MEDICAL PLANS COMPARISON CHART

The HMSA CompMed PPO contracts with a network of preferred providers from which you can choose. You do not need to select a primary care physician (PCP) and you do not need referrals to see other in-network providers.

Under the KP Platinum HMO, you will need to select a PCP, who is responsible for managing and coordinating your healthcare. If you need to see a specialist, your PCP will provide a referral.

See the Summary of Benefits & Coverage (SBC) on MyPetcoBenefits.com for additional details on your medical options.

| Plan Feature | HMSA Cor | KP Platinum HMO | |
|--|---|--|---|
| Plan year deductible - Individual - Family | \$0 \$0 | \$2,000 \$4,000 | \$0 \$0 |
| Plan year out-of-pocket max - Individual - Family | \$2,500 \$7,500 | \$3,600 \$4,200 | \$2,500 \$7,500 |
| Covered Services | HMSA in-network YOU PAY | HMSA out-network YOU PAY* | KP Platinum in-network YOU PAY |
| Preventive care | \$0 | \$0 | \$0 |
| Office visit - PCP - Specialist | \$14 copay \$14 copay | \$14 copay \$14 copay | \$15 copay \$15 copay |
| Urgent care | \$14 copay | 20% | \$15 copay |
| Emergency room | 20% | 20% | \$75 copay |
| Diagnostic testing | 20% | 20% | 10% |
| Outpatient X-ray and lab | 20% | 20% | \$15 copay |
| Hospitalization - Inpatient | 20% | 20% | \$75/day Included in facility fee |
| Outpatient treatment (PT, OT, ST) | 20% | 20% | \$15 copay |
| Fertility benefit | See plan SBC | See plan SBC | See plan SBC |
| Mental health/substance abuse - Inpatient - Outpatient | 20% 20% | 20% 20% | \$75 copay \$15 copay |
| Pharmacy retail - Specified preventive drugs | 30-day supply 100% covered | 30-day supply 100% covered | 30-day supply 100% covered |
| GenericBrand formularyBrand non-formulary | \$7 copay \$30 copay \$30 copay | \$30 copay and 20% \$30 copay and 20% \$30 copay and 20% | \$10 copay \$35 copay \$35 copay |
| Pharmacy mail service - Specified preventive drugs - Generic - Brand formulary - Brand non-formulary | 90-day supply 100% covered \$11 copay \$65 copay \$65 copay | 90-day supply N/A N/A N/A N/A | 90-day supply 100% covered \$20 copay \$70 copay \$70 copay |

^{*}The plan pays benefits on the eligible charge, which is what HMSA participating providers have agreed to accept as payment for services. When you receive care out-of-network, you are responsible for the difference between HMSA's eligible charge and the provider's actual charge.











































2025 HEALTH CARE PREMIUMS

Medical (costs shown per pay period)

| Option | Employee only | Employee + spouse/DP ¹ | Employee + child(ren) | Family |
|------------------------------|---------------|--------------------------------------|--------------------------|----------|
| HMSA CompMed PPO | \$5.70 | \$234.67 | \$201.95 | \$289.97 |
| KP Platinum HMO ² | \$3.22 | \$207.79 | \$178.56 | \$298.97 |

^{1.} Domestic partner

Spouse/domestic partner surcharge

A \$50 surcharge is added to your medical contribution each pay period if you cover a spouse or domestic partner on a Petco medical plan and they are eligible for medical coverage outside of Petco's plan (other than through Medicare or Medicaid).

Nicotine surcharge

A \$15 surcharge per pay period is added if you and/or your covered dependent use nicotine and are not participating in a tobacco-cessation program (max surcharge of \$30 per pay period).

Vision (costs shown per pay period)

| Option | Employee only | Employee + spouse/DP¹ | Employee + child(ren) | Family |
|---------------------|---------------|--------------------------|--------------------------|---------|
| VSP Enhanced Vision | \$3.39 | \$6.76 | \$7.19 | \$11.50 |
| VSP Standard Vision | \$2.14 | \$4.24 | \$4.52 | \$7.22 |

^{1.} Domestic partner

Dental (costs shown per pay period)

| Option | Employee only | Employee + spouse/DP¹ | Employee + child(ren) | Family |
|----------------------|---------------|--------------------------|--------------------------|---------|
| Enhanced Dental Plan | \$16.20 | \$32.41 | \$35.64 | \$51.85 |
| Standard Dental Plan | \$12.73 | \$25.46 | \$28.49 | \$40.01 |
| Delta Dental HMO | \$7.68 | \$14.07 | \$15.35 | \$20.47 |

^{1.} Domestic partner

Legally required notices disclosure

Each year, Petco (or our insurance carriers) is required to provide legal notices and disclosures to participants in the benefit plans, including the Medicare Part D Notice of Credible Coverage. This notice along with other annual legal notices are in the 2025 Petco Compliance Notices Booklet on **MyPetcoBenefits.com**. Click "Documents" at the top right of the website, then find Legal Notices in the left column.

To request a printed copy of the 2025 Petco Compliance Notices Booklet at no cost, email benefits@petco.com.

^{2.} You must live in a Kaiser Permanente service area to enroll.