

# Medical plans comparison chart

The Collective Health medical plans have contracts with a network of preferred providers from which you can choose. You do not need to select a primary care physician and you do not need referrals to see other providers in the network. See the Collective Health Summary of Benefits & Coverage (SBC) for the applicable medical plan on <https://mypetcobenefits.com> for details on Collective Health medical plan benefits.

	Collective Health Medical Plans		
Plan Feature	Enhanced PPO Plan	HSA Plan	Value PPO Plan
<b>Plan Year Deductible</b>			
• Employee	\$1,000	\$2,000	\$4,000
• Family	\$2,000	\$4,000 <sup>1</sup>	\$8,000
<b>Petco Contribution to HSA</b>			
• Employee	n/a	\$250 (\$62.50 quarterly)	n/a
• Family	n/a	\$500 (\$125 quarterly)	n/a
<b>Plan Year Out-of-Pocket Max</b>			
• Employee	\$6,000	\$4,000	\$6,000
• Family	\$12,000	\$8,000 <sup>5</sup>	\$12,000
	In-Network YOU PAY	In-Network YOU PAY	In-Network YOU PAY
<b>Preventive Care</b>	\$0 <sup>3</sup>	\$0 <sup>3</sup>	\$0 <sup>3</sup>
<b>Telemedicine Virtual Doctor Visit through Teladoc</b>	\$0 <sup>3</sup>	\$45 (until plan year deductible is met) \$0 (after plan year deductible is met)	\$0 <sup>3</sup>
<b>Office Visit</b>			
• PCP	\$25 copay	20% <sup>2</sup>	\$40 copay
• Specialist	\$50 copay	20% <sup>2</sup>	\$80 copay
<b>Urgent Care</b>	\$100 copay	20% <sup>2</sup>	\$100 copay
<b>Emergency Room</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Diagnostic Testing</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Outpatient X-Ray and Lab</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Hospitalization</b>			
• Inpatient Semi-Private Room	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
• Inpatient Physician	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Outpatient Treatment (PT, OT, ST)</b>	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Mental Health/Substance Abuse</b>			
• Inpatient	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
• Outpatient	20% <sup>2</sup>	20% <sup>2</sup>	30% <sup>2</sup>
<b>Pharmacy Retail</b>			
• Specified Preventive Drugs <sup>4</sup>	30-day supply 100% covered <sup>3</sup>	30-day supply 100% covered <sup>3</sup>	30-day supply 100% covered <sup>3</sup>
• Generic	\$10 copay	20% <sup>2</sup>	\$10 copay
• Brand Formulary	20% <sup>3</sup>	20% <sup>2</sup>	30% <sup>3</sup>
• Brand Non-Formulary	30% <sup>3</sup>	20% <sup>2</sup>	30% <sup>3</sup>
<b>Pharmacy Mail Service</b>			
• Specified Preventive Drugs <sup>4</sup>	90-day supply 100% covered <sup>3</sup>	90-day supply 100% covered <sup>3</sup>	90-day supply 100% covered <sup>3</sup>
• Generic	\$20 copay	20% <sup>2</sup>	\$20 copay
• Brand Formulary	20% <sup>3</sup>	20% <sup>2</sup>	30% <sup>3</sup>
• Brand Non-Formulary	30% <sup>3</sup>	20% <sup>2</sup>	30% <sup>3</sup>

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

2) Coinsurance is paid after you meet the plan year deductible unless otherwise noted.

3) Plan year deductible waived.

4) As specified in essential drug list.

5) The family out-of-pocket max must be met before benefits are paid at 100% for any family member.