

# 2024 health care premiums

## Medical (costs shown per pay period)

| Option                            | Employee only | Employee + spouse/DP <sup>1</sup> | Employee + child(ren) | Family   |
|-----------------------------------|---------------|-----------------------------------|-----------------------|----------|
| UMR-UHC Enhanced PPO Plan         | \$96.41       | \$270.00                          | \$199.67              | \$342.62 |
| UMR-UHC HSA Plan                  | \$56.24       | \$178.57                          | \$130.38              | \$238.36 |
| UMR-UHC Value PPO Plan            | \$38.07       | \$125.82                          | \$89.95               | \$183.87 |
| Kaiser Enhanced Plan <sup>2</sup> | \$72.20       | \$205.81                          | \$151.54              | \$305.51 |
| Kaiser HSA Plan <sup>2</sup>      | \$43.21       | \$131.10                          | \$93.11               | \$182.48 |
| Kaiser Value Plan <sup>2</sup>    | \$33.78       | \$105.51                          | \$75.66               | \$153.74 |

1. Domestic partner

2. You must live in a Kaiser Permanente service area in CA, CO, DC, GA, MD, OR, VA or WA to enroll.

### 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 when he or she is 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/DP <sup>1</sup> | 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/DP <sup>1</sup> | Employee + child(ren) | Family  |
|----------------------|---------------|-----------------------------------|-----------------------|---------|
| Enhanced Dental Plan | \$14.76       | \$29.52                           | \$32.16               | \$46.38 |
| Standard Dental Plan | \$11.07       | \$22.14                           | \$24.77               | \$34.79 |
| Delta Dental HMO     | \$6.67        | \$12.23                           | \$13.35               | \$17.80 |

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 2024 Petco Compliance Notices Booklet on [MyPetcoBenefits.com](https://www.petco.com/benefits). Click "Documents" at the top right of the website, then find Legal Notices in the left column.

To request a printed copy of the 2024 Petco Compliance Notices Booklet at no cost, email [benefits@petco.com](mailto:benefits@petco.com).

