

Important Questions	Answers	Why This Matters
What is the Deductible ?	You must pay all the costs of covered services up to the Deductible amount before the plan begins to pay for covered services you use. After you meet the deductible you pay for covered services as a copay or coinsurance.	The PetSmart UnitedHealthcare medical plan deductible starts January 1 st each year.
Is there an out-of-pocket limit on my expenses?	The out-of-pocket limit is the most you could pay during a calendar year for your share of the cost of covered services. This limit helps you plan for health care expenses.	There are different out-of-pocket limits for Medical Plan Individual or Family for network and non-network expenses.
What is not included in the out-of-pocket limit ?	The out-of-pocket limit includes items such as copays, coinsurance and deductible amounts but excludes items such as premiums, balanced-billed charges, health care this plan doesn't cover, penalties for failure to obtain pre-notification for services.	Even though you pay these expenses, they don't count toward the out-of-pocket maximum.
What is a Copay ?	A Copay is a fixed dollar amounts you pay for covered health care, usually when you receive the service such as an office visit or urgent care.	Copays for office visits applies to PPO1 & PPO2 plans. <ul style="list-style-type: none"> In-network primary care physician, you pay \$25 copay In-network specialist (including mental health and substance abuse), you pay \$50 copay
What is Coinsurance ?	Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.	The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may be responsible for the difference. Examples of coinsurance are: Diagnostic test (x-ray, blood work) <ul style="list-style-type: none"> In-network: After you meet the annual deductible, you pay 20% coinsurance Out-of-network: After you meet the annual deductible, you pay 40% coinsurance
What are in-network providers ?	If you use an in-network health care provider , this plan will pay some or all of the costs of covered services.	These network health care providers, including doctors, specialists and hospitals, charge discounted rates, which typically saves you money. If seeking care from an out-of-network provider, it could cost you more. Check myuhc.com to locate in-network providers.

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<p>What is the Health Reimbursement Account (HRA)?</p>	<p>HRA money from PetSmart to help you pay for eligible medical and prescription expenses like copays, deductibles and coinsurance.</p>	<p>HRA applies to PPO2 & PPO3 Individual: \$250 Family: \$500 The balance at the end of the year carries over to the next year if still enrolled in the applicable plan.</p>
<p>What is the High-Deductible Health Plan (HDHP)?</p>	<p>A high-deductible health plan (HDHP) is a health insurance plan with lower premiums and higher deductibles than a traditional health plan. Being covered by an HDHP is also a requirement for having a health savings account. The plan also has an annual deductible that applies to both medical and prescription services.</p>	<p>The HDHP pays for covered services after you have met the deductible, except for covered preventive services which are covered at 100%. You are responsible for the coinsurance amount for services once the deductible is met. Examples are: Diagnostic test (X-ray, blood work), 20% coinsurance after deductible has been met.</p>
<p>What is the Health Savings Account (HSA)?</p>	<p>An HSA is the account holder's individual account and can be used to pay for qualified medical and pharmacy expenses. The account can be funded by the employer, employee or others. An HDHP plan includes a deductible, but enrollees can use their HSA to pay for out-of-pocket expenses before they meet the deductible.</p>	<p>Must be enrolled in the HDHP to have an HSA. IRS sets limits each year. If you do not use all the funds in your HSA during the calendar year, the balance remaining in your HSA will roll over. If your employment terminates for any reason, the funds in your HSA will continue to be owned and controlled by you.</p>
<p>What is Virtual Visits?</p>	<p>The Virtual Visits program allows you access to care online any time. A virtual visit lets you see and talk to a doctor from your mobile device or computer.</p>	<p>Most visits take about 10-15 minutes and they're part of your health benefits (you'll pay the same as a physician office visit). Virtual visits also includes access to mental health providers.</p>
<p>What is NurseLine?</p>	<p>If you're unsure about the care you need, you can speak with a nurse 24 hours a day.</p>	<p>Call 1-866-501-3061. A nurse may be able to: • Help manage an illness or injury • Help recognize urgent and emergency symptoms • Locate a doctor or hospital in your area • Help recognize medication interactions</p>
<p>When to go to a Convenience Care Clinic?</p>	<p>You can't get to your doctor's office, but your condition is not urgent or an emergency. Convenience Care Clinics, often located in malls or retail stores, offer services for minor health conditions. Care is normally provided by nurse practitioners or physician assistants.</p>	<p>Reasons to visit a Convenience Care Clinic: Common infections (e.g., strep throat) • Minor skin conditions (e.g., poison ivy) • Flu shots • Pregnancy tests • Minor cuts • Earaches</p>

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<p>When to go to an Urgent Care Center?</p>	<p>You may need care quickly, but it is not an emergency, and your regular doctor may not be available. Urgent Care Centers offer treatment for non-life-threatening injuries or illnesses and are staffed by qualified doctors.</p>	<p>Reasons to visit an Urgent Care Clinic: • Sprains • Strains • Minor broken bones (e.g., finger) • Minor infections • Minor burns</p>
<p>When to go to the Emergency Room (ER)?</p>	<p>You need immediate treatment of a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention. ER visit is subject to the deductible before expenses are paid by the plan.</p>	<p>Reasons to visit an Emergency Room: • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injuries • Severe head injury • Difficulty breathing • Major broken bones</p>
<p>What is the Health Care Flexible Spending Account (FSA)?</p>	<p>The Health Care FSA can help you pay out-of-pocket expenses that insurance doesn't cover, such as copays, deductibles and coinsurance for medical, prescription, dental and vision services. You can also use this account to pay for health care services not covered by PetSmart's health plans, such as LASIK surgery. Your contributions are deducted on a before tax basis.</p>	<p>You can deposit up to \$2,600 in a Health Care FSA. FSA rules allow an annual carryover of up to \$500 of unused FSA funds to the next year. Any balance you carry over does not count toward the next year's annual Health Care FSA contribution limit. Unused balance over \$500 is forfeited.</p>
<p>What is the Dependent Day Care Flexible Spending Account (FSA)?</p>	<p>The Dependent Day Care FSA can help you pay for things like dependent care provided in your home or outside your home, such as child and elder day care.</p>	<p>You can deposit up to \$5,000 in a Dependent Day Care FSA. (IRS limits may apply to your dependent day care account.) Your contributions are deducted on a before tax basis and set aside in your account.</p>
<p>What is a Limited-Purpose Flexible Spending Account (FSA)?</p>	<p>The federal government rules state if you are enrolled in a HDHP with an HSA, you cannot enroll in a Health Care FSA. Instead, if you have a Health Care FSA and enroll in the HDHP, the balance in your Health Care FSA is converted to a Limited-Purpose FSA.</p>	<p>Your money is available for eligible dental and vision expenses at the start of the plan year when enrolled in the HDHP.</p>
<p>What are Maintenance Medications and the rules to have these prescriptions filled?</p>	<p>Maintenance Medications are drugs you take for regular daily use or for ongoing conditions such as diabetes, high cholesterol, allergies, high blood pressure, etc. The plan will allow for two 30-day fills of long-term medications at any pharmacy in our network. After that, only 90-day supplies will be covered at CVS/Target pharmacy or mail order.</p>	<p>To move your current 30-day prescriptions to Maintenance Choice simply request your physician provide a new prescription written for up to a 90-day supply with 3 refills to cover a 12-month period. Take the new prescription to any CVS or Target retail pharmacy and receive your medication for the same low mail service copay.</p>