

UMR-UNITEDHEALTHCARE PLAN COMPARISON CHART

The UMR-UnitedHealthcare (UMR-UHC) medical plans offer a wide network of preferred providers. When you use network providers, you pay less for care. For details, see the UMR-UHC Summary of Benefits & Coverage (SBC) for each medical plan on [MyPetcoBenefits.com](https://www.petco.com/benefits).

UMR-UnitedHealthcare plan comparison chart			
Plan feature	Enhanced PPO Plan	HSA Plan	Value PPO Plan
Plan year deductible			
– Individual	\$750	\$2,000	\$3,750
– Family	\$1,500	\$4,000 ¹	\$7,500
Petco HSA match			
– Employee	N/A	\$350	N/A
– Family	N/A	\$700	N/A
Plan year out-of-pocket max			
– Individual	\$5,000	\$4,000	\$5,000
– Family	\$10,000	\$8,000 ²	\$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 visit through Teladoc	\$0 ³	Covered 100% after deductible	\$0 ³
Office visit			
– PCP	\$25 copay		\$40 copay
– Specialist	\$50 copay	20% ⁴	\$80 copay
Urgent care	\$50 copay	20% ⁴	\$80 copay
Emergency room	20% ⁴ and \$200 copay (waived if admitted)	20% ⁴ and \$200 copay (waived if admitted)	30% ⁴ and \$200 copay (waived if admitted)
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	\$5,000/annual cap (deductible and coinsurance apply)	\$5,000/annual cap (deductible and coinsurance apply)	\$5,000/annual cap (deductible and coinsurance apply)
Mental health/substance abuse			
– Inpatient			
– Outpatient facility	20% ⁴	20% ⁴	30% ⁴
Pharmacy retail	30-day supply	30-day supply	30-day supply
– Specified preventive drugs ⁵	100% covered ³	100% covered ³	100% covered ³
– Generic	\$10 copay	20% ⁴	\$10 copay
– Brand formulary	20% ³	20% ⁴	30% ³
– Brand non-formulary	30% ³	20% ⁴	30% ³
Pharmacy mail service	90-day supply	90-day supply	90-day supply
– Specified preventive drugs ⁵	100% covered ³	100% covered ³	100% covered ³
– Generic	\$20 copay	20% ⁴	\$20 copay
– Brand formulary	20% ³	20% ⁴	30% ³
– Brand non-formulary	30% ³	20% ⁴	30% ³

1. The family deductible must be met before any person receives benefits. 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.