receive all care from Kaiser providers and facilities (except in the case of an emergency). You will need a referral from your PCP to see a specialist. For details, see the Kaiser Summary of Benefits & Coverage for each state's medical plan on **MyPetcoBenefits.com**. Note, California benefit differences are highlighted in **blue**.

Kaiser Permanente plan comparison chart			
Plan feature	**Enhanced Plan**	**HSA Plan**	**Value Plan**
Plan year deductible – Individual – Family	$750 $1,500	$2,000 $4,000[1] **($3,300 CA)**	$3,750 $7,500
Petco HSA match – Employee – Family	N/A N/A	$350 $700	N/A N/A
Plan year out-of-pocket max – Individual – Family	$5,000 $10,000	$4,000 $8,000[2]	$5,000 $10,000
Covered services	**In-network YOU PAY...**	**In-network YOU PAY...**	**In-network YOU PAY...**
Preventive care	$0[3]	$0[3]	$0[3]
Telemedicine virtual doctor visits	$0[3]	20%[4]	$0[3]
Office visit – PCP – Specialist	$25 copay $50 copay	20%[4]	$40 copay $80 copay **($50 copay CA)**
Urgent care	$100 copay **($25 copay CA)**	20%[4]	$100 copay **($40 copay CA)**
Emergency room	20%[4]	20%[4]	30%[4]
Diagnostic testing	20%[4]	20%[4]	30%[4]
Outpatient X-ray and lab	20%[4]	20%[4]	30%[4]
Hospitalization – Inpatient semi-private room – Inpatient physician	20%[4]	20%[4]	30%[4]
Outpatient treatment (PT, OT, ST)	20%[4]	20%[4]	30%[4]
Fertility benefit	Varies by state, refer to plan Summary of Benefits and Coverage (SBC)	Varies by state, refer to plan Summary of Benefits and Coverage (SBC)	Varies by state, refer to plan Summary of Benefits and Coverage (SBC)
Mental health/substance abuse – Inpatient – Outpatient facility	20%[4]	20%[4]	30%[4]
Pharmacy retail – Specified preventive drugs[5] – Generic – Brand formulary – Brand non-formulary	**30-day supply** 100% covered[3] $10 copay 20%[3] **($100 max CA)** 30%[3] **(20%[3] $100 max CA)**	**30-day supply** 100% covered[3] 20%[4] **($50 max CA)** 20%[4] **($100 max CA)** 20%[4] **($100 max CA)**	**30-day supply** 100% covered[3] $10 copay 30%[3] **($100 max CA)** 30%[3] **($100 max CA)**
Pharmacy mail service – Specified preventive drugs[5] – Generic – Brand formulary – Brand non-formulary	**90-day supply** 100% covered[3] $20 copay 20%[3] **($100 max CA)** 30%[3] **(20%[3] $100 max CA)**	**90-day supply** 100% covered[3] 20%[4] **($50 max CA)** 20%[4] **($100 max CA)** 20%[4] **($100 max CA)**	**90-day supply** 100% covered[3] $10 copay 30%[3] **($100 max CA)** 30%[3] **($100 max CA)**

1. The family deductible must be met before any person receives benefits. ***California partners have the flexibility of meeting an individual deductible of $3,300.*** **2.** The family out-of-pocket max must be met before benefits are paid at 100% for any family member. **3.** Plan year deductible waived. **4.** Coinsurance is paid after you meet the plan year deductible unless otherwise noted. **5.** As specified in essential drug list.