

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](https://www.mypetcobenefits.com) for additional details on your medical options.

Plan Feature	HMSA CompMed PPO		KP Platinum HMO
Plan year deductible			
– Individual	\$0	\$2,000	\$0
– Family	\$0	\$4,000	\$0
Plan year out-of-pocket max			
– Individual	\$2,500	\$3,600	\$2,500
– Family	\$7,500	\$4,200	\$7,500
	HMSA in-network YOU PAY...	HMSA out-network YOU PAY...	KP Platinum in-network YOU PAY...
Preventive care	\$0	\$0	\$0 ¹⁾
Office visit			
– PCP	\$14 copay	\$14 copay	\$15 copay
– Specialist	\$14 copay	\$14 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	20%	20%	\$75 copay
– Outpatient	20%	20%	\$15 copay
Pharmacy retail	30-day supply	30-day supply	30-day supply
– Specified preventive drugs	100% covered	100% covered	100% covered
– Generic	\$7 copay	\$30 copay and 20%	\$10 copay
– Brand formulary	\$30 copay	\$30 copay and 20%	\$35 copay
– Brand non-formulary	\$30 copay	\$30 copay and 20%	\$35 copay
Pharmacy mail service	90-day supply	90-day supply	90-day supply
– Specified preventive drugs	100% covered	N/A	100% covered
– Generic	\$11 copay	N/A	\$20 copay
– Brand formulary	\$65 copay	N/A	\$70 copay
– Brand non-formulary	\$65 copay	N/A	\$70 copay

1) 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.