

UMR-United Healthcare plan comparison chart

The UMR-United Healthcare (UMR-UHC) 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 network of preferred providers. See the UMR-UHC Summary of Benefits & Coverage (SBC) for the applicable medical plan on www.MyPetcoBenefits.com for details on UMR-UHC medical plan benefits.

UMR-United Healthcare plan comparison chart			
Plan Feature	Enhanced PPO Plan	HSA Plan	Value PPO Plan
Plan Year Deductible • Employee • Family	\$750 \$1,500	\$2,000 \$4,000 ¹	\$3,750 \$7,500
Petco Contribution to HSA • Employee • Family	N/A N/A	\$350 \$700	N/A N/A
Plan Year Out-of-Pocket Max • Employee • Family	\$5,000 \$10,000	\$4,000 \$8,000 ⁵	\$5,000 \$10,000
	In-Network YOU PAY	In-Network YOU PAY	In-Network YOU PAY
Preventative Care	\$0 ³	\$0 ³	\$0 ³
Telemedicine Virtual Doctor Visit through Teladoc	\$0 ³	\$50 (until plan year deductible is met) \$0 (after plan year deductible is met)	\$0 ³
Office Visit • PCP • Specialist	\$25 copay \$50 copay	20% ² 20% ²	\$40 copay \$80 copay
Urgent Care	\$100 copay	20% ²	\$100 copay
Emergency Room	20% ²	20% ²	30% ²
Diagnostic Testing	20% ²	20% ²	30% ²
Outpatient X-Ray and Lab	20% ²	20% ²	30% ²
Hospitalization • Inpatient Semi-Private Room • Inpatient Physician	20% ² 20% ²	20% ² 20% ²	30% ² 30% ²
Outpatient Treatment (PT, OT, ST)	20% ²	20% ²	30% ²
Fertility Benefit	\$5,000/annual cap	\$5,000/annual cap	\$5,000/annual cap
Mental Health/Substance Abuse • Inpatient • Outpatient	20% ² 20% ²	20% ² 20% ²	30% ² 30% ²
Pharmacy Retail • Specified Preventative Drugs ⁴ • Generic • Brand Formulary • Brand Non-Formulary	30-day supply 100% covered ³ \$10 copay 20% ³ 30% ³	30-day supply 100% covered ³ 20% ² 20% ² 20% ²	30-day supply 100% covered ³ \$10 copay 30% ³ 30% ³
Pharmacy Mail Service • Specified Preventative Drugs ⁴ • Generic • Brand Formulary • Brand Non-Formulary	90-day supply 100% covered ³ \$20 copay 20% ² 30% ³	90-day supply 100% covered ³ 20% ² 20% ² 20% ²	90-day supply 100% covered ³ \$20 copay 30% ² 30% ³

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.