

2022 Annual Enrollment Guide





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Welcome to Your Whole Foods Market 2022 Benefits

At Whole Foods Market (WFM), we value the health and well-being of every Team Member and your family. That's why we're committed to offering comprehensive, customizable and cost-effective benefits. As we continue to evolve, so too will our benefits. But our commitment to providing choice and convenience is unwavering.

Just as our customers bring grocery lists to our stores, you too can plan ahead and shop smart. Think of this Benefits Guide as your benefits shopping partner. See your coverage options as aisles you can navigate. Then, start shopping for your 2022 benefits, using the Whole Foods Market Benefits Enrollment Portal at benefits.wholefoods.com as your cart.

Inside this guide, you'll find all the information you need to make your benefit elections, including:

- Details about the benefit options available to you in 2022
- Eligibility guidelines and information on how and when to enroll
- Additional programs and resources available to you to help manage your overall health, protect your finances and more

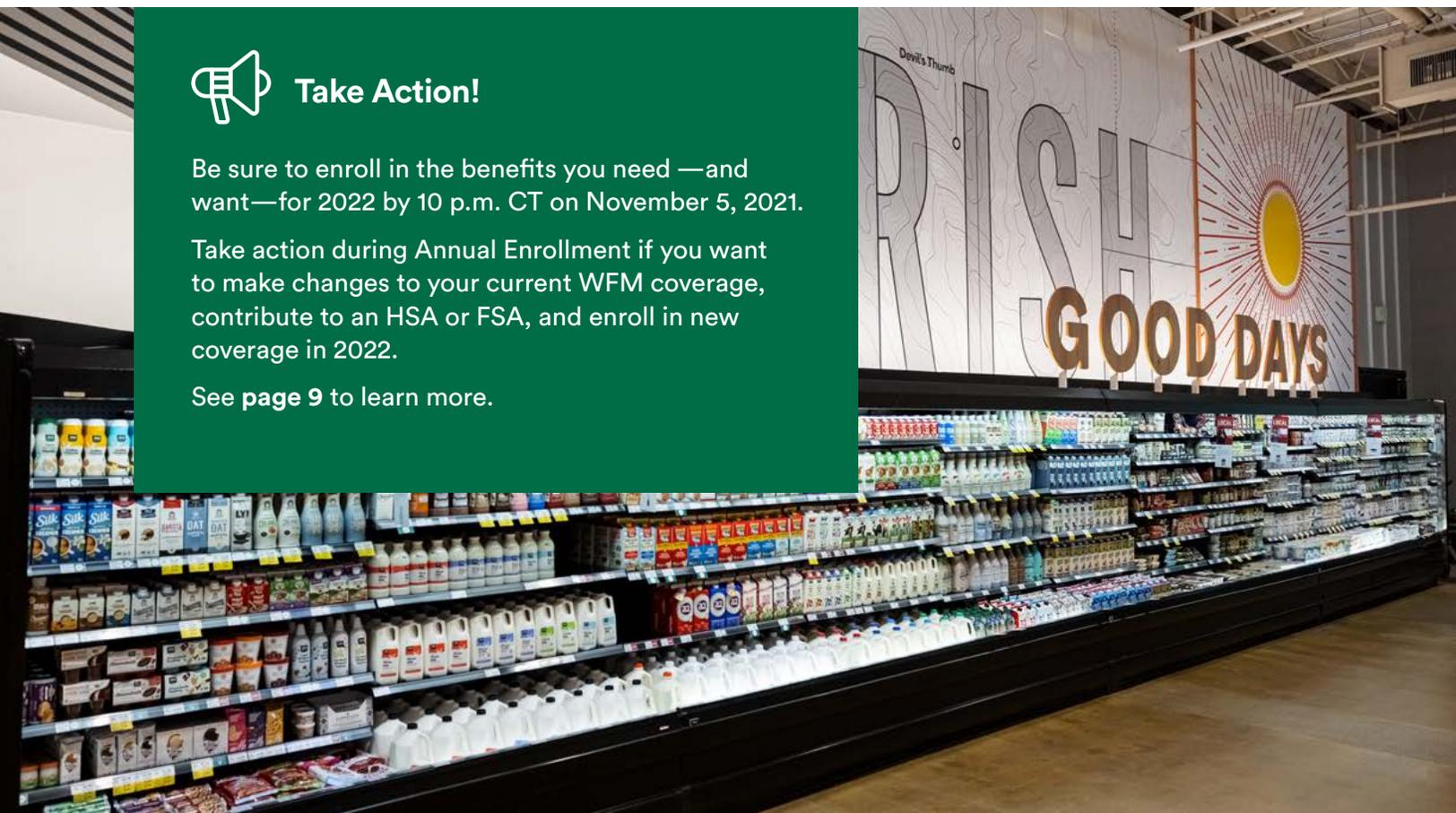


Take Action!

Be sure to enroll in the benefits you need —and want—for 2022 by 10 p.m. CT on November 5, 2021.

Take action during Annual Enrollment if you want to make changes to your current WFM coverage, contribute to an HSA or FSA, and enroll in new coverage in 2022.

See [page 9](#) to learn more.



What's New for 2022

At WFM, we're committed to providing you with comprehensive, affordable benefit options designed to support you in moments that matter. In 2022, you'll see several changes to our benefits that will allow us to do just that. Read on for information about benefit enhancements and other changes.

A New Enrollment Experience

In August, we launched a new way to access your Whole Foods Market benefits. Visit benefits.wholefoods.com (also accessible through Innerview), download the Empyrean Benefits app, or call the Whole Foods Market Benefits Service Center at **1-888-681-2249**, to enroll. Have a benefits question? The Whole Foods Market Benefits Service Center is available to help you, with extended business hours from 7 a.m. to 10 p.m. CT, Monday through Friday, to serve all shifts. See [page 9](#) for more details.

Medical and Prescription Drug Coverage

For 2022, WFM will continue to offer comprehensive medical coverage options to meet your and your family's needs. Turn to [page 11](#) to learn more.

Choice of Medical Plan Options in Select Areas

Depending on your home ZIP code, you may have two medical plan options to choose from:

- The **Consumer Driven Health Plan (CDHP)** through Blue Cross Blue Shield of Texas (BCBSTX) — available to all Team Members outside of Hawaii, now including Team Members based in Austin and Los Angeles
- The **Whole Health Plan** — a continued offering in Austin and Los Angeles — now also available to Team Members in the New York Metro area, Dallas-Forth Worth, Houston, Seattle, San Diego and Phoenix/Tucson

If you live in a location where both options are available, you will have a choice of medical plans when you enroll. Visit benefits.wholefoods.com beginning October 18 to see what options are available to you.

Hawaii Team Members continue to have the option to enroll in the **Hawaii PPO** through HMSA.



Health Care Funding Accounts

When you enroll in the CDHP or the Whole Health Plan, you have the option to choose a Health Care Funding Account: a Health Savings Account (HSA) or a Personal Wellness Account (PWA). See what's new with these accounts below and get more details starting on [page 24](#).

Increase to Health Savings Account (HSA) IRS Maximum

The HSA IRS maximum contribution limit is increasing for 2022. WFM's contribution counts toward this maximum.

Coverage Level	IRS Contribution Maximum	WFM's Contribution	Your Maximum Contribution
Team Member Only	\$3,650	\$1,300	\$2,350
Team Member Plus Dependents	\$7,300	\$1,800	\$5,500

If you are age 55 or reaching age 55 during the year, you can contribute an additional \$1,000 in catch-up contributions.

Note: It is your responsibility to ensure that you are eligible to contribute to the HSA and do not contribute more than the IRS annual maximum contribution amount. See [page 25](#) for HSA eligibility rules.

New Dependent Care Flexible Spending Account (FSA) Maximum for Highly Compensated Employees

If you are a Highly Compensated Employee (HCE), as that term is defined by the IRS in IRC Section 414(q), your Dependent Care FSA contribution will be capped at \$575 for 2022.



Planning to Choose the WFM CDHP or Whole Health Plan with HSA in 2022?

If you were enrolled in the WFM CDHP or Whole Health Plan and elected the PWA in 2021, but plan to choose the HSA in 2022, it's important to note that an HSA-Compatible PWA will automatically be opened for you to be used for eligible dental and vision expenses going forward. Any remaining balance in your 2021 PWA will be rolled into an HSA-Compatible PWA, and the funds will be available to you after January 7, 2022.

The deadline to file claims incurred prior to 2022 for PWA expenses is March 31, 2022. After this date, funds will be eligible for dental and vision expenses only.

Dental Coverage

For 2022, WFM is making enhancements to our High and Low dental plans. You'll also see new eligibility rules for the Dental Health Maintenance Organization (DHMO). Learn more about the plans on [page 26](#).

DHMO Available Based on Home ZIP Code

Depending on your home ZIP code, you may be eligible for the DHMO dental plan through Cigna. If you live in a location where the DHMO is available, you will have a choice of dental plans when you enroll. If you were previously eligible for the DHMO and are no longer eligible based on your home ZIP code, you will default into the Low Plan if you don't take action to choose a new dental plan. Visit benefits.wholefoods.com starting October 18 to see what options are available to you.

Preventive and Diagnostic Services Will Not Count toward Annual Maximums

Preventive and diagnostic services will no longer count toward the annual dental plan maximum in both the High and Low Plans.

Increased Annual Maximum

The annual maximums are increasing as follows:

- High Plan – increasing to \$1,500
- Low Plan – increasing to \$1,000

Income Protection Benefits

Learn about changes to your income protection benefits below and get the plan details starting on [page 29](#).

Spouse/Domestic Partner Life Insurance Based on Team Member Voluntary Life Coverage

When you elect Spouse/Domestic Partner Life Insurance, your spouse/domestic partner will receive coverage equal to 50% of your Voluntary Life Insurance coverage amount, up to a maximum of \$375,000. Spouses/domestic partners currently enrolled in this benefit will not be required to provide Evidence of Insurability (EOI) as a result of this change, even if the new coverage amount exceeds the current coverage amount of \$25,000.

2022 Contributions

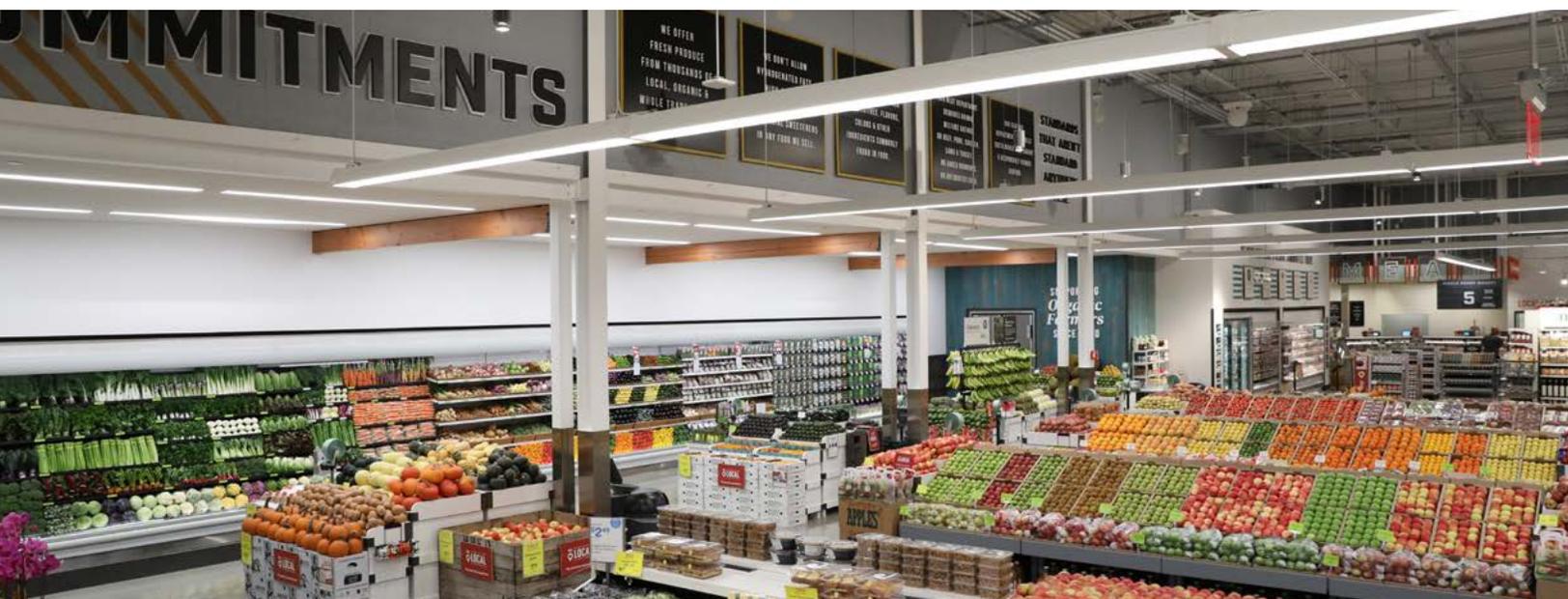
See below for information about your 2022 contribution rates. For all contribution rates, see [page 33](#).

No Changes to Medical, Dental, and Vision Plan Contributions

There will be no increase to your medical, dental and vision plan contributions in 2022.

New Contributions for Spouse/Domestic Partner Life Insurance

You will see new contribution rates for spouse/domestic partner Life Insurance based on the Team Member Voluntary Life Insurance amount you elect (spouse/domestic partner coverage is equal to 50% of the Team Member benefit).



Eligibility

When it comes to choosing your benefits, it's important to understand who's eligible so that you can make an informed decision about coverage. Eligibility rules vary based on where you live. Review the table below to learn more.

Benefit	You (Team Member)	Your Dependents
<p>Medical</p> 	<p>You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week or are in an ACA full-time stability period.</p> <p>Hawaii Team Members: You are eligible for coverage on the first of the month following four consecutive weeks of employment at WFM if you are classified to regularly work 20 or more hours per week or are in an ACA full-time stability period.</p>	<ul style="list-style-type: none"> ● Spouse ● Domestic partner ● Child(ren) (up to age 26). This includes: <ul style="list-style-type: none"> – Biological children – Adopted children – Stepchildren – Legal guardianship children – Disabled children (covered under WFM medical plan and disabled prior to age 26 and are dependent on you for support) – Domestic partner's children (if your domestic partner is covered)
<p>Dental and Vision</p> 	<p>You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week.</p> <p>Hawaii Team Members: You are eligible for coverage on the first of the month following four consecutive weeks of employment at WFM if you are classified as full-time.</p>	
<p>Health Savings Account (HSA)</p>  <p><i>Not available to Hawaii Team Members.</i></p>	<p>You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week or are in an ACA full-time stability period.</p> <p>You also must be enrolled in the WFM CDHP or Whole Health Plan in order to elect the HSA. See additional eligibility provisions on page 25.</p>	<p>You may use your HSA for your spouse or tax-eligible dependents (anyone that you can claim as your dependent on your tax return) only.</p> <p>Note: You may not use your HSA for your domestic partner or your domestic partner's children, unless they are tax dependents.</p>
<p>Personal Wellness Account (PWA)</p>  <p><i>Not available to Hawaii Team Members.</i></p>	<p>You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week or are in an ACA full-time stability period.</p> <p>You also must be enrolled in the WFM CDHP or Whole Health Plan in order to elect the PWA.</p>	<p>You may use your PWA for your spouse or tax-eligible dependents as long as they are enrolled in the WFM benefit plans.</p> <p>Note: You may not use your PWA for your domestic partner or your domestic partner's children, unless they are tax dependents.</p>

Benefit	You (Team Member)	Your Dependents
<p>Flexible Spending Accounts (FSAs)</p> 	<p>You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week.</p> <p>Hawaii Team Members: You are eligible for coverage on the first of the month following four consecutive weeks of employment at WFM if you are classified as full-time.</p>	<p>You may use your FSA for your spouse or tax-eligible dependents.</p>
<p>Life and Accidental Death & Dismemberment (AD&D) Insurance</p> 	<p>You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week.</p> <p>Hawaii Team Members: You are eligible for coverage on the first of the month following four consecutive weeks of employment at WFM if you are classified as full-time.</p>	<p>Your spouse/domestic partner and eligible children, if you elect the minimum coverage amount for yourself. See page 29 for details.</p>
<p>Disability</p> 	<p>You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week.</p> <p>Hawaii Team Members: You are eligible for coverage if you have worked at WFM for at least four consecutive weeks and are classified as full-time.</p>	<p>N/A</p>

Note for Hawaii Part-Time Team Members

Part-time Team Members scheduled to work 20 or more hours per week are eligible for WFM medical and prescription drug coverage, Home and Auto Insurance, Team Member Assistance Plan (TMAP), Healthy Discounts and Hawaii Statutory Temporary Disability Insurance (TDI).



Benefits Enrollment

Annual Enrollment is Monday, October 18 through Friday, November 5.

When to Enroll

It's important to know when you're able to elect or change your benefits so you can plan accordingly. In general, benefit elections made during Annual Enrollment are effective January 1 of the following year and remain in effect for the entire calendar year, unless you experience a qualified life event. See below for more information.

2022 Annual Enrollment

Annual Enrollment begins on **October 18 and ends at 10 p.m. CT on November 5**. If you do not take action during Annual Enrollment, you will not be able to change your benefits during the year unless you experience a qualified life event such as marriage, divorce or the birth/adoption of a dependent child.



If You Do Not Take Action During Annual Enrollment

If you currently have WFM coverage and do not elect your benefits during Annual Enrollment, you will receive the same coverages you have today at the 2022 contribution rates, except you will not be able to contribute to an FSA or an HSA (if you are enrolled in the CDHP or Whole Health Plan).

If you do not currently have WFM coverage and do not actively elect your benefits during Annual Enrollment, you will not have any coverage in 2022.

Making Changes During the Year

Once you elect benefits during Annual Enrollment, they will remain effective through the end of the calendar year, unless you have a qualified life event as defined by the IRS, such as:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement of a child for adoption
- Your spouse/domestic partner acquires or loses coverage through his/her employer
- Your child gains or loses eligibility for your coverage
- A change in your place of residence that causes a loss or gain of coverage

When you have a major life event that can affect your coverage, you have 31 calendar days from the event to make changes to your benefits that are consistent with the applicable life event.



Have a Benefits Question?

The Whole Foods Market Benefits Service Center is your dedicated resource for support related to your Whole Foods Market benefits. If you have questions about benefits eligibility, deductions, how to enroll or general benefit questions, experienced Service Center Representatives are available to help.

Call the Whole Foods Market Benefits Service Center at **888-681-2249**, 7 a.m. to 10 p.m. CT, Monday through Friday.

How to Enroll

You must enroll by 10 p.m. CT on Friday, November 5! There are three convenient ways:



1. On benefits.wholefoods.com, also accessible on Innerview with single sign-on.

Log on to benefits.wholefoods.com to enroll. To register for the first time, you will need to provide the following information to confirm your identity:

- First and last name
- Date of birth
- Social Security Number

Once you enter these details, you will be prompted to create a unique user ID and password, which you will use each time you visit the site.



2. By phone: 888-681-2249, Option 1.

When you call the Whole Foods Market Benefits Service Center, you'll be connected with an experienced Service Center Representative who can help you understand your benefit plans, answer any questions and help you enroll.

The Whole Foods Market Benefits Service Center is available at **888-681-2249**, with extended business hours from 7 a.m. to 10 p.m. CT, Monday through Friday, to serve all shifts.

When you call, your Service Center Representative will ask you to provide the following information to confirm your identity and ensure a personalized experience:

- First and last name
- Last four digits of your Social Security Number
- Address
- Date of birth

If an alternative language is needed, Spanish-speaking representatives are available to help. In addition, there is the option to request an interpreter for additional languages.



3. On the EmpyreanGo mobile app.

Once you register your account at benefits.wholefoods.com, you can download the EmpyreanGo app through the App Store or Google Play to enroll or access your benefits information from your mobile device. Simply log in with your unique user ID and password to get started.



Adding a Dependent?

If you are electing to cover dependents for the first time, you must verify their eligibility during the benefits enrollment process. Your newly added dependents will not be added to your coverage until the dependent eligibility verification process is complete. If you are not able to provide the required documentation within 15 days of the benefit enrollment process, please contact the Whole Foods Market Benefits Service Center to discuss your options.



Medical and Prescription Drug

WFM offers a variety of medical plans and carriers to meet the needs of our workforce:

- The **Consumer Driven Health Plan (CDHP)** through Blue Cross Blue Shield of Texas (BCBSTX) with a national network of providers (begins on [page 12](#))
- The **Whole Health Plan (WHP)**, available in select locations, with a Preferred Tier local network of providers through Employers Health Network (EHN)* and an Expanded Tier national network of providers through Aetna Signature Administrators (ASA) (begins on [page 17](#))
- The **Hawaii Preferred Provider Organization (PPO)** through HMSA for Team Members in Hawaii (see [page 23](#))

Eligibility for the medical plans is determined by your home ZIP code based on the address WFM has on file in Workday. When you enroll, you will only see the medical plan options you are eligible for in the benefits enrollment portal. You may have a choice of medical plan options depending on where you live.

* For New York Metro area residents, the Preferred Tier network is provided by Northwell Direct. Visit wfm.employershealthnetwork.com for details.

Find an In-Network Provider

You always save money on care by using in-network providers. You can find a provider by visiting the benefit provider's website and using the Provider Search feature. Or, call the Whole Foods Market Benefits Service Center at **888-681-2249**, from 7 a.m. to 10 p.m. CT, Monday through Friday, to speak to a Service Center Representative who can help you find a provider in your network.

Consumer Driven Health Plan (CDHP)

The CDHP provided through BCBSTX offers a national network of providers and is available to all Team Members (except those in Hawaii). When you enroll in the CDHP, you get to choose the type of Health Care Funding Account to be paired with it: a Health Savings Account (HSA) or a Personal Wellness Account (PWA). See [page 24](#) for more information about both accounts. Also, when you enroll in the CDHP you'll automatically receive prescription drug coverage administered by CVS Caremark.



The Network Advantage

With the CDHP through BCBSTX, you have the flexibility to see any provider you choose – even providers outside of the BCBSTX network. No referrals are required!

- **In-Network:** Access a national network of high-quality, vetted providers, clinics and hospitals through BCBSTX.
- **Out-of-Network:** The CDHP provides a benefit for services received from out-of-network providers. Remember, you generally pay less for in-network services.



Answer the Call: Enhanced Care Management Program

Is BCBSTX calling you? Answer the phone! It may be your Personal Health Coach.

As part of your WFM medical plan, you and your covered family members can receive personalized support for chronic or serious medical conditions through Enhanced Care Management. The program connects you with a Personal Health Coach who can help you better understand a diagnosis, manage a medical condition and gain a greater understanding of how the health care system works.



How the CDHP Pays for Benefits

Review the medical and prescription drug plan details in the table below.

Consumer Driven Health Plan (CDHP) with HSA or PWA		
Plan Feature	In-Network	Out-of-Network
HSA or PWA Funding	\$1,300 Individual \$1,800 Family (includes all other coverage tiers)	
Annual Deductible		
• Individual	\$3,750	\$7,500
• Family	\$5,250	\$10,500
Out-of-Pocket Maximum		
• Individual	\$6,650	\$13,300
• Family	\$13,300	\$26,200
You Pay		
Preventive Care	\$0 not subject to deductible	60% after deductible
Office Visits (PCP/Specialist)	25% after deductible	60% after deductible
Urgent Care Visits	25% after deductible	60% after deductible
Lab Services (X-ray, blood work)	25% after deductible	60% after deductible
Inpatient Hospital Services	25% after deductible	60% after deductible
Outpatient Hospital Services	25% after deductible	60% after deductible
Emergency Room Care	25% after deductible	25% after deductible



Prescription Drug

When you enroll in the CDHP, you automatically receive in-network prescription drug coverage through CVS Caremark. **Note that there is no coverage when seeking prescriptions from out-of-network pharmacies.** See the in-network benefits table below.

Type of Drug	Retail	Mail Order and CVS
	30-day supply	90-day supply
Preventive: Standard*	\$0, not subject to deductible	\$0, not subject to deductible
Preventive: Expanded	Cost-sharing percentages applicable as per below, not subject to deductible	Cost-sharing percentages applicable as per below, not subject to deductible
Generic	10% after deductible	10% after deductible
Brand Name Formulary	25% after deductible	25% after deductible
Non-Formulary	50% after deductible	50% after deductible
Specialty Drugs	50% after deductible	N/A

*If included on the ACA Drug List available at www.caremark.com/portal/asset/NoCost_Preventive_List.pdf.

Note: Certain preventive prescription drugs are available at the applicable coinsurance only, the deductible does not apply. See Innerview to review the preventive drug list.



Taking a Maintenance Medication? Try a 90-Day Supply

If you take a long-term or maintenance medication to treat an ongoing or chronic condition, you can receive up to a 90-day supply through the CVS Caremark mail order service or at a CVS pharmacy near you using the Maintenance Choice Program. Search 'CVS Caremark' on Innerview to learn more.



BCBSTX Care Programs and Resources

The CDHP plan through Blue Cross Blue Shield of Texas (BCBSTX) provides broad, national access to top doctors and hospitals wherever you might need care. In partnership with BCBSTX, the CDHP offers the following programs and resources designed to help you access quality, affordable care when you need it:



Your Primary Care Provider (PCP)

Your PCP is your partner in improving and maintaining your health and well-being. While you do not need a referral from your PCP to see a specialist, your PCP can help create a baseline of care and connect you with additional providers and resources. Remember, you pay nothing for in-network preventive care visits, like your annual physical, which offers a prime opportunity to get to know your PCP and create a pathway for a healthy future.



Enhanced Care Management Team

This highly specialized group of nurses and doctors can help you navigate the health care system, like accessing inpatient and outpatient care, receiving behavioral health treatment, getting specialized medication and more. When you call, you'll be connected with a dedicated nurse who will assist not only you, but your whole family.



Benefit Value Advisors (BVA)

The BVA is your dedicated point of contact to help you get the care you need at a lower cost. You can call the BVA to:

- Access information on different providers available to you, including centers of excellence (COEs) for specialized care
- Find cost comparisons on a range of services like imaging, back surgery and maternity care
- Connect you with your Enhanced Care Management Team
- And more!



Virtual Visits Powered by MDLive

MDLive connects you with a doctor or behavioral health provider anytime, by phone or video, for the treatment of:

- Routine illnesses like cold and flu
- Behavioral health needs
- Dermatology issues like rashes
- And more

MDLive sick visits cost less than an urgent care or ER visit, and you pay a flat fee for behavioral health visits based on the services you receive before you meet the deductible (see [page 16](#) for details).



Virtual Musculoskeletal Care through Airrosti

Airrosti provides convenient virtual diagnosis and treatment for musculoskeletal issues like back, neck, hip, knee and shoulder pain from specialized providers that focus on holistic musculoskeletal care. If your condition can't be resolved remotely, your provider will connect you with the appropriate in-person care.



Making the Most of the CDHP: Know Where to Go

When you need immediate medical care but your doctor isn't available, you have several alternatives to the emergency room that can provide quality care, save you time and cost less. See the table below for guidance.

Medical Care Options	Virtual Visits through BCBSTX (Powered by MDLive)	Urgent Care	Emergency Room
			
When You Might Use It	<ul style="list-style-type: none"> • Fever • Headache • Sinus infection • Sore throat • Cold & flu • Bronchitis • Urinary tract infection • Rashes 	<ul style="list-style-type: none"> • Sprains • Fractures • Stitches 	<ul style="list-style-type: none"> • Persistent pain • Trouble breathing • Dizziness
Your Cost for the Visit	<p>Before the deductible has been met:</p> <ul style="list-style-type: none"> • \$44 per sick visit • \$80 – \$175 per behavioral health visit <p>After the deductible has been met: 25%</p>	25% after deductible at an in-network facility	25% after deductible for a true emergency
Average Wait Time	 A few minutes	 About an hour	 A few hours
Access	24/7/365 by phone or video conference	Extended business hours	24/7



Do You Have a Primary Care Physician?

Having a primary care physician (PCP) is the first step in maintaining better health and saving on health care costs. Think of your PCP as your partner in creating a healthier you. Your PCP can make sure you get the age-appropriate preventive care you need and help you find a specialist if you need one.



The Whole Health Plan

The Whole Health Plan (WHP) is currently available to Team Members in Austin and Los Angeles and will be available to Team Members in the New York Metro, Dallas-Fort Worth, Houston, Seattle, San Diego and Phoenix/Tucson markets for 2022. Eligibility is based on home ZIP code. Consistent with the CDHP plan through BCBSTX, when you enroll in the WHP, you get to choose the type of Health Care Funding Account to pair with it: a Health Savings Account (HSA) or a Personal Wellness Account (PWA). See [page 24](#) for more information about both accounts. Also, when you enroll in the Whole Health Plan, you'll automatically receive in-network prescription drug coverage.

The Network Advantage

While many medical plans simply offer you the opportunity to choose between in- and out-of-network providers, the WHP has two in-network tiers, both with access to high-quality, vetted care providers. No referrals are required!

- **Preferred Tier:** Access a curated network of recognized local providers, clinics and hospitals that have partnered with us to offer services at an even greater benefit (see [page 19](#) for details) through Employers Health Network (EHN)*, administered by WebTPA.
- **Expanded Tier:** Access a national network of providers, clinics and hospitals through Aetna (Aetna Signature Administrators) to receive care at the standard benefit level (see [page 19](#) for details), administered by WebTPA.
- **Out-of-Network Tier:** The WHP provides a benefit for services received from out-of-network providers. Remember, you generally pay less for in-network services.

**For New York Metro area residents, the Preferred Tier network is provided by Northwell Direct. Visit wfm.employershealthnetwork.com for details.*



The Core of Care

With the WHP, you have easy access to the caring and nurturing relationships you want without losing the convenience of technology designed to simplify and facilitate services and care when you need it. From Health Resource Coordinators (HRCs) and Health Coaches who work closely as an integrated team with Preferred Providers, specialists and hospitals to align your health and wellness goals, to virtual urgent care, virtual behavioral health and virtual musculoskeletal support in your moment of need and everything in between, you are surrounded by a team of professionals committed to empowering you throughout your healthcare journey.

The WHP's focus on the Core of Care enables you to receive zero cost* primary care with local, brand-recognized health systems and **Amazon Care** virtual care when you elect the PWA. All members have free access to concierge-level service with an HRC. See [page 19](#) for more details.

Making the Most of the Whole Health Plan: Know Your Care Team

The WHP is designed around your Core of Care, a personal healthcare experience for the whole you. This team-based approach is built on two key relationships and three value pillars:

Relationships:

- Your relationship with your Primary Care Provider (PCP)
- Your relationship with your Health Resource Coordinator (HRC)

Value Pillars:

- **Care:** The WHP facilitates convenient access to care and available time for meaningful connections through intentional partnerships with local healthcare systems and provider partners while still valuing choice.
- **Cost:** The WHP enables you to minimize your healthcare expenses through a tiered network approach and multiple options for common care needs at little to no cost when you elect the PWA.*
- **Coordination:** The WHP provides free access to an HRC, your link and single point of contact between all healthcare touchpoints both internally (Team Member Services) and externally (plan administrators and providers) — from benefit plan details to doctor visits to WFM health coaching and more! Activate this relationship by calling **888-629-3186** or emailing whole.health.care.team@wholefoods.com.

For more information on health system partnerships in your area, please visit wfm.employershealthnetwork.com.

**If you elect the HSA, this care is subject to the Preferred Tier deductible.*

Core Partners:

• Virtual and In-Person Health Care Access through Amazon Care

Amazon Care offers live, virtual urgent, primary and family care services seven days a week, 365 days a year. Whole Health Plan members with PWA receive **zero-cost** virtual services; HSA members may be subject to deductible for some services. Chat with a Care Team clinician through **Care Chat**, Amazon Care's mobile chat service—**zero-cost** for all Whole Health Plan members. In-Person Care by a Mobile Care nurse at your home or work is also available in select markets*, with clinicians providing in-person follow-up care for labs, tests, and treatment! In-person care is free for PWA members; HSA members may be subject to deductible.

Visit www.amazon.care for more information or download the app at amazon.care/download to start a visit.

** For a list of participating home care markets, visit wfm.employershealthnetwork.com*

• Virtual Behavioral/Mental Healthcare through Spring Health

Mental health is an important part of your overall health. As a WHP member, you can easily access mental healthcare that is online, convenient, and always confidential. Activate your benefit today by visiting wfm.springhealth.com and downloading the mobile app.

• Virtual Musculoskeletal Care through Hinge

The WHP is partnering with Hinge Health to help you conquer back and joint pain, recover from injuries, prepare for surgery, and stay healthy and pain-free. Their programs pair wearable sensor-guided exercise therapy with a clinical care team including PTs, health coaches and physicians. Download the mobile app and visit www.hingehealth.com/wholefoods21 for more information.

How the Whole Health Plan Pays for Benefits

Review the medical plan details and how the plan covers benefits depending on which network provider you use in the table below. Keep in mind that if you choose the HSA, the deductible must be met before the plan begins to pay benefits for most services. With the PWA, the annual deductible will not apply to certain services (as shown below).

Plan Feature	Preferred Medical and Wellness Providers*	Whole Health Plan with HSA or PWA		
		In-Network		Out-of-Network
		Preferred Tier	Expanded Tier	
HSA or PWA Funding		\$1,300 Individual / \$1,800 Family		
Annual Deductible <ul style="list-style-type: none"> Individual Family 	\$0 (PWA only)	\$1,875 \$2,800 (HSA) / \$2,125 (PWA)	\$3,750 \$5,250	\$7,500 \$10,500
Out-of-Pocket Maximum <ul style="list-style-type: none"> Individual Family 	\$0 (PWA only)	\$3,325 \$6,650	\$6,650 \$13,300	\$13,300 \$26,200
You Pay				
Preventive Care	\$0, not subject to deductible	\$0, not subject to deductible	\$0 not subject to deductible	60% after deductible
Office Visits (PCP/Specialist)	PCP: \$0 (PWA only)** Specialist: N/A	25% after deductible	25% after deductible	60% after deductible
Urgent Care Visits***	25%**	25% after deductible	25% after deductible	60% after deductible
Lab Services (X-ray, blood work)	25%**	25% after deductible	25% after deductible	60% after deductible
Inpatient Hospital Services	N/A	25% after deductible	25% after deductible	60% after deductible
Outpatient Hospital Services	N/A	25% after deductible	25% after deductible	60% after deductible
Emergency Room Care	N/A	25% after deductible	25% after deductible	25% after deductible

*To learn more about preferred medical and wellness providers, including the Austin Medical and Wellness Center, visit wfm.employershealthnetwork.com.

**If you elect the HSA, this care is subject to the Preferred Tier deductible. If you elect the PWA, this care is not subject to the deductible.

***PWA members have access to virtual primary and urgent care through Amazon Care at no cost; HSA members may be subject to the deductible. Download the Amazon Care app through the App Store or Google play, or visit amazon.care for more details.

Prescription Drug

When you enroll in a Whole Health Plan, you automatically receive in-network prescription drug coverage through Southern Scripts. Expanded Benefits are available to Team Members who are established patients with WFM preferred medical and wellness providers, including the Austin Medical and Wellness Center. **Note that there is no coverage when seeking prescriptions from out-of-network pharmacies.** See the in-network benefits table below.

Type of Drug	Standard Benefit		Expanded Benefit*			
	30-Day Supply	90-Day Supply	30-Day Supply		90-Day Supply	
			HSA	PWA	HSA	PWA
Preventive: Standard**	\$0, not subject to deductible		\$0, not subject to deductible			
Preventive: Expanded	Cost-sharing percentages applicable as per below, not subject to deductible		\$0 for generics; \$25 max for preferred brand; non-preferred brand not included, not subject to deductible			
Generic	10% after deductible		10% with \$2 min and \$25 max, after deductible	10% with \$2 min and \$25 max, not subject to deductible	10% with \$6 min and \$75 max, after deductible	10% with \$6 min and \$75 max, not subject to deductible
Preferred Brand	25% after deductible		25% with \$50 max, after deductible	25% with \$50 max, after deductible	25% with \$150 max, after deductible	25% with \$150 max, after deductible
Non-Preferred Brand	50% after deductible		50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty Drugs	50% after deductible	N/A	50% after deductible	50% after deductible	N/A	

*Expanded benefit offered to established patients of the WFM preferred medical and wellness providers, including the Austin Medical and Wellness Center.

**If included on the ACA Drug List, available for view at wfm.employershealthnetwork.com.

Note: Certain preventive prescription drugs are available at the applicable coinsurance only, the deductible does not apply. Visit wfm.employershealthnetwork.com to review the preventive drug list.

Filling Your Prescription

You can either fill a 30-day prescription or a 90-day prescription. See the table below for what you need to know when filling your prescription.

Short-Term (30-Day or Less) Prescription
Visit www.southernscripts.net/network-pharmacy-locator.php to find a participating pharmacy. There is no coverage for prescriptions dispensed at out-of-network pharmacies.
Maintenance or Long-Term (90-Day) Prescription
Our mail order service is administered by Truepill and delivers your prescription directly to your home. To get started: <ul style="list-style-type: none"> • Visit truepill.com/e/home-delivery. • Enter Whole Foods as your employer, then click “Enroll Today” and follow the steps to complete your enrollment. • Questions? Contact Truepill at 833-860-1057.
Variable Copay Medications
Certain medications are eligible to be filled through the Variable Copay™ program at discounted costs. If you take an eligible Variable Copay™ medication, the Variable Copay™ pharmacy will contact you to begin enrollment. Once enrolled, your medication will be delivered to your door each month. Visit www.southernscripts.net/members-direct.php?groupnumber=WFM to see the complete list of eligible medications.

Making the Most of the Whole Health Plan

Whole Health is the personal, convenient and integrated health plan that enables team members to make better informed health and wellness decisions by partnering with committed, trusted providers and supportive, knowledgeable coordinators for a seamless, consistent and value-driven experience.

Medical Care Options	Preferred Primary Care Providers (PCPs)	Virtual & At-Home Visits* (Powered by Amazon Care)	Urgent Care	Emergency Room
When You Might Use It	<ul style="list-style-type: none"> Preventive care Common illnesses Chronic disease management Health coaching referrals 	Urgent and primary care including: <ul style="list-style-type: none"> Fever Headache Sinus infection Sore throat Cold & flu Bronchitis Urinary tract infection Rashes 	<ul style="list-style-type: none"> Sprains Fractures Stitches 	<ul style="list-style-type: none"> Persistent pain Trouble breathing Dizziness
Your Cost for the Visit	PWA members: \$0 HSA members: <ul style="list-style-type: none"> Preventive care: \$0 All other services: 25% after deductible 	<ul style="list-style-type: none"> Amazon Care Chat: \$0 (PWA & HSA) PWA Members: \$0 HSA Members: Prices vary based on care administered, 25% after the deductible has been met 	25% after deductible at an in-network facility	25% after deductible for a true emergency
Average Wait Time	Wait times may vary	🕒 A few minutes	🕒🕒 About an hour	🕒🕒🕒 A few hours
Access	Select a preferred PCP at wfm.employershealthnetwork.com	24/7/365 video conference, or online chat, with home visits available in <u>select markets*</u>	Extended business hours	24/7

*Virtual visits are available in all Whole Health Plan markets; at-home visits are available in select markets for 2022. Visit wfm.employershealthnetwork.com for a list of participating at-home visit markets.

Preferred PCPs

WFM Preferred PCPs are a curated network of primary care providers invested in your healthcare outcomes. Preferred Primary Care Providers work closely with HRCs and Health Coaches to align your health and wellness experience, and work with an integrated team of specialists and hospitals.

How the CDHP and Whole Health Plan Work

To help you understand how the CDHP and the Whole Health Plan (WHP) work, as well as the differences between them if you have the option to choose between both plans, review the information below.

Plan Feature	CDHP	WHP
Preventive Care	Preventive care like annual physicals and screenings are 100% covered when you use an in-network provider (subject to certain guidelines)	
Annual Deductible	<ul style="list-style-type: none"> You pay the full cost of covered services (including prescription drugs) until you reach the deductible If you enroll dependents: <ul style="list-style-type: none"> The plan will pay benefits for any family member who meets the individual deductible Once the family deductible is met, the plan begins to pay benefits for all family members. One family member or a combination of family members can satisfy the family deductible 	<ul style="list-style-type: none"> You pay the full cost of covered services (including prescription drugs) until you reach the deductible You pay no cost for services provided by Preferred Providers and Amazon Care when you elect the PWA* If you enroll dependents: <ul style="list-style-type: none"> Due to IRS HSA guidelines, the full family deductible must be met before the plan begins to pay benefits for any one person. One family member or a combination of family members can satisfy the family deductible The Whole Health Plan has two in-network tiers (details on page 19). When you use the Preferred Tier, the deductible is approximately half that of the Expanded Tier, which matches the CDHP deductible.
Coinsurance	Once you meet the annual deductible, you and the plan share in the cost of covered services: <ul style="list-style-type: none"> You pay 25% of the cost of in-network services The plan pays 75% of the cost of in-network services 	
Out-of-Pocket Maximum	<ul style="list-style-type: none"> After you reach the out-of-pocket maximum (OOP max), the plan pays 100% of in-network covered expenses for the remainder of the year If you enroll dependents: <ul style="list-style-type: none"> The plan will pay 100% for any family member who meets the individual OOP max Once the family OOP max is met, the plan begins to pay benefits for all family members. One family member or a combination of family members can satisfy the family OOP max 	<ul style="list-style-type: none"> After you reach the out-of-pocket maximum (OOP max), the plan pays 100% of in-network covered expenses for the remainder of the year If you enroll dependents: <ul style="list-style-type: none"> The plan will pay 100% for any family member who meets the individual OOP max Once the family OOP max is met, the plan begins to pay benefits for all family members. One family member or a combination of family members can satisfy the family OOP max The Whole Health Plan has two in-network tiers (details on page 19). When using the Preferred Tier, the OOP max is approximately half that of the Expanded Tier, which matches the CDHP OOP max
Funding Accounts	<ul style="list-style-type: none"> You have a choice between the HSA and PWA WFM contributes to your account (up to \$1,300 for individual/up to \$1,800 for family) Use the funds to pay for eligible health care expenses that are subject to the deductible, your coinsurance and other qualifying health care expenses 	

*If you elect the PWA, this care is not subject to the deductible. If you elect the HSA, this care may be subject to the Preferred Tier deductible.

The HMSA PPO (for Hawaii Team Members only)

The HMSA PPO plan is a Preferred Provider Organization (PPO) plan, which means that you have the flexibility to choose the providers you receive care from. However, you will have lower out-of-pocket costs if you seek care from HMSA Participating Providers. The HMSA PPO plan is available to Team Members living in Hawaii only.

How the HMSA PPO Plan Pays for Benefits

Review the medical and prescription drug plan details in the table below.

HMSA Preferred Provider Organization (PPO)		
Plan Feature	Participating Provider	Non-Participating Provider
Annual Deductible*		
<ul style="list-style-type: none"> Individual Family 		\$100 \$300
Out-of-Pocket Maximum		
<ul style="list-style-type: none"> Individual Family 		\$2,500 \$7,500
You Pay		
Preventive Care	0% (no charge)	30% after deductible
Office Visits (PCP/Specialist)	10%	30% after deductible
Urgent Care Visits	10%	30% after deductible
Inpatient Lab Services (X-ray, blood work)	10%	30% after deductible
Inpatient Hospital Services	10%	30% after deductible
Outpatient Lab Services (X-ray, blood work)	20%	30% after deductible
Outpatient Hospital Services	10%	30% after deductible
Emergency Room Care	20%	20%
Prescription Drugs – Retail (Per 30-day supply)	There is a maximum annual copay per person/per family of \$3,600/\$4,200	
<ul style="list-style-type: none"> Generic Brand Name Formulary Non-Formulary Specialty 	\$5 copay \$20 copay \$20 copay \$100 copay	20% after \$5 copay 20% after \$20 copay 20% after \$20 copay 100%
Prescription Drugs – Mail Order (Per 84 – 90-day supply)		
<ul style="list-style-type: none"> Generic Brand Name Formulary Non-Formulary 	\$10 copay \$45 copay \$45 copay	Not covered

*If you use a non-participating provider, you will be responsible for the \$100 deductible and the difference between the actual charge and the eligible charge. Once the deductible is met, you will be responsible for the non-participating copay and the difference between the actual charge and the eligible charge.

Participating vs. Non-Participating Providers

Using a participating provider can help you get the most out of your benefits. Participating Providers include the following: HMSA, BlueCard PPO Provider, BlueCard Participating Provider, Contracting Provider. To find a provider, visit www.hmsa.com or call 948-6111 (Oahu) or 800-776-4672 (toll-free on the Neighbor Islands or Mainland).

Health Care Funding Accounts

When you enroll in the CDHP or Whole Health Plan, you have the choice of two Health Care Funding Accounts to pair with your medical coverage. Each account is company-funded and can help you pay for health care expenses for yourself and your eligible dependents.

Here is an overview of how each account works so you can decide which type of account will best meet your needs.

	Health Savings Account (HSA)*	Personal Wellness Account (PWA)
Who owns it?	Team Member	WFM
Will WFM contribute? 	Yes, WFM will contribute: \$1,300 if you enroll in individual coverage \$1,800 if you enroll in family coverage (One half deposited with the first payroll in January; the balance deposited with the first payroll of July; you must be actively employed at the time the deposit is made.)	
Can I contribute? 	Yes, you can contribute pre-tax up to the annual IRS maximum (\$3,650 for individual coverage and \$7,300 for all other coverage levels) less WFM's contribution. If you are age 55 or reaching age 55 during the year, you can contribute an additional \$1,000 in catch-up contributions.	No
Do dependent expenses qualify? 	Yes, if your dependent is a spouse or a tax-eligible dependent under age 26 (anyone who you can claim as your dependent on your tax return). Note: Domestic Partners are not eligible unless they qualify as a tax dependent.	Yes, if your dependent is a spouse or a tax-eligible dependent under age 26 (anyone who you can claim as your dependent on your tax return) and is enrolled in the WFM medical plan. Note: Domestic Partners are not eligible unless they qualify as a tax dependent.
Do unused funds roll over? 	Yes, and they are yours to keep, even if you leave WFM or retire.	Yes, as long as you re-enroll in a PWA-eligible medical plan the following year.

*Per the USA Patriot Act, your personal information used to establish your HSA account must pass the Customer Identification Program (CIP). You will be notified if your information does not pass CIP and be given instructions for rectifying the CIP issue.

A Closer Look at the HSA

Here's how a Health Savings Account (HSA) works.

<p>Start it.</p> 	<p>Grow it.</p> 	<p>Use it.</p> 	<p>Keep it.</p> 
<p>If you enroll in medical coverage through WFM and choose the HSA as your Health Care Funding Account, you will need to consent to the HSA terms and conditions when you enroll at benefits.wholefoods.com.</p> <p>You will receive a debit card in the mail.</p>	<p>You can make pre-tax contributions (up to IRS limits) and can start, stop or change your contributions at any time.</p> <p>WFM contributes, too: \$1,300 if you enroll in individual coverage and \$1,800 if you enroll in family coverage.</p>	<p>Use your HSA funds to pay for eligible medical, dental and vision expenses for yourself and your eligible dependents.</p> <p>Withdrawals for qualified health care expenses are tax-free.</p>	<p>There is no “use it or lose it” rule – you can carry over your HSA funds year over year for future health care expenses.</p> <p>You can even take it with you if you leave or retire from WFM.</p>

HSA Eligibility Rules

To enroll in the HSA, you must be enrolled in the CDHP with HSA or the Whole Health Plan with HSA. In addition:

- You can't have other health coverage unless it is a qualified high deductible health plan.
- You or your spouse can't have a general purpose Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) in the same year.
- If you are enrolled in Medicare, you are not eligible to contribute to the HSA.
- You can't be enrolled in TRICARE, or have received Veterans Administration (VA) health benefits in the previous three months.
- You can't be claimed as a dependent by someone else.



Dental

You have three dental plan options all provided by Cigna Dental: The Dental Health Maintenance Organization (DHMO) Plan, the Low Plan and the High Plan.

Note: You are eligible for the DHMO if there is a DHMO provider within 10 miles of your home ZIP code. When you enroll, you will only see the dental plan options you are eligible for in the benefits enrollment portal.

Plan Feature	DHMO	Low Plan	High Plan
	In-Network Only	In- and Out-of-Network	
Annual Deductible (Does not apply to preventive and diagnostic services)	None	\$50 per person	\$50 individual \$150 family
Preventive and Diagnostic (Exams, cleanings, X-rays, space maintainers, fluoride*, sealants*)	You pay \$0 (100% covered)	You pay \$0 (100% covered)	You pay \$0 (100% covered)
Basic Restorative (Fillings, extractions, root canals and pulp therapy, treatment of gum and mouth tissue disease)	Copays vary by procedure (\$12 – \$460)	You pay 20% after deductible	You pay 20% after deductible
Major Restorative (Inlays, crowns, fixed/removable bridges, full or partial dentures)	Copays vary by procedure (\$335 – \$875)	You pay 50% after deductible	You pay 50% after deductible
Orthodontia	24-month treatment fees**: Children to age 19: \$2,184 Adults: \$2,904	Not covered	You pay 50% after deductible Lifetime Orthodontia Maximum: \$1,200
Annual Maximum (Does not apply to preventive and diagnostic services)	None	\$1,000 per person	\$1,500 per person

*Fluoride is limited to members who are less than 19 years old, and sealants are limited to members who are less than 14 years old.

**Cases beyond 24 months require additional payments.

Find a Cigna Provider

Using a Cigna network provider will help you save money no matter what dental plan you're in.

- **If you elect the Cigna DHMO:** You only receive benefits when you use a Cigna DHMO network provider.
- **If you elect the Low Plan or High Plan:** You can visit a provider outside the Cigna network, but you'll receive a greater benefit if you stay in-network.

Visit www.cigna.com to locate a provider today.

Vision

WFM offers the option to elect vision coverage through Vision Service Plan (VSP), which helps cover the cost of regular eye exams and other vision care expenses.

Plan Feature	In-Network	Out-of-Network
Exam (Once every calendar year)	\$10 copay	Plan pays up to \$45
Materials Copay (Applies to lenses and frames)	\$10 copay	\$10 copay
Lenses* (Once every calendar year) <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal 	\$0 copay	<ul style="list-style-type: none"> • Plan pays up to \$30 • Plan pays up to \$50 • Plan pays up to \$65
Lens Enhancements <ul style="list-style-type: none"> • UV lens coating • Tints/Photochromic adaptive lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses 	\$0 copay \$0 copay \$0 copay \$95 – \$105 copay \$150 – \$175 copay	<ul style="list-style-type: none"> • Not covered • Plan pays up to \$5 • Plan pays up to \$50 • Plan pays up to \$50 • Plan pays up to \$50
Frames (Once every calendar year) <ul style="list-style-type: none"> • Retail allowance • Discount over allowance 	\$200 allowance 20% off amount over allowance	Plan pays up to \$70
Contact Lenses* <ul style="list-style-type: none"> • Lenses • Exam 	\$200 allowance Up to \$60 copay	Plan pays up to \$105

**The vision plan covers either lenses with frames or contact lenses in one calendar year, but not both. If you choose to switch to eyeglasses or contacts, they are covered during the next calendar year.*

Enjoy Additional Discounts and Savings

As a vision plan participant, you can enjoy additional discounts and savings on glasses and prescription sunglasses, contact lenses and even laser vision correction, including:

- 20% off additional glasses, including prescription sunglasses from any VSP provider within 12 months of your last vision exam.
- 15% off the cost of a contact lens exam (fitting and evaluation).
- Average 15% off the regular price or 5% off the promotional price of laser vision correction.



Flexible Spending Accounts

You can choose to contribute to a Flexible Spending Account (FSA) for additional tax savings and to help pay for eligible health care and dependent care expenses.

Understanding the Accounts

Review the table below to understand your FSA options and determine which account(s) are best for you.

Frequently Asked Questions	Health Care FSA	HSA-Compatible FSA	Dependent Care FSA
Which medical plan must I enroll in to participate?	BCBSTX CDHP with PWA, Whole Health Plan with PWA, HMSA PPO, or waive coverage	BCBSTX CDHP with HSA or Whole Health Plan with HSA	All benefits-eligible Team Members are eligible, regardless of medical plan enrollment
Who owns the account?	Whole Foods Market		
Will WFM contribute?	No		
How much can I contribute?*	\$2,750**	\$2,750**	\$5,000***
When will the funds be available?	Your full contribution is available immediately	Your full contribution is available immediately	As they are deducted from your paycheck
What can I use the funds for?	Medical, prescription, dental, vision and other eligible services	Funds can be used for dental and vision expenses only	Qualified childcare and elder care expenses that allow you (and your spouse, if married) to work
How do I use/access the funds?	Use your debit card or pay with personal funds and request reimbursement		
When do claims have to be filed?	March 31, 2023 is the deadline to submit claims for eligible expenses incurred during 2022 (if your employment ends before year end, claims must be submitted within 90 days of your termination date)		
Do funds roll over?	No†		

* For Highly Compensated Employees (HCEs), as that term is defined by the IRS in IRC Section 414(a), your Dependent Care FSA contribution will be capped at \$575 for 2022.

** If you elect \$2,750 and the IRS increases the 2022 annual maximum after Annual Enrollment, your contribution will automatically be increased to the new IRS annual maximum prior to the first pay period of 2022.

*** If you are married and your spouse files taxes separately, your contribution is limited to \$2,500. Your total household contribution cannot exceed the IRS annual limit or the income of you or your spouse, whichever is lower. Consult a tax advisor for details.

† Funds that remain in the account at the end of the year are forfeited according to IRS rules.



Manage Your Account Online

At www.wexinc.com, you can check your FSA, HSA or PWA balance, request a reimbursement, or update your profile and preferences.

Income Protection Benefits

We know life doesn't always go as expected, which is why we're providing you with access to a variety of additional benefits designed to protect you and your family from the financial impact of unforeseen circumstances.

Life and Accidental Death and Dismemberment (AD&D)

Administered by Unum, Life and AD&D insurance benefits offer financial protection for you and your family in the event of your death or injury due to an accident. You may choose to elect Voluntary Life Insurance coverage for yourself that is equal to an increment of your annual earnings up to a maximum amount of \$750,000. When you elect at least 1x your annual earnings of Team Member Voluntary Life Insurance, you will automatically receive Team Member Basic Life Insurance and Basic AD&D Insurance equal to 1x your annual earnings up to a maximum of \$300,000 at no additional cost to you.

Voluntary Life Insurance coverage, including for Team Members, spouses/domestic partners, and children, is fully Team Member paid. Team Member contributions are deducted on a pre-tax basis from your paycheck. See the table below for your coverage options.

Coverage Summary	Coverage Amount
Company-Paid Team Member Basic Life Insurance	1x your annual earnings (up to a maximum of \$300,000) when Team Member Voluntary Life Insurance is elected.
Team Member Voluntary Life Insurance	1x, 2x, 3x, 4x or 5x your annual earnings (up to a maximum of \$750,000.) Amounts greater than \$500,000 require Evidence of Insurability (EOI). Note: The benefit amount reduces to 65% at age 65 and reduces to 50% at age 70.
Spouse/Domestic Partner (DP) Life Insurance*	50% of Team Member Voluntary Life Insurance coverage amount. (Benefit amount is subject to age reductions based on the Team Member's age. The benefit amount will reduce to 65% at age 65 and to 50% at age 70. Team Members age 65 and older are not eligible to enroll their spouse/domestic partner in new coverage.)
Child(ren) and DP Child(ren) Life Insurance*	\$10,000 (Children are eligible for coverage up to age 26.)
AD&D Insurance Team Members who enroll in Voluntary Life Insurance automatically receive AD&D coverage at no additional cost. The AD&D coverage is equal to the combined coverage amount of the Team Member Basic Life Insurance and Team Member Voluntary Life Insurance. AD&D Insurance pays benefits in the event of death and/or certain accidents. This coverage provides a benefit equal to 25%–100% of your combined Life Insurance benefit, depending on the type of loss.	

* You must purchase Team Member coverage to elect this coverage. You must elect a Team Member only coverage amount of at least \$10,000 in order to elect child/domestic partner child Life Insurance. Spouse/domestic partner coverage may also be subject to EOI.

Making Changes During Annual Enrollment

During Annual Enrollment, you can increase your Team Member Voluntary Life Insurance by one increment of annual earnings without providing EOI. If you are electing coverage for the first time or wish to increase your Team Member Voluntary Life Insurance by more than one increment of annual earnings, EOI is required. For example, you can increase coverage from 2x to 3x without EOI but an increase from 2x to 4x would require EOI. Note: Any election exceeding \$500,000 requires EOI.

Disability Insurance

Disability insurance helps you meet your financial needs if you become unable to work for an extended period of time. Short-Term Disability (STD) is offered through Sedgwick, and Long-Term Disability (LTD) is offered through Unum. If you elect STD and/or LTD, Whole Foods Market pays 50% of the cost and you pay the remaining half, which is deducted on a pre-tax basis from your paycheck.

Team Members in California, New York, New Jersey or Rhode Island should contact their TMS representative to assess the coverage already provided by state-mandated disability plans.

Hawaii Team Members: The voluntary STD is in addition to the Hawaii Statutory Temporary Disability Insurance you may be eligible to receive, as outlined at the bottom of this page.

A Closer Look at the Disability Coverage Options Available to You

Coverage Summary	STD*	LTD
What It Is	Provides income protection benefits if you are unable to perform the material and substantial duties of your regular occupation due to your sickness or injury and have a 20% or more loss in weekly earnings due to the same sickness or injury.	Provides income protection benefits if you are unable to perform the material and substantial duties of your regular occupation due to your sickness or injury for a period of at least 180 days and have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.
When Benefits Begin	On the 8 th day of your disability	On the 180 th day of your disability
Benefit Duration	Benefits are paid out for up to 25 weeks for any single disability, depending on your diagnosis and condition. <i>In most cases, healthy pregnancies will receive benefits for six weeks (eight weeks for a Cesarean delivery).</i>	As long as you are disabled and unable to work, disability payments will continue until you reach the maximum period of payment. The maximum period of payment is determined by your age at the time of your disability and whether your disability is the result of a pre-existing condition. For most disabilities, the maximum period of payment will be until age 65.
Payments and Maximums**	60% of your base weekly earnings, up to a maximum of \$1,500 per week	60% of your salary, up to a maximum of \$10,000 per month

* STD benefits will not be paid for any disability resulting from any illness, injury or pregnancy that occurred before you were covered under WFM's STD Plan.

** Earnings and salary do not include overtime, bonuses, or any special compensation. Benefit payments are reduced by the amount of disability benefits you receive under any state disability law and other sources of compensation.

Hawaii Statutory Temporary Disability Insurance (TDI)

Employers are required to cover employees who work 20 hours per week for 14 consecutive weeks (does not need to be consistent nor with only one employer). While TDI is similar to STD, coverage begins with a seven calendar day waiting period after the onset of disability; benefits begin on the eighth day for up to 26 weeks of benefits; the benefit is equal to 58% of average weekly wage up to a maximum weekly benefit set annually by the Hawaii DOL (\$640 in 2022).

Voluntary Benefits

WFM offers additional voluntary benefits to help you protect your income and give you peace of mind.

Choice Auto and Home Program

The Choice Auto and Home Program provides access to special discounts on insurance policies for auto, home, boat, RV and rentals. A variety of payment options are available, including payroll deductions. Learn more on Innerview.

Call **855-296-2397** to be connected with a Choice Auto and Home representative to talk about a new policy or to switch your existing policy to a discounted policy (even if not up for renewal).

Accident and Critical Illness Insurance

We know life doesn't always go as expected, which is why we're providing you with access to a variety of additional benefits designed to protect you and your family from the financial impact of a qualifying injury or critical illness. Remember, these options are a separate election from your medical plan election.

	Accident Insurance (Low and High Plans)	Critical Illness Insurance
What It Is	Helps offset out-of-pocket expenses for qualifying accidents or injuries	Helps cover out-of-pocket costs related to a qualifying medical condition
What It Covers	<ul style="list-style-type: none"> ● Hospitalization ● Fractures ● Dislocations ● Surgical procedures ● Physical therapy ● Ambulance ● And more 	<ul style="list-style-type: none"> ● COVID-19 ● Some cancers ● Heart attack ● Stroke ● Paralysis ● Coma ● Kidney failure ● Major organ transplant ● And more
Benefit Amount	Varies depending upon the accident and plan election (Low or High)	<p>You have a choice of a \$10,000 benefit or a \$20,000 benefit</p> <p>Your spouse and child(ren) may receive 50% of your benefit</p> <p>You will receive a \$50 payment when you complete a wellness screening</p>
How It Works	Lump-sum payment directly to you; you get to decide how to spend the benefit.	Lump-sum payment directly to you; you get to decide how to spend the benefit. Guidelines dictate benefit payment for each illness and circumstances under which it's paid.

Additional Benefits

WFM offers Team Members a variety of additional resources and benefits to help support and encourage the overall well-being of you and your family.

Paid Parental Leave

Welcoming a new child is an exciting and important time in any parent's life. WFM provides eligible Team Members with **six weeks of fully paid parental leave**, so you can focus on spending time with your new birth or adopted child.

To be eligible for parental leave, you must have completed 4,000 actual service hours with WFM at the time of the birth or adoption. Birth and non-birth parents, including adopting parents, are eligible for WFM paid parental leave following the date you become a new parent through a birth or adoption. Paid parental leave may be used to bond with birth or adopted children. You must take paid parental leave within 12 months of the birth or placement of a child.

Paid parental leave is coordinated with FMLA, WFM Short-Term Disability if elected, and any state-mandated income replacement, parental leave, and/or medical leave. For more information, contact Sedgwick at **844-465-6240**.

Team Member Assistance Plan

Team Members and their family members often face challenging daily demands, including issues at work, with family, finances and more. The confidential Team Member Assistance Plan (TMAP), provided through New Directions, can help you achieve a better work-life balance with free, unlimited phone consultations and up to seven short-term, face-to-face sessions per concern. TMAP is available 24/7 at eap.ndbh.com (company code: WFM) or by calling **877-273-2715**.

Tobacco Cessation Program

WFM is committed to helping you live healthy, so if you want to quit tobacco, we want to support your journey. Our tobacco cessation program helps participants gain the knowledge, skills and behavior strategies to quit. Information about the program can be found on Innerview.

Healthy Retreats (formerly Total Health Immersions)

Ready to achieve and sustain a long-term healthy lifestyle? Participate in a Healthy Retreats program to get the knowledge, tools and support you need. Two programs are available throughout the year and include a variety of unique and intensive health and wellness experiences to choose from, presented by expert doctors known in their field for cutting-edge preventive medicine. WFM may cover certain transportation and program costs for Team Members and their eligible spouses/domestic partners. PTO or unpaid time off is required to attend. Regular, full-time Team Members who have completed one year of service and have not had a corrective action within the previous six months are eligible to participate. Learn more by visiting Innerview.

Healthy Discounts

Increase your store discount to as much as 30% by meeting a series of biometric criteria, including blood pressure, body mass index (BMI/waist-to-height ratio) and cholesterol level. Four levels of increased discounts are available to encourage you to be more aware of your health. All Team Members are eligible for Healthy Discounts after 800 service hours. After completing 4,000 service hours, WFM pays the cost of one biometric screening every two years. Learn more on Innerview.

Contribution Rates

WFM contributes to the cost of your medical/prescription drug coverage, Short-Term Disability coverage and Long-Term Disability coverage. Any other benefits you elect are fully paid for by you.

On the following pages are the biweekly Team Member contribution rates for 2022 benefits.

Medical and Prescription Drug Coverage for the CDHP and Whole Health Plan (Non-Tobacco User)				
Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
< 4,000	\$25.00	\$170.00	\$146.00	\$255.00
4,000 – 19,999	\$25.00	\$88.00	\$76.00	\$132.00
20,000 – 39,999	\$0.00	\$35.00	\$30.00	\$53.00
40,000+	\$0.00	\$0.00	\$0.00	\$0.00

Tobacco User Surcharge

Have you used tobacco or tobacco products, including cigarettes, pipes, cigars, chewing tobacco, snuff, e-cigarettes or any other type of smoking or smokeless tobacco, in the last six months? If so, you will pay a \$20 per-paycheck tobacco surcharge **in addition to your medical plan contributions**.

Medical and Prescription Drug Coverage for the CDHP and Whole Health Plan (Tobacco User)				
Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
< 4,000	\$45.00	\$190.00	\$166.00	\$275.00
4,000 – 19,999	\$45.00	\$108.00	\$96.00	\$152.00
20,000 – 39,999	\$20.00	\$55.00	\$50.00	\$73.00
40,000+	\$20.00	\$20.00	\$20.00	\$20.00

WFM is committed to helping you live healthy, so if you want to quit tobacco, we want to support your journey. Our tobacco cessation program helps participants gain the knowledge, skills and behavior strategies to quit. When you complete the tobacco cessation program by **March 31, 2022**, you will receive a refund for the tobacco user surcharge you paid on your medical premiums during January, February, and March.

If you complete the tobacco cessation program on or after **April 1, 2022**, you will begin paying nontobacco user contribution rates on the first of the following month; however, you will not receive a refund for any previous surcharge payments. Information about the program can be found on Innerview.

Medical and Prescription Drug Contributions for the HMSA PPO				
Service Hours	TM Only	TM + Spouse	TM + Children	TM + Family
< 4,000	\$9.00	\$225.00	\$187.00	\$313.00
4,000 – 19,999	\$9.00	\$112.00	\$93.00	\$156.00
20,000 – 39,999	\$9.00	\$45.00	\$37.00	\$62.00
40,000+	\$0.00	\$0.00	\$0.00	\$0.00

Dental Coverage				
	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
DHMO	\$10.85	\$19.89	\$21.03	\$32.50
Low Plan	\$8.74	\$15.05	\$14.58	\$22.78
High Plan	\$17.11	\$34.26	\$30.83	\$48.02

Vision Coverage				
	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
Vision Plan	\$3.03	\$5.03	\$5.14	\$8.57

Voluntary Life and AD&D Insurance				
Team Member Age	Team Member		Spouse/Domestic Partner	
	Per \$1,000 of coverage Choice of 1x, 2x, 3x, 4x or 5x annual earnings rounded to the next higher \$1,000 (up to a maximum amount of \$750,000)		Per \$1,000 of coverage Coverage is 50% Team Member benefit	
	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User
<25	0.017	0.018	0.007	0.009
25-29	0.017	0.019	0.008	0.010
30-34	0.020	0.023	0.011	0.013
35-39	0.026	0.030	0.017	0.021
40-44	0.034	0.043	0.024	0.034
45-49	0.048	0.062	0.038	0.053
50-54	0.065	0.091	0.055	0.082
55-59	0.090	0.116	0.080	0.107
60-64	0.114	0.143	0.105	0.134
65-69	0.159	0.195	0.150	0.186
70-74	0.293	0.357	0.284	0.348
75+	0.887	1.059	0.877	1.050
\$10,000 Child(ren)/ Domestic Partner's Child(ren) Life Insurance	0.630	0.630	N/A	

*You must purchase Team Member coverage in order to elect this coverage. You must elect a Team Member only coverage amount of \$10,000 in order to elect child/domestic partner child Life Insurance. Spouse/domestic partner coverage may also be subject to Evidence of Insurability.

Short-Term Disability and Long-Term Disability Insurance	
	Team Member Coverage Only
STD	\$0.122 per \$10 covered weekly benefit
LTD Non-Tobacco User	\$0.1096 per \$100 covered monthly payroll
LTD Tobacco User	\$0.1216 per \$100 covered monthly payroll

Critical Illness Insurance: \$10,000 Benefit (Non-Tobacco User)				
Team Member Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$1.15	\$2.08	\$2.22	\$3.09
25 – 29	\$1.25	\$2.17	\$2.26	\$3.18
30 – 34	\$1.62	\$2.72	\$2.68	\$3.78
35 – 39	\$2.26	\$3.65	\$3.28	\$4.71
40 – 44	\$3.32	\$5.22	\$4.34	\$6.23
45 – 49	\$4.94	\$7.57	\$5.95	\$8.58
50 – 54	\$7.15	\$10.80	\$8.22	\$11.86
55 – 59	\$10.11	\$15.05	\$11.17	\$16.06
60 – 64	\$14.54	\$21.42	\$15.60	\$22.48
65 – 69	\$21.97	\$32.12	\$22.98	\$33.14
70+	\$32.77	\$47.95	\$33.78	\$49.02

Critical Illness Insurance: \$10,000 Benefit (Tobacco User)				
Team Member Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$1.48	\$2.54	\$2.49	\$3.55
25 – 29	\$1.57	\$2.68	\$2.63	\$3.69
30 – 34	\$2.26	\$3.69	\$3.28	\$4.71
35 – 39	\$3.32	\$5.26	\$4.38	\$6.28
40 – 44	\$5.17	\$7.94	\$6.18	\$8.95
45 – 49	\$7.98	\$12.05	\$9.05	\$13.11
50 – 54	\$12.00	\$17.82	\$13.02	\$18.88
55 – 59	\$17.22	\$25.34	\$18.23	\$26.40
60 – 64	\$25.11	\$36.74	\$26.12	\$37.75
65 – 69	\$38.40	\$55.89	\$39.46	\$56.95
70+	\$57.78	\$84.37	\$58.85	\$85.38

Critical Illness Insurance: \$20,000 Benefit (Non-Tobacco User)				
Team Member Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$2.31	\$4.15	\$4.43	\$6.18
25 – 29	\$2.49	\$4.34	\$4.52	\$6.37
30 – 34	\$3.23	\$5.45	\$5.35	\$7.57
35 – 39	\$4.52	\$7.29	\$6.55	\$9.42
40 – 44	\$6.65	\$10.43	\$8.68	\$12.46
45 – 49	\$9.88	\$15.14	\$11.91	\$17.17
50 – 54	\$14.31	\$21.60	\$16.43	\$23.72
55 – 59	\$20.22	\$30.09	\$22.34	\$32.12
60 – 64	\$29.08	\$42.83	\$31.20	\$44.95
65 – 69	\$43.94	\$64.25	\$45.97	\$66.28
70+	\$65.54	\$95.91	\$67.57	\$98.03

Critical Illness Insurance: \$20,000 Benefit (Tobacco User)				
Team Member Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$2.95	\$5.08	\$4.98	\$7.11
25 – 29	\$3.14	\$5.35	\$5.26	\$7.38
30 – 34	\$4.52	\$7.38	\$6.55	\$9.42
35 – 39	\$6.65	\$10.52	\$8.77	\$12.55
40 – 44	\$10.34	\$15.88	\$12.37	\$17.91
45 – 49	\$15.97	\$24.09	\$18.09	\$26.22
50 – 54	\$24.00	\$35.63	\$26.03	\$37.75
55 – 59	\$34.43	\$50.68	\$36.46	\$52.80
60 – 64	\$50.22	\$73.48	\$52.25	\$75.51
65 – 69	\$76.80	\$111.78	\$78.92	\$113.91
70+	\$115.57	\$168.74	\$117.69	\$170.77

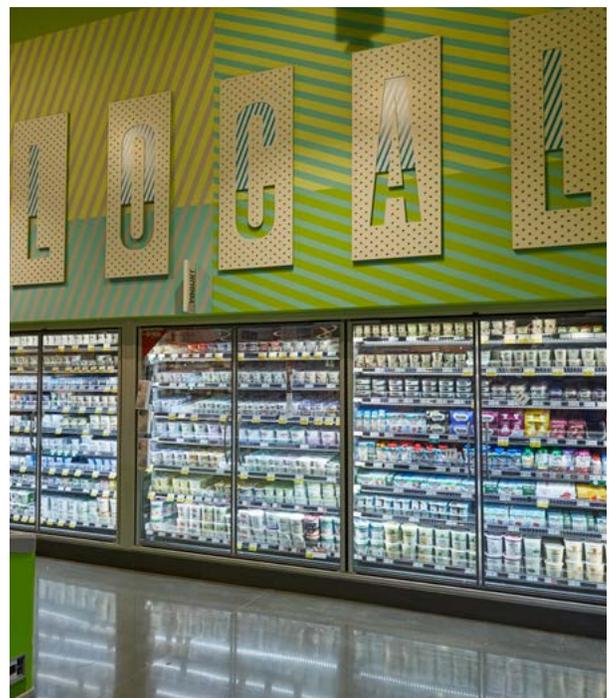
Note: For critical illness insurance, spouses/domestic partners and children are only eligible to receive 50% of the benefit.

Accident Insurance				
	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
Low	\$2.23	\$4.26	\$4.84	\$5.95
High	\$4.15	\$7.91	\$9.01	\$11.17

How You Pay for Benefits

The cost of some benefits are deducted from your pay on a pre-tax basis. This means you make your contributions before you pay federal or state taxes, as well as Social Security taxes. Lower taxes mean you keep more of what you earn.

Contributions Deducted Before Taxes	Contributions Deducted After Taxes
<ul style="list-style-type: none"> • Medical • Dental • Vision • Health Savings Account • Flexible Spending Accounts • Life and AD&D insurance • Disability 	<ul style="list-style-type: none"> • Accident, critical illness, and home and auto insurance • Benefits for your domestic partner and their children (unless they are your tax dependents)



Your 2022 Benefit Elections Worksheet

Complete the following worksheet to get a full picture of what your benefits for 2022 will look like and understand the cost.

List the benefits you plan to elect and the per-paycheck contributions (shown in this guide). Then, tally up the contributions to see how much you'll pay for your 2022 benefits per pay period.

Keep in mind that tobacco user contribution rates apply to medical, LTD, Voluntary Life Insurance and Critical Illness Insurance. Be sure to select the applicable rate when you are tallying your paycheck contribution amounts.

Your 2022 Benefits	Plan Option/Benefit Amount and/or Coverage Level	Biweekly Paycheck Contribution Amount
Medical (See page 33 for contributions)		
• Your 2022 Medical Plan		\$
Dental (See page 34 for contributions)		
• Your 2022 Dental Plan		\$
Vision (See page 34 for contributions)		
• Your 2022 Vision Plan		\$
Income Protection Benefits (See page 34 for contributions)		
• Team Member Voluntary Life Insurance	\$	\$
• Spouse/Domestic Partner Life Insurance	\$	\$
• Children/Domestic Partner's Children Life Insurance	\$	\$
• STD		\$
• LTD		\$
Voluntary Benefits (See page 35 for contributions)		
• Critical Illness Insurance	\$	\$
• Accident Insurance		\$
Savings and Spending Accounts		
Divide your annual contribution by 26 and include that amount under "paycheck contribution amount"		
• HSA (Including Catch-Up Contributions)	\$	\$
• Health Care FSA or HSA-Compatible FSA	\$	\$
• Dependent Care FSA	\$	\$
Your 2022 Per-Paycheck Contribution Total		\$

Contacts

Use the contact information below for access to your benefits.

Benefit	Benefit Partner	Phone Number	Website
Whole Foods Market Benefits Service Center	Empyrean	888-681-2249, 7 a.m. to 10 p.m. CT, Monday through Friday	benefits.wholefoods.com
Medical (CDHP)	Blue Cross Blue Shield of Texas (BCBSTX)	800-269-0420	www.bcbstx.com/wholefoods
Prescription Drugs (CDHP)	CVS Caremark	855-305-3024	www.caremark.com
Virtual Visits (CDHP)	MDLive	888-680-8646	www.mdlive.com/bcbstx
Enhanced Care Management	Blue Cross Blue Shield of Texas (BCBSTX)	800-269-0420	www.bcbstx.com/wholefoods
Benefits Portal & Member Services (Whole Health Plan)	WebTPA	833-682-6480	www.webtpa.com
Whole Health Plan Home Page	WebTPA	833-682-6480	wfm.employershealthnetwork.com
Austin Medical & Wellness Center (Whole Health Plan)	WebTPA	833-682-6480	www.wfmmedical.com
In-Network Provider Search (Whole Health Plan)	WebTPA	833-682-6480	members.ehnconnects.com
Care Management (Whole Health Plan)	The Whole Health Care Team	888-629-3186	wfm.employershealthnetwork.com
Prescription Drugs (Whole Health Plan)	Southern Scripts	833-682-6480	www.southernscripts.net
Medical & Prescription Drugs (HMSA PPO)	HMSA	948-6111 (Oahu) 800-776-4672 (on the Neighbor Islands or Mainland)	www.hmsa.com

Benefit	Benefit Partner	Phone Number	Website
Health Savings Account (HSA) (Available with the CDHP or Whole Health Plan)	WEX (formerly Discovery Benefits)	866-402-2887	www.wexinc.com
Personal Wellness Account (PWA) (Available with the CDHP or Whole Health Plan)			
Dental	Cigna	800-244-6224	www.cigna.com
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> • Health Care FSA • HSA-Compatible FSA • Dependent Care FSA 	WEX (formerly Discovery Benefits)	866-402-2887	www.wexinc.com
Life and AD&D	Unum	877-311-9895	www.unum.com
Short-Term Disability	Sedgwick	844-465-6240	www.sedgwick.com
Long-Term Disability	Unum	877-311-9895	www.unum.com
Critical Illness Insurance	MetLife	855-296-2397	mybenefits.metlife.com
Accident Insurance			
Choice Auto and Home Program	Various Vendors	855-296-2397	Find more information on Innerview
Team Member Assistance Program (TMAP)	New Directions	877-273-2715	eap.ndbh.com (company code: WFM)



Questions?

If you have questions about benefits eligibility, how to enroll or general benefit questions, contact the Whole Foods Market Benefits Service Center at 888-681-2249, 7 a.m. to 10 p.m. CT, Monday through Friday.

This is a summary of the Whole Foods Market Benefits Program and is neither an offer nor a guarantee of employment. It does not contain every provision that governs Team Members' rights to benefits. If you have questions about the nature and extent of your benefits, the formal language of the Plan Document, not the informal language of this guide, will govern. Whole Foods Market reserves the right to change, modify or terminate any Team Member benefit plans at any time. All Team Members will be given notice of these changes.

