



Welcome

We're glad you're here

A guide to using the Kroger health care plan

Whether you're new to the Kroger health plan or are already on it, use this guide throughout the year for quick access to resources and tools. And don't forget to take advantage of our enhanced offerings.

Questions right away? Call [1-866-801-4630](tel:1-866-801-4630).

Look inside for **things to do** and **things to know**.

United
Healthcare®

Kroger



NexusACO

Your NexusACO plan is designed to promote a simple, coordinated care experience. The plan requires you and each covered family member* to choose a network primary care provider (PCP) who gets to know you and becomes your care partner and advocate.



Benefits of having a PCP

- Generally knows your history
- Builds an in-depth knowledge of your health care over time
- Provides support and knowledge to help you make informed care decisions
- Can help direct your care by coordinating any follow-up visits with specialists and hospitals

[Watch video to learn more about the value of a PCP](#)



Finding a network provider

Spot the dot and look for the Tier 1 symbol

Where you go for care can make a difference in how much you pay. Tier 1 providers are doctors, facilities and other health care providers who may offer you the greatest value for your health care benefits. Look for the “blue dot” Tier 1 symbol when searching the network. **Sign in at myuhc.com® > Find Care & Costs**

Shop around

With such a wide variety of services, from minor procedures to major surgeries, it’s a good idea to check approximate pricing first. Visit myuhc.com > **Find Care & Costs** to estimate your costs.



See what’s covered by your plan by signing in to myuhc.com > **Coverage & Benefits.**

*Not a requirement in Texas for insurance licensed products.



Conveniently access care and service

Get your own personalized 24/7 health hub with myuhc.com[®] and the **UnitedHealthcare**[®] app. Search for a doctor, find and price network care, view claims details, refill prescriptions, manage financial accounts, and so much more. To help everyone get the most from their plan, it's important that each member age 18 and older create their own account.

Set up your account at myuhc.com



Keep up on preventive care

Routine wellness exams and certain recommended screenings and immunizations are covered by your plan at no additional cost when you see network providers.

[View recommended screenings](#)



Virtual primary care

You may be able to continue with your current PCP in a virtual setting.* Virtual primary care delivers many of the same services as traditional, in-person care without having to go into the doctor's office.



Use your UnitedHealthcare ID card

You should have received your UnitedHealthcare ID card in the mail, unless you chose to receive it electronically. Carry it with you to help make your health care experience easier.

Before tucking it into your wallet, make sure all the information is correct. If you need to make a change, or you didn't receive one, call a UnitedHealthcare Advocate at [1-866-801-4630](tel:1-866-801-4630) for help.

Check the name of the PCP on your ID card and make sure it's the one you want to see.** Changes can be made by calling a UnitedHealthcare Advocate at [1-866-801-4630](tel:1-866-801-4630).

During enrollment, if you didn't select a PCP for yourself and/or your covered family members, the plan will assign one for you and send you a new ID card listing your PCP.

Three ways to help answer your questions:

1. Sign in to myuhc.com
2. Download and use the [UnitedHealthcare app](#)
3. Call a UnitedHealthcare Advocate at [1-866-801-4630](tel:1-866-801-4630)

*Data rates may apply.

**Employees can change their PCP at any time, no more than once a month, by calling the number on the back of their health plan ID card or by visiting myuhc.com[®]. Changes requested must be submitted by or on the last day of the month to be effective the first of the next month.





Good-to-know terms

Deductible: The amount you pay before your health plan pays a portion. You're responsible for paying 100% of the amount allowed for your covered health services until you reach your deductible.

Copay: A fixed amount you pay each time you see a provider or purchase a prescription.

Coinsurance: Once you reach your deductible, your health plan starts to share a percentage of the costs for covered health care services with you.*

Out-of-pocket limit: The most you'll have to pay for covered health services in a plan year — copays and coinsurance count toward this. Your plan covers the cost (the allowed amount) for covered health services at 100% once you meet your out-of-pocket limit.

You can find your specific plan details at myuhc.com[®] > **Coverage & Benefits**.



Do I need a referral to see a specialist?

Your plan does not require your PCP to refer you to a specialist. However, please remember you receive the best benefit under your plan by seeking care from a Tier 1 provider.



If you need prior authorization

Your plan may require prior authorization before you receive certain services or medications. This means that you or your network provider may need to get approval from your plan before the services or medications are covered. Call a UnitedHealthcare Advocate at [1-866-801-4630](tel:1-866-801-4630) or sign in at myuhc.com > **Coverage & Benefits** to check if prior authorization is needed.

*Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. Please refer to your official plan documents for coverage details.



Important information about your NexusACO OAP Plan

Chicagoland area associates must remain in the NexusACO OAP — Advocate Health Care system.

This means you may only use any of the 11 Advocate hospitals, Chicago area clinics, Walgreens or outpatient center. Additional Tier 1 hospitals are:

- Centegra Memorial Medical Center Woodstock
- Centegra Northern Illinois Medical Center
- Presence Mercy Medical Center
- RUSH Copley Medical Center

Arizona

The NexusACO plan is available in Maricopa, Pinal and Pima counties (select zip codes).

The Tier 1 network includes the following physician groups:

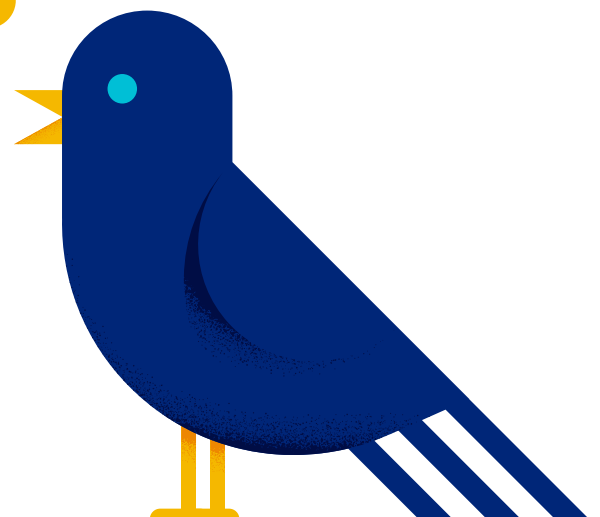
- Dignity Health physicians
- Abrazo physicians
- Phoenix Children's Care Network
- Arizona Community Physicians
- Other quality primary and specialty care physicians

Orlando

The NexusACO plan is available in Lake, Orange, Osceola and Seminole counties (select zip codes).

The Tier 1 network includes the following physician groups:

- AdventHealth Altamonte
- AdventHealth Apopka
- AdventHealth East Orlando
- AdventHealth Kissimmee
- AdventHealth Lake Mary
- AdventHealth Orlando
- AdventHealth Winter Garden
- AdventHealth Winter Park
- AdventHealth Celebration
- AdventHealth Waterman



Portland

The NexusACO plan is available in Lane, Washington, Clackamas and Multnomah (counties) (select zip codes).

The Tier 1 network includes the following physician groups:

- Optum
- PeaceHealth
- Providence



Get to know your care options and costs

How much you pay for care can depend on where you go. Here's a look at some options and the approximate price you'll pay. You'll want to make your PCP your first stop whenever possible. For serious or life-threatening conditions, call 911 or go to an emergency room.

Care Options



PCP

Care from the doctor who knows you best



24/7 Virtual Visits

See a doctor whenever, wherever



Convenience Care

Basic conditions that are not life-threatening



Urgent Care

Serious conditions that are not life-threatening



Emergency Room

Life- and limb-threatening emergencies

	PCP	24/7 Virtual Visits	Convenience Care	Urgent Care	Emergency Room
Average Cost*	\$160	Less than \$50**	\$100	\$180	\$2,200
Hours	Varies by location	24/7	Varies by location	Varies by location — may be open nights/weekends	24/7
How to Connect	Contact your PCP	myuhc.com®/virtualvisits	myuhc.com	myuhc.com	myuhc.com

✓ indicates the suggested place for care when it comes to the following common conditions:

Condition	PCP	24/7 Virtual Visits	Convenience Care	Urgent Care	Emergency Room
Broken bone				✓	✓
Chest pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle strain	✓		✓		
Pink eye	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓		✓	✓	
Urinary tract infection	✓	✓	✓		

*Source: 2020 Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated \$2,020 difference between the average emergency room visit and the average urgent care visit.) The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

**The Designated 24/7 Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time. 24/7 Virtual Visits may not be available to all members. Check your health plan to determine if these services are available. If you have an HSA, effective Dec. 31, 2021, coverage will follow standard medical plan rules and you will pay the full cost for 24/7 Virtual Visits until your deductible is met.

Register on myuhc.com to see what services and providers are covered through your health plan.

Visit www.uhc.com/legal/required-state-notice to view important state-required notices.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Tier 1 providers may be subject to change, visit myuhc.com for the most current information or call the number on your health plan ID card. All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Refer to your health plan coverage documents for information regarding your specific benefits. Specific information about network and out-of-network facility-based physicians can be found at myuhc.com or by calling the toll-free member phone number that appears on your health plan ID card.

Evaluation of New Technologies: UnitedHealthcare's Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee is composed of Medical Directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare. The Committee meets monthly to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements for new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

If there is a difference between this communication and your plan documents, the terms of your plan documents will apply. Your health plan ID card is for identification only. Your provider will need to verify your eligibility for coverage. Please note that the following abbreviations may be used on your ID card: Office = Office Visit; PCP = Primary Care Provider; Spec = Specialty Care; UrgCare = Urgent Care; ER = Emergency Room; InPtHosp = Inpatient Hospital; Ded = Deductible; Coins = Coinsurance; OON = Out of Network; OOPM = Out of Pocket Max; Rx = Pharmacy; IND = Individual; FAM = Family; INN = In Network; OOPM - NoMax = No Out of Pocket Maximum. Your ID card may show a subset of these terms due to state and federal regulations.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русский (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नर्सिंलक उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

DÍI BAA' ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníiti'go, saad bee áka>anida>awo>ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shoódi ninaaltsoos nit'i'izi bee néehozinígíí bine'dęę t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodíilnih.



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