2021 summary of medical benefits and cost

	Weekly cost							
	PPO 1		PPO 2		HDHP		Bind	
	Assoc. Only	$61.45	Assoc. Only	$44.11	Assoc. Only	$22.17	Assoc. Only	$22.17
	Assoc. + Spouse	$146.62	Assoc. + Spouse	$112.06	Assoc. + Spouse	$84.87	Assoc. + Spouse	$84.87
	Assoc. + Child(ren)	$126.98	Assoc. + Child(ren)	$96.85	Assoc. + Child(ren)	$73.21	Assoc. + Child(ren)	$73.21
	Assoc. + Family	$218.71	Assoc. + Family	$167.88	Assoc. + Family	$127.65	Assoc. + Family	$127.65
Plan features	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Health Reimbursement Account (HRA) (money from PetSmart to help you pay for eligible medical and prescription drug expenses, like copays, deductibles and coinsurance)	$0		Individual: $250 Family:* $500		N/A			N/A
Health Savings Account (HSA) money from PetSmart to help cover health expenses as allowed by law	N/A		N/A		Individual $390/$7.50 per week; Family* $780/$15 per week (prorated annual contribution based on plan start date)			N/A
Annual deductible	Individual: $1,250 Family: $2,500	Individual: $2,500 Family: $5,000	Individual: $1,750 Family: $3,500	Individual: $3,500 Family: $7,000	Individual: $2,150 Family: $4,250 If coverage is more than Individual, the Family deductible must be meet before coinsurance begins	Individual: $4,300 Family: $8,500 If coverage is more than Individual, the Family deductible must be meet before coinsurance begins		N/A
Annual out-of-pocket maximum (including copays, coinsurance and deductible)	Individual: $3,250 Family: $6,500	Individual: $6,500 Family: $13,000	Individual: $3,500 Family: $7,000	Individual: $7,000 Family: $14,000	Individual: $3,375 Family: $6,750 If coverage is more than Individual, the Family out of pocket maximum must be meet before 100 % coinsurance begins	Individual: $6,750 Family: $13,500 If coverage is more than Individual, the Family out of pocket maximum must be meet before 100 % coinsurance begins	Individual: $6,000 Family: $12,000	Individual: $12,000 Family: $24,000
Physician services (office visits) • Primary care physician • Specialist (including mental health and substance abuse)	• You pay $25 copay • You pay $50 copay	• Plan pays 60%** • Plan pays 60%**	• You pay $25 copay • You pay $50 copay	• Plan pays 60%** • Plan pays 60%**	• Plan pays 80%** • Plan pays 80%**	• Plan pays 60%** • Plan pays 60%**	• You pay $60-$240 copay (combined PCP/SCP) • Most common: PCP/SPC: $130/$220	$480
Preventive Care (including annual wellness exams and screenings, labs, X-rays, gynecological exams, well-child care and immunizations if for preventive purposes only)	Plan pays 100% (no copay or deductible)	Not covered	Plan pays 100% (no copay or deductible)	Not covered	Plan pays 100% (no coinsurance or deductible)	Not covered	Plan pays 100% (no copay)	$330
Convenience care clinic (for minor illnesses or injuries)	You pay $25 copay	Plan pays 60%**	You pay $25 copay	Plan pays 60%**	Plan pays 80%**	Plan pays 60%**	You pay $50 copay	N/A
Virtual visit (physician visit from mobile device or computer)	You pay $25 copay	Not covered	You pay $25 copay	Not covered	Plan pays 80%**	Not covered	You pay $30-$130 copay	N/A
Urgent care (for non-emergency treatment)	You pay $50 copay	Plan pays 60%**	You pay $50 copay	Plan pays 60%**	Plan pays 80%**	Plan pays 60%**	You pay $100 copay	$240
Chiropractic care	You pay $50 per visit, up to 30 combined in-network/ out-of-network visits per year	Plan pays 60%,** up to 30 combined in-network/ out-of-network visits per year	You pay $50 per visit, up to 30 combined in-network/ out-of-network visits per year	Plan pays 60%,** up to 30 combined in-network/ out-of-network visits per year	Plan pays 80%**, up to 30 combined in-network/out-of-network visits per year	Plan pays 60%** up to 30 combined in-network/out-of-network visits per year	You pay $35 copay, up to 30 in-network/out-of-network visits per year	You pay $70 copay, up to 30 in-network/out-of-network visits per year
The in-network benefits for the following plan features are paid after you meet your annual deductible.							**No deductible to meet on the Bind plan.**	
Inpatient hospitalization (including mental health and substance abuse)	Plan pays 80%**	Plan pays 60%**	Plan pays 80%**	Plan pays 60%**	Plan pays 80%**	Plan pays 60%**	Most common copay $4,000 (may vary by procedure)	You pay $4,800 copay
Emergency room (for true medical emergencies)	You pay $200 copay, then plan pays 80%**		You pay $200 copay, then plan pays 80%**		Plan pays 80%**	Plan pays 60%**	You pay $1,500 copay	You pay $1,500 copay
Lab and X-ray (for illness or diagnosis)	Plan pays 80%**	Plan pays 60%**	Plan pays 80%**	Plan pays 60%**	Plan pays 80%**	Plan pays 60%**	You pay $75-$400 copay	$550
Maternity care	$25 copay for first office visit only Plan pays 80%** for physician, delivery and hospital charges	Plan pays 60%**	$25 copay for first office visit only Plan pays 80%** for physician, delivery and hospital charges	Plan pays 60%**	Plan pays 80%** for physician, delivery and hospital charges	Plan pays 60%**	Prenatal: You pay $0 copay Delivery: You pay $3,000-$5,000 copay	Prenatal: You pay $330 copay Delivery: You pay $10,000 copay
Prescription Drugs					**RX Deductible is combined with the Medical Deductible. If coverage is more than Individual, the Family deductible must be meet before coinsurance begins. The deductible does not apply to generic preventive medications.**			
Retail Generic	$7 Copay				Ded/Coins		$7 Copay	
Retail Brand Formulary	$25 Min/$150 Max; 25% Coins				Ded/Coins		$25 Min/$150 Max; 25% Coins	
Retail Nonformulary	$50 Min/$250 Max; 40% Coins				Ded/Coins		$50 Min/$250 Max; 40% Coins	
Mail Generic (90-day)	$18 Copay				Ded/Coins		$18 Copay	
Mail Brand Formulary (90-day)	$75 Copay				Ded/Coins		$75 Copay	
Mail Nonformulary (90-day)	$400 Copay				Ded/Coins		$400 Copay	
Specialty	$0/30% Coins - through Prudent Rx				Ded/Coins		$0/30% Coins - through Prudent Rx	

Please note:

*Family includes associate plus spouse, associate plus child(ren), and associate plus family coverage levels.

**After you meet your annual deductible.

***The maximum annual contribution will include both the associate and the employer contribution amounts for the plan year not exceeding the IRS limits.

****Highly compensated associates may have a limited maximum contribution that differs.

This is a summary of medical benefits. Refer to the Summary Plan Description (SPD) for complete plan requirements.

Maximum annual contribution:	**Associate Only**	**Assoc. + Child(ren), Spouse, Family**
Health Savings Acct (HSA)***	$3,600	$7,200

	Health Care FSA	**Dependent Day Care FSA**
FSA	$2,750	$5,000****