

FAQs

If you have a specific question, see if it's in the list below and click on the link to be taken directly to the answer you're looking for. Otherwise, feel free to browse and scan the FAQs at your own pace.

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The Aon Benefit Experience

1. What is Aon Benefit Experience (BenX)?

The Aon Benefit Experience (BenX) is a way for you to get medical, dental, vision, and other coverage. It is an online insurance marketplace where buyers like you can shop for coverage from health insurance carriers who are competing for your business.

BenX is America's first national, large-employer multi-insurance carrier marketplace. Its website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options based on your circumstances and budget.

2. Where can I get more information?

There are lots of resources available to help before, during, and after enrollment.

Before and during enrollment:

- **Make It Yours website**—Visit petsmart.makeityoursource.com/hawaii to learn about BenX, your coverage options, and choosing the right coverage for you and your family.
- **Your Carrier Connection** (available through the Make It Yours website)—Visit each carrier's preview site to get up to speed on provider networks, prescription drug information, and other carrier resources.
- **The PetSmart Benefits Portal**—When it's time to enroll, log on to the PetSmart Benefits Portal at digital.alight.com/petsmart to compare your options and prices, get helpful decision support, and enroll.

Questions? Once logged on to the PetSmart Benefits Portal, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through the PetSmart Benefits Portal. You can also call the PetSmart Benefit Center at **1.888.481.0101** from 8:00 a.m. to 5:00 p.m. PT, Monday through Friday.

Managing your benefits throughout the year:

- **Your Carrier Connection** (available through the Make It Yours website)—Take advantage of the tools, resources, and information offered through your insurance carrier. For questions about your coverage, always start with your carrier. They know their plans best and have the final authority on all claims, billing disputes, etc.
- **The PetSmart Benefits Portal**—Access your personalized coverage details and manage your benefits throughout the year.
- **Additional support**—If you need help with more complex coverage issues, call **1.888.481.0101** and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues. And, expert second opinion with 2nd.MD makes it easy to get a virtual second opinion from nationally recognized doctors.

Enrollment

3. What will I need to do?

If you don't enroll—or you elect “no medical coverage” and you don't submit the Hawaii medical coverage waiver form (HC-5) (see question #13)—you'll be covered by the lowest cost Gold medical option this year.

- If you do not actively enroll in dental and vision, you will not have dental or vision insurance through PetSmart this year. Also, if you don't enroll, you will not have critical illness insurance, hospital indemnity insurance, or accident insurance through PetSmart in 2024. And, to contribute to a flexible spending account, you must make an active election.

To enroll, log on to the PetSmart Benefits Portal at digital.alight.com/petsmart during the enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2025.
- Choose the insurance carriers and coverage levels you want for your medical, dental, and vision benefits.
- Enroll in the rest of your benefits.

4. How do I create my user ID and password for the PetSmart Benefits Portal?

- If you are a new user, you will need to set up your user ID and password, which are needed to access your account.
- Go to the PetSmart Benefits Portal and select New User;
- Enter the last four digits of your Social Security number and your date of birth to authenticate your account;
- Create your user ID and password; and
- Create answers to security questions to verify your identity if you forget your user ID or password in the future.

5. How do I reset my password for the PetSmart Benefits Portal?

To reset your password, go to the PetSmart Benefits Portal, click **Forgot User ID or Password**, and follow the prompts to reset your password.

My Options

6. What are my options for medical and prescription drug coverage?

You have several options to choose from, including HMSA Gold, Kaiser Gold, HMSA Platinum, and Kaiser Platinum. When you enroll, you'll be able to compare benefits and features across your medical options.

7. Am I required to designate a primary care physician?

You must designate a primary care physician to coordinate your medical care under the Kaiser Gold and Platinum options.

8. Is one option better than another?

No. Don't let the names fool you—one option isn't better than another. They're designed to give you choice so that you can find the option that makes the most sense for your situation.

There are several factors to consider as you review your options:

- **Out-of-network coverage:** For starters, you'll always get the highest benefit by seeing in-network providers. However, if you want the flexibility to see out-of-network providers, the options work differently. Under the HMSA Gold and Platinum options, you're covered when you go outside the HMSA network (often times at a reduced benefit). **The Kaiser Gold and Platinum options do not cover out-of-network services.** So if you don't use a network provider, you'll pay for the full cost of services.

If you want to keep seeing your current doctors, choose the insurance carrier whose network includes your preferred providers (e.g., doctors, specialists, hospitals). This is especially important if you're considering Kaiser Permanente. See question #10 to learn how to check the carrier networks and question #11 for out-of-state considerations.

- **Prescription drugs:** Under the HMSA Gold and HMSA Platinum options, you'll have a separate and additional out-of-pocket maximum for prescription drugs. That means your **medication** costs will **not** count toward your **medical** out-of-pocket maximum. So you could pay a lot more out of your pocket if you have moderate to high prescription drug needs.

Under the Kaiser Gold and Kaiser Platinum options, your medical and prescription drug expenses count toward the same out-of-pocket maximum. However, the Kaiser options do **not** cover medications that are classified as Tier 3 (non-formulary brand name) drugs unless prescribed and authorized by a licensed provider.

It is strongly recommended that you call the medical insurance carrier before you enroll to better understand how your particular medication will be covered.

- **Total costs:** Remember to take your total costs into consideration, which includes what you pay out of your paycheck (before-tax premiums) and what you pay out of your pocket (deductibles, coinsurance, copays) when you get medical care.

9. Where can I learn more about the medical insurance carriers?

Before you're a member, you can visit specially designed carrier sites to give you a "preview" of their services, networks, and more. You can get to the carrier preview sites through the Make It Yours website at petsmart.makeityoursource.com/hawaii. Once you enroll and become a member of a carrier, you'll be able to register and log on to the carrier's main website for personalized information.

Throughout the year, you can see how other people have rated the insurance carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and comments can help you with your choices. They're available through the PetSmart Benefits Portal at digital.alight.com/petsmart.

10. Will I be able to use the same providers as I do today?

It depends. Each insurance carrier has its own network of preferred providers (e.g., doctors, specialists, hospitals). If you want to keep seeing your current doctors, select an insurance carrier that includes your preferred providers in its network. If you are comfortable changing doctors, select an insurance carrier whose network includes providers critical to your care.

Even if you can keep your current insurance carrier through BenX, the provider network could be different and can change, so **always** check the provider directories before making a decision.

Do not rely on your provider's office to know the carriers' network(s). To see whether your doctor is in network:

- Check out the [insurance carrier](#) preview sites.

- When you enroll, check the networks of each insurance carrier you're considering on the PetSmart Benefits Portal. You can access this information by clicking **Find Doctors** when you're selecting your medical plan. For the best results:
 - Search for your provider by name—not medical practice.
 - Check only the office location(s) you are willing to visit.
 - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

Important! If you have **any** uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.

11. How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same option, you need to take a close look at your options. The HMSA options offer access to a national provider network so that your dependents can get care from in-network providers in most locations. The Kaiser Permanente options offer limited coverage for dependent students who are temporarily out of the area.

Do not rely on your provider's office to know the carriers' network(s). You need to call the insurance carrier to confirm whether an out-of-area provider participates in a carrier's network.

12. How do I decide which medical option is right for me?

You'll have access to a number of resources to help you make smart decisions. You should start by visiting the Make It Yours website at petsmart.makeityoursource.com/hawaii for details about your options and more.

When you enroll, you'll be able to see the employer cost share amount from PetSmart and your price options on the PetSmart Benefits Portal at digital.alight.com/petsmart. You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings, and more.

If you need additional assistance, once logged on to the PetSmart Benefits Portal, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through the PetSmart Benefits Portal. You can also call the PetSmart Benefit Center at **1.888.481.0101** from 8:00 a.m. to 5:00 p.m. PT, Monday through Friday.

13. Can I waive medical coverage?

If you elect "no medical coverage", the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you through the U.S. mail after enrollment. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act. After completing it, please return it to the PetSmart Benefit Center at the address provided.

Note: Even if you elect "no medical coverage," you will be enrolled in medical coverage under the Gold plan only until the form is received by the PetSmart Benefit Center.

14. Will pre-existing conditions be covered?

Yes. When you enroll in medical coverage through BenX, coverage is guaranteed, regardless of whether you and/or your eligible dependents have pre-existing conditions.

15. How will my prescription drugs be covered?

Your prescription drug coverage will be provided through your medical insurance carrier's pharmacy benefit manager—which could be a separate prescription drug company. Each pharmacy benefit

manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll to better understand how your particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. Visit the Make It Yours website at petsmart.makeityoursource.com/hawaii for a list of questions to ask.

16. What is “prior review” and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting “prior review” (also referred to as prior authorization or precertification) allows the carrier to make sure you're eligible for the services, ensure you're getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

- When you stay in network, your doctor usually completes the process on your behalf when it's required. But you should always confirm with your doctor to be sure he or she is handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care.

When prior review is required and you don't get preapproved, you could get stuck paying most or **all** of the bill or a penalty. For that reason, it's always in your best interest to ask your doctor whether you need to do anything in advance and confirm that services you need will be covered by your insurance carrier.

17. What do I need to know about dental networks?

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage level you choose. If it's important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

Do not rely on your provider's office to know the carriers' network(s). To see whether your dentist is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on the PetSmart Benefits Portal.

If you are considering a Platinum dental option:

- It may cost less than some of the other options, but you **must** get care from a dentist who participates in the insurance carrier's DHMO network. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll.
- The Platinum dental option does **not** provide out-of-network benefits. So if you don't use a network dentist, you'll pay for the full cost of services.

18. What do I need to know about vision networks?

Each vision insurance carrier has its own provider network. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Do not rely on your provider's office to know the carriers' networks. To see whether your eye doctor or retail store is in network:

- Check out the [insurance carrier](#) preview sites.

- When you enroll, check the networks of each insurance carrier you're considering on the PetSmart Benefits Portal.

19. What other benefit options are available to me through BenX?

You can choose to supplement your coverage with:

- **Critical illness:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease)
- **Hospital indemnity:** Pays a benefit in the event you or a family member covered under this plan is hospitalized
- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident

These plans also come with a once per year health screening benefit of \$50. Some examples of screening/prevention measures that would be payable include annual check-ups, colonoscopies, mammograms, and dental exams.

You also have access to expert second opinion with 2nd.MD, which makes it easy to get a virtual second opinion from nationally recognized doctors. To get started, simply visit 2nd.md/petsmart or call **1.888.481.0101**.

You can get more details on the Make It Yours website at petsmart.makeityoursource.com/hawaii.

Paying for Coverage

20. When will I find out the cost of coverage?

During the enrollment window, you'll be able to see the employer cost share amount from PetSmart and your price options on the PetSmart Benefits Portal at digital.alight.com/petsmart.

21. Do I get to keep the PetSmart employer cost share if I don't enroll in coverage?

No. The employer cost share you get from PetSmart is for the medical/prescription drug coverage you purchase through BenX. A cash refund or credit for other benefits is not available.

22. What happens to my benefit premiums if I do not work enough hours to pay for premiums or am on a leave of absence?

It is the associate's responsibility to pay premiums for the benefits they are enrolled in. If not enough hours are worked to deduct the full premium amount, the remaining balance will go into arrears and will be collected from future paychecks. Benefits may be canceled due to unpaid premiums.

If you are on a leave of absence, you are still responsible for paying benefit premiums. A direct bill will be sent to you from Alight for a month's worth of benefit premiums. Any past due premiums will be collected through arrears upon your return or coverage will be terminated after 60 days of nonpayment.

Information contained herein is not intended as legal, tax, or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

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