Make It Yours **To Go**

make it yours

Table of Contents

Get Ready To Make It Yours

What You Need To Know

Open Enrollment is October 13 to October 24.

You'll enroll in medical, dental, and vision benefits through your benefits marketplace at **worklife.alight.com/petsmart**. Your benefits marketplace makes it easy to find the right fit. Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with.

What You Need To Do

You should enroll to make sure you get the coverage you want next year! Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your drugs are covered. It's worth a look even if you choose exactly what you have today.

What's Changing

Wondering what's changing with your current benefits? Start **here**.

Waiving 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. 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.

Get More

- Check out the **Quick Guide** for help finding what you need—when you need it.
- Once you know the basics, you might need to dig a little deeper. **Get answers** to frequently asked questions.
- After you've enrolled, use the **prescription drug** and **transition of care** worksheets so you'll know how to use your benefits effectively when the plan year starts.

Need Help?

Once logged on to the PetSmart Benefits Portal at **worklife.alight.com/petsmart**, look for the "Need Help?" icon to ask your virtual assistant any questions you may have. It 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.

Questions about Coverage?

Start by contacting the medical, dental, and vision **insurance carrier** directly. They know their coverage rules best.

Contact a Health Pro

If you have additional questions or need assistance resolving your claims or billing issues, Health Pros are available to help. Email a Health Pro at **AlightHealthPro@alight.com** or call **1.888.481.0101**.

Medical Coverage Level

You have several options to choose from. Each option is available at different costs. When you enroll, you'll find plenty of resources to help you choose.

Medical Coverage Level Options

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
		Type		
Option Type	PPO	HMO	PPO	HMO
		Annual Deductible		
In-network (individual / family)	Combined in-network and out-of-network: $200/$600	$200/$400	N/A	N/A
Out-of-network (individual / family)	Combined in-network and out-of-network: $200/$600	Not covered	$100/$300	Not covered
		Annual Out-of-Pocket Maximum		
In-network (individual / family)	Combined in-network and out-of-network: $2,200/$6,600	$2,200/$4,400	Combined in-network and out-of-network: $2,500/$7,500	$2,500/$7,500
Out-of-network (individual / family)	Combined in-network and out-of-network: $2,200/$6,600	N/A	Combined in-network and out-of-network: $2,500/$7,500	N/A
		In-Network Benefits		
Preventive care	100% covered; deductible waived for most services	100% covered; deductible waived	100% covered	100% covered
Doctor's office visit	You pay $12	You pay $15	You pay $12	You pay $15
Emergency room	You pay 20% after deductible	You pay 20%; deductible waived	You pay 20%	You pay $75
Urgent care	You pay $12	You pay $15	You pay $12	You pay $15
Inpatient care	You pay 20% after deductible	You pay 10% after deductible	You pay 10%	You pay $75 per day
Outpatient care	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service

Prescription Drug Coverage

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
		Type		
Preventive Drugs	You pay $0*	You pay $0*	You pay $0*	You pay $0*
Prescription Drug Annual Out-of-Pocket Maximum (individual/ family)	$3,000/$7,200	Included in medical out-of-pocket maximum	$3,000/$5,700	Included in medical out-of-pocket maximum
		30-Day Retail Supply		
Tier 1 (generally lowest cost options)	You pay $7	You pay $5 for generic maintenance drugs; $10 for other generic drugs	You pay $5	You pay $5 for generic maintenance drugs; $10 for other generic drugs
Tier 2 (generally medium cost options)	You pay $35	You pay $35	You pay $30	You pay $35
Tier 3 (generally highest cost options)	You pay $75	You pay $35 (if authorized)	You pay $70	You pay $35 (if authorized)
		90-Day Mail-Order Supply		
Tier 1 (generally lowest cost options)	You pay $14	You pay $10 for generic maintenance drugs; $20 for other generic drugs	You pay $10	You pay $10 for generic maintenance drugs; $20 for other generic drugs
Tier 2 (generally medium cost options)	You pay $70	You pay $70	You pay $60	You pay $70
Tier 3 (generally highest cost options)	You pay $150	You pay $70 (if authorized)	You pay $140	You pay $70 (if authorized)

* Preventive drugs are determined by the insurance carrier or pharmacy benefit manager. You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

For a more detailed look at these and additional coverages, go to the PetSmart Benefits Portal at **worklife.alight.com/petsmart**. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the PetSmart Benefits Portal.

Important! If you choose HMSA as your insurance carrier, 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 (and vice versa).

How Does The Deductible And Out-Of-Pocket Maximum Work?

- The HMSA Gold and Kaiser Gold options have a **traditional deductible.** Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.
- All medical options have a **traditional out-of-pocket-maximum.** Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

Going Out Of Network?

- **If you choose HMSA,** seeing out-of-network providers will cost you more than seeing in-network providers. For example, you could pay more through a higher deductible, higher coinsurance, and the entire amount that exceeds the maximum allowed amount, which is typically based on the amount Medicare pays.
- **If you choose Kaiser Permanente** as your insurance carrier, you must designate a primary care physician to coordinate your care and out-of-network care is **not** covered.

Medicare Basics

Medicare is a federal medical insurance program, which includes Original Medicare. Original Medicare is a low-cost government insurance program that guarantees access to health insurance for Americans age 65 and older and younger people with certain medical disabilities. It pays for many health care expenses, but not all.

How It Works

Medicare covers its share of an approved amount and you pay the rest through deductibles and coinsurance. Original Medicare is made up of two parts:

- **Part A is hospital insurance.** It covers inpatient hospital care, skilled nursing facilities, hospice, lab tests, surgery, and home health care.
- **Part B is medical insurance.** It covers things like clinical research, ambulance services, durable medical equipment, mental health services, limited outpatient prescription drugs, and more.

You are automatically eligible for Medicare Parts A and B when you become Medicare-eligible. If you are receiving Social Security benefits, you may be enrolled in Medicare automatically.

If you have to sign up to get coverage, you can enroll starting three months before the month you turn age 65. The deadline to enroll is three months after the month you turn age 65. (Note: You can wait to enroll in Part B; however, you may have to pay a late enrollment penalty. In general, you can wait to enroll in Medicare Part B without facing a late enrollment penalty until your active employment ends or the date your coverage under your employer's plan ends, whichever occurs first. Consult your Medicare advisor for more details.)

Part D is optional prescription drug coverage. You can enroll in Part D if you want coverage to help pay for your prescription drug costs.

How Medicare Works With Company Coverage

If you are actively employed, your company's health plan will be your primary medical coverage, and, if you choose to enroll in Medicare, Medicare will be your secondary coverage.

If you are retired and have coverage through your previous employer, Medicare will be your primary medical coverage, and your company's health plan will be your secondary coverage.

As you prepare to transition to Medicare, you will want to understand if your dependents under age 65 will be eligible for coverage under your company's health plan.

How Medicare Works With COBRA

If you are eligible for Medicare Parts A and B but you choose to not enroll in Medicare Parts A and B, you may face potentially significant out-of-pocket expenses. COBRA coverage pays secondary to Medicare Parts A and B. Therefore, the plan will pay as if Medicare has already made a payment, even if the Medicare-eligible individual did not actually enroll in Medicare.

If your Medicare benefits (Parts A or B) become effective on or before the day you elect COBRA coverage, you can have COBRA and Medicare coverage. This is true even if your Part A benefits begin before you elect COBRA coverage but you don't sign up for Part B until later.

If you become entitled to Medicare after you've signed up for COBRA coverage, your COBRA coverage may be terminated by your plan as of the day you enroll in Medicare. (But if COBRA covers your spouse and/or dependent children, their coverage may continue.)

To Learn More

Below are resources where you can find additional information and help:

- Visit the **Social Security website** or call **1.800.772.1213** (TTY **1.800.325.0778**) between 8:00 a.m. and 7:00 p.m. Monday through Friday
- Review the **Medicare & You** handbook from the Centers for Medicare & Medicaid Services

Accident Insurance

Accidents can slam your wallet too.

Even with medical coverage, your costs related to an accident can be hefty. Depending on the injury, you may be faced with copays, deductibles, hospital charges, transportation fees, and lodging expenses.

Accident insurance pays a benefit in the event you or a family member covered under this plan is in an accident. Accident insurance is not a replacement for medical coverage, but it can help pay deductibles and other gaps in coverage.

You can learn more about this coverage **here**.

Things To Consider

When deciding whether to enroll in accident insurance, be sure to consider the following:

Cost per Paycheck
The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll through the PetSmart Benefits Portal at **worklife.alight.com/petsmart**.

Your and Your Family's Needs
Does your family lead an active lifestyle? Have you or an eligible family member suffered financial loss resulting from an accident? If you answered "yes" to either question, having accident insurance could give you peace of mind.

Other Coverage
Consider how accident insurance could fit in with other coverage for which you might enroll.

Critical Illness Insurance

When illness strikes, you can strike back. If you experience a serious health condition in the future, critical illness coverage can help lighten the load.

Even with medical insurance, a serious health condition could cost you. Critical illness insurance can provide you with extra cash when you need it most—if you or a family member covered under this plan 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 renal disease). Critical illness insurance is not a replacement for medical coverage, but it can help pay deductibles and other gaps in coverage.

You can learn more about this coverage **here**. Critical illness coverage has limitations and exclusions.

Choose Your Coverage Level

If you decide you want critical illness coverage, you may choose $10,000, $20,000, or $30,000 of coverage.

Things To Consider

When deciding whether to enroll in critical illness insurance, be sure to consider the following:

Cost per Paycheck
The cost of coverage is based on who you cover, age, tobacco status, and the level of coverage you elect. You'll be able to see the cost per paycheck for all your options when you enroll through the PetSmart Benefits Portal at **worklife.alight.com/petsmart**.

Your and Your Family's Needs
Does a serious health condition run in your family? Would you need financial help to offset the cost of a serious health situation? If you answered "yes" to either question, having critical illness insurance could give you peace of mind.

Hospital Indemnity Insurance

Even with medical insurance, hospital stays can be costly. You may have copays, deductibles, and other incidental hospital charges that add up. That's why you can buy extra insurance through hospital indemnity coverage.

Hospital indemnity insurance pays you a single lump-sum benefit in the event you or a family member covered under this plan is hospitalized. The benefit is based on the type of hospital stay. Hospital indemnity insurance is not a replacement for medical coverage, but it can help pay deductibles and other gaps in coverage.

You can learn more about this coverage **here**.

Things To Consider

When deciding whether to enroll in hospital indemnity insurance, be sure to consider the following:

Cost per Paycheck
The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll through the PetSmart Benefits Portal at **worklife.alight.com/petsmart**.

Your and Your Family's Needs
Does a serious health condition run in your family? Are you or an eligible family member frequently hospitalized? If you answered "yes" to either question, having hospital indemnity insurance could give you peace of mind.

Expert Second Opinion with 2nd.MD

When dealing with illness, injury, or chronic pain, 2nd.MD makes it easy to get a virtual second opinion from nationally-recognized doctors. PetSmart is offering associates and family members covered under a PetSmart medical option the opportunity to connect with board-certified doctors via phone or video.

By calling 2nd.MD, you can get an expert second opinion—within days—when you or a covered family member has questions like:

- Do I have the correct diagnosis?
- Am I on the best treatment plan?
- Am I taking the right medications?
- Is this surgery or procedure the best option for me?

You don't need a referral for an expert second opinion! To get started, simply visit **2nd.MD/PetSmart** or call **1.866.887.0712**. Let 2nd.MD do the hard work for you, so you can focus on getting the best care possible.

Paying For Coverage

Expert second opinion with 2nd.MD is a confidential and free service to associates and family members covered under a PetSmart medical option.

Things To Consider

Peace of Mind

2nd.MD doctors are highly sought-after doctors—at the top of their fields—and come from leading medical institutions. You'll receive clarity, information, and peace of mind.

It's Risk-Free

If you have medical questions or uncertainty, you can get an expert opinion from the comfort of your home. Plus, it's free to use.

Specialized Expertise

2nd.MD experts are industry leaders across hundreds of specialties and thousands of conditions, including heart disease and stroke; cancer; knee, hip, and ankle surgery; digestive issues; immunological disorders; mental health issues; and more.

Dental Coverage Level

Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care (deductibles, coinsurance, copays). Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

Dental Coverage Level Options

	BRONZE	SILVER	GOLD	PLATINUM[2]
		Annual Deductible and Plan Limits		
Annual deductible (individual / family)	$100 / $300	$100 / $300	$50 / $150	None
Annual maximum (excludes orthodontia)	$1,000 per person	$1,500 per person	$2,500 per person	None
Orthodontia lifetime maximum[1]	Not covered	$1,500 per child	$2,000 per person	Varies by insurance carrier
		In-Network Benefits		
Preventive care	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible	Varies by insurance carrier; generally covered 100%
Minor restorative care (e.g., root canal treatment, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	Varies by insurance carrier
Major restorative care (e.g., crowns, implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	Varies by insurance carrier

Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	Varies by insurance carrier

[1]If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

[2]Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits.

For a more detailed look at these and additional coverages, go to the PetSmart Benefits Portal at **worklife.alight.com/petsmart**. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the PetSmart Benefits Portal at **worklife.alight.com/petsmart**.

Considering Platinum? It may cost less than some of the other options, but you **must** designate a primary care dentist who participates in the insurance carrier's Platinum network (where available by carrier) and get care from your primary care dentist. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll. If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly. If you enroll in a Platinum option and don't use a network dentist, you'll pay for the full cost of services.

Considering Delta Dental? With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care. If you're considering Delta Dental, you need to take it one step further.

- If you choose a Bronze, Silver, or Gold option, there are actually two Delta Dental networks —PPO and Premier. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the Premier network. You can save more by seeing a Delta Dental dentist who participates in both the PPO and Premier networks, or by using any in-network dentist if you choose another insurance carrier.
- If you choose a Platinum option, the Delta Dental network goes by the name of "DeltaCare." So you need to make sure your dentist is in the DeltaCare network—not just the Delta Dental network. You can also get the same deal by using any in-network dentist if you choose another insurance carrier.

You can check if your provider is part of either network on **worklife.alight.com/petsmart** or through **Your Carrier Connection**.

Dental Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

Just like your medical coverage, your dental coverage costs will depend on a few factors:

The Coverage Level You Choose

Bronze
The Bronze coverage level generally costs less per paycheck. That's because some services aren't covered and because it has the lowest benefit maximum.

Silver
The Silver coverage level is moderately priced since most services are covered. However, the benefit maximum is lower.

Gold
The Gold coverage level costs more per paycheck since most services are covered. The benefit maximum is also higher.

Platinum
The Platinum coverage level generally costs less. It provides comprehensive coverage for in-network care only.

The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

Your Dependents

You can enroll any combination of you, your eligible spouse/domestic partner, and your children in the option you choose.

Vision Coverage Level

Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care. Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

Vision Coverage Level Options

	BRONZE	SILVER	GOLD
		In-Network Benefits	
Routine vision exam (once per plan year)	Covered 100%	You pay $10	Covered 100%
Frames (once per plan year)	Discount may apply	$150 allowance[1]	$200 allowance[1]
		Lenses (once per plan year; premium lenses may cost more)	
Single vision	Discount may apply	You pay $20	You pay $10
Bifocal	Discount may apply	You pay $20	You pay $10
Trifocal	Discount may apply	You pay $20	You pay $10
Standard Progressive[2]	Discount may apply	You pay $20	You pay $10
Lenticular	Discount may apply	You pay $20	You pay $10
		Lens Enhancements	

UV treatment	Discount may apply	Varies by carrier	Varies by carrier
Tint (solid and gradient)	Discount may apply	Varies by carrier	Varies by carrier
Standard plastic scratch-resistant coating	Discount may apply	Varies by carrier	Varies by carrier
Standard anti-reflective coating	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate (adults)	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate (children)	Discount may apply	You pay nothing	You pay nothing
Other add-ons	Discount may apply	Discount only	Discount only
Contact Lenses			
Medically necessary	Not covered	You pay $20	You pay $10
Elective	Not covered	$150 allowance[1]	$200 allowance[1]
Fit and evaluation	Discount may apply	You pay $20	You pay $10
Laser Surgery			
Elective	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

[1]Allowance can be used for frames or elective contact lenses, but not both.

[2]Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits.

For a more detailed look at these and additional coverages, go to the PetSmart Benefits Portal at **worklife.alight.com/petsmart**. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the PetSmart Benefits Portal at **worklife.alight.com/petsmart**.

Vision Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

Just like your medical coverage, your vision coverage costs will depend on a few factors:

The Coverage Level You Choose

The Bronze option will generally be less expensive per paycheck. That's because it covers only exams with some in-network discounts available. The Silver and Gold options will cost more per paycheck and provide coverage for exams as well as frames and lenses.

The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

Your Dependents

You can enroll any combination of you, your eligible spouse/domestic partner, and your children in the option you choose.

Flexible Spending Accounts (FSAs)

PetSmart offers a tax-advantaged Health Care FSA administered by Optum Bank.

Health Care FSA

A Health Care FSA allows you to set aside dollars from your pay on a pre-tax basis to reimburse yourself for qualified medical, dental, and vision expenses.

The Health Care FSA is offered through Optum Bank. If you enroll in this plan you will receive a spending card in the mail. You must follow the steps provided by Optum Bank to open your Optum Bank account. If an account is not opened, contributions will be refunded.

The Health Care FSA contribution limit is $3,300 for 2026. Once you enroll and set your annual contribution, you cannot change that amount during the year (except in the case of certain qualified life events).

With the Health Care FSA, you can roll over up to $660 **if** you elect to continue contributing to the Health Care FSA, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

Things To Consider

When deciding whether to enroll in an FSA, be sure to consider the following:

Tax savings
Do you have moderate to high health care expenses? If so, an FSA could help reduce how much you pay in taxes.

Your expected expenses
Carefully estimate your anticipated eligible expenses for the coming year. You should only set aside FSA dollars you know you will be able to use on eligible expenses.

Other Benefits

Offerings and Benefits

- **Ally, your Employee Assistance Program**
- **PerkSpot Discounts**
- **SaveSmart 401(k) Program**
- **Additional Benefits & Offerings**
- **Guide to LGBTQ+ Benefits**

How to Enroll

Log on to the PetSmart Benefits Portal at **worklife.alight.com/petsmart**.

Logging on for the first time? From the PetSmart Benefits Portal, register as a new user and follow the prompts to provide requested information and set up your username and password.

Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

In the weeks following your enrollment, you could be asked to complete a short, confidential survey about your enrollment experience. The survey will be sent from an Aon email address. Please take a few minutes to share your thoughts and help us improve your experience.

Questions?

Once logged on to the PetSmart Benefits Portal at **worklife.alight.com/petsmart**, look for the "Need Help?" icon to ask your virtual assistant any questions you may have. It 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.

Your Carrier Connection

Check out your health care insurance carrier choices—and see all the unique features and services they have to offer. Discover what each provides, see the doctors included in their network, and then decide for yourself.

Medical

Carrier Name: **HMSA**

Areas We Serve: Offered in Hawaii

Before you're a member (preview site): http://www.hmsa.com/aon/

Once you're a member (website): https://members.hmsa.com/

Customer Service Hours: Monday - Friday:
8:00 am to 5:00 pm
Hawaii Time

Phone Number: 1.800.651.4672 , 1.808.948.6121

Learn More

Carrier Name: **Kaiser Permanente**

Areas We Serve: Offered in Hawaii

Before you're a member (preview site): http://kp.org/aon

Once you're a member (website): https://www.kp.org

Customer Service Hours: Monday - Friday:
8:00 am - 5:00 pm HST

Saturday
8:00 am - 12:00 pm HST

Phone Number: 1.800.966.5955

Pre-enrollment Phone Number: 1.877.580.6125

Learn More

Dental

Carrier Name: **Aetna**

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.aetna.com/microsites/aon/sibroad/index.html

Once you're a member (website): https://www.aetna.com

Customer Service Hours: Monday - Friday:

Customer Service Hours: 8:00 am - 6:00 pm EST

Phone Number: 1.855.496.6289

Learn More

Carrier Name: **Cigna**

Areas We Serve: Available nationally with the exception of MN and ND.

Before you're a member (preview site): https://connections.cigna.com/carrierbenefits-aso2026/

Once you're a member (website): https://my.cigna.com

Customer Service Hours: Cigna Support
is available 24/7/365

Phone Number: 1.855.694.9638

Learn More

Carrier Name: **Delta Dental (Bronze, Silver, and Gold)**

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.deltadental.com/us/en/aon/arizona.html

Once you're a member (website): http://www.deltadentalaz.com/member/

Customer Service Hours: Monday - Friday:
8:00 am - 5:00 pm MST

Phone Number: 1.844.266.7770

Learn More

Carrier Name: **Delta Dental (Platinum)**

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.deltadental.com/us/en/aon/california.html

Once you're a member (website): http://www.deltadentalins.com

Customer Service Hours: Monday - Friday:
8:00 am - 9:00 pm EST

Phone Number: 1.800.471.8073

Pre-enrollment Phone Number: 1.800.546.9751

Learn More

Carrier Name: **MetLife**

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.metlife.com/aon-benefit-experience

Once you're a member (website): https://www.metlife.com/mybenefits

Customer Service Hours: Monday - Friday:
8:00 am - 11:00 pm EST

Phone Number: 1.888.309.5526

Learn More

Carrier Name: UnitedHealthcare

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.whyuhc.com/aon11

Once you're a member (website): https://www.myuhc.com

Customer Service Hours: Monday - Friday:
8:00 am - 8:00 pm
local time zone

Phone Number: 1.888.571.5218

Learn More

Vision

Carrier Name: EyeMed

Areas We Serve: Available Nationally

Before you're a member (preview site): https://eyemed.com/en-us/benx-aon

Once you're a member (website): https://member.eyemedvisioncare.com/member/en

Customer Service Hours: Monday - Friday:
7:30 am - 11:00 pm EST

Saturday:
8:00 am - 11:00 pm EST

Phone Number: 1.844.739.9837

Learn More

Carrier Name: MetLife

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.metlife.com/aon-benefit-experience

Once you're a member (website): https://www.metlife.com/mybenefits

Customer Service Hours: Monday - Saturday
9:00 am - 8:00 pm EST

Phone Number: 1.888.309.5526

Learn More

Carrier Name: UnitedHealthcare

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.whyuhc.com/aon12

Once you're a member (website): https://www.myuhcvision.com

Customer Service Hours: Monday - Friday:
8:00 am - 8:00 pm
local time zone

Phone Number: 1.888.571.5218

Learn More

Carrier Name: **VSP Vision Care**

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): https://www.vsp.com/aon

Once you're a member (website): https://www.vsp.com/login

Customer Service Hours: Monday - Friday:
7:00 am - 4:30 pm HAST

Phone Number: 1.877.478.7559

Learn More
