

Kroger Company-Administered Plan		
Associate Contributions Weekly – includes medical, prescription, dental and vision	Coverage and Cost-Sharing Hired Before January 1, 2021*	
Associate	\$8.00	
Associate + Spouse	\$36.00	
Associate + Children	\$14.00	
Associate + Family	\$43.00	
Working Spouse Fee	No fee	
Plan Design – Blue Cross/Blue Shield PPO Network	In-Network	Out-of-Network
Preventive Coverage	100%	Not Covered
Coinsurance – Company Share	80%	50%
Coinsurance – Associate Share	20%	50%
Annual Deductible Single/Family	\$450/\$900	\$900/\$1,800
Out-of-Pocket Max Single/Family	\$7,900/\$15,800	\$15,800/\$31,600
Annual/Lifetime Max Benefit	Unlimited	Unlimited
Point of Service Fees – Co-Pay Per Visit	In-Network	Out-of-Network
Primary Care Office	\$35	50% after deductible
Specialist Office	\$35 + 20%	50% after deductible
Urgent Care	\$75	50% after deductible
TLC /Other Retail Convenience Clinic	\$15	50% after deductible
Emergency Room	\$300 + Co-Insurance	
Eligibility	Average Hours Required Over a 52-Week Period	
Associate Only	22 hours/week	
Associate + Dependent (Children)	30+ hours/week	
Associate + Spouse	34+ hours/week	
Associate + Spouse and Dependents		
Measurement/Stability Period	12 months/12 months	
Dental Benefit		
Annual Deductible	\$100	
Preventive Co-Insurance	100%	
Basic Co-Insurance	80%	
Major Co-Insurance	60%	
Annual Maximum Benefit	\$2,000	
Orthodontia Coverage	Children + Adults	
Orthodontia Deductible	\$50	
Orthodontia Co-Insurance	50%	
Orthodontia Lifetime Maximum	\$1,500	



Vision Benefit	In-Network	Out-of-Network
Exams (Every 12 months)	\$10 copay	\$50 copay
Frames (Every 24 months)	\$150 allowance	\$70 allowance
Lenses (Every 12 months)	\$15 copay	\$75 copay
Contacts (In Lieu of Lenses) Elective Disposal Lenses Non-Elective Contacts	\$150 allowance	\$105 allowance
Income Replacement	100% Company-Paid	
Basic Life and AD&D auto-enrolled and tied to medical eligibility		
Full Time Life Insurance (Equal amount for AD&D)	\$25,000	
Part Time Life Insurance (Equal amount for AD&D)	\$15,000	
Spouse Life Insurance	\$5,000	
Dependent Life Insurance	\$2,500	
Short-Term Disability/Sick Pay		
FT Elimination Period / Injury - Illness / Benefit Duration	7 days injury/ 7 days illness/ 26 weeks	
FT Maximum Benefit a Week	60% to \$300 weekly maximum	
PT Elimination Period / Injury - Illness / Benefit Duration	7 days injury/ 7 days illness/ 26 weeks	
Part Time Max Benefit	60% to \$200 weekly maximum	
Pharmacy/Prescription Drug Coverage		
Retail		
Retail Day Supply	30-Day Supply	
	Minimum	Maximum
Retail Generic Copay	Greater of \$10 or 10%	\$40
Retail Brand Formulary Copay	Greater of \$20 or 20%	\$70
Retail Brand Non-Formulary Copay	Greater of \$35 or 30%	\$125
Specialty Bio-Similar Copay	8%	\$100
Specialty Brand Formulary Copay	15%	\$250
Specialty Non-Formulary Copay	25%	\$400
Mail		
Mail Order Day Supply	90-Day Supply	
	Minimum	Maximum
Mail Order Generic Copay	Greater of \$25 or 10%	\$80
Mail Order Brand Formulary Copy	Greater of \$50 or 30%	\$140
Mail Order Brand Non-Formulary Copay	Greater of \$75 or 30%	\$250
Mail Order Specialty Copay	N/A	N/A

**Modest increases to associate contributions, medical deductibles and medical out-of-pocket maximums occur January 1, 2022 and January 1, 2023 as outlined in the Last, Best and Final Offer.*

