



# 2023 Annual Enrollment Guide



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# Welcome to Your Whole Foods Market 2023 Benefits

At Whole Foods Market (WFM), we value the health and well-being of every Team Member and their families. That's why we're committed to offering comprehensive, customizable and cost-effective benefits. As we continue to evolve, so too will our benefits. 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. Visit [mywfmbenefits.com](https://mywfmbenefits.com) to learn more about your options. Then on October 17, start shopping for your 2023 benefits, using the Whole Foods Market Benefits Enrollment Portal at [benefits.wholefoods.com](https://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 2023
- 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

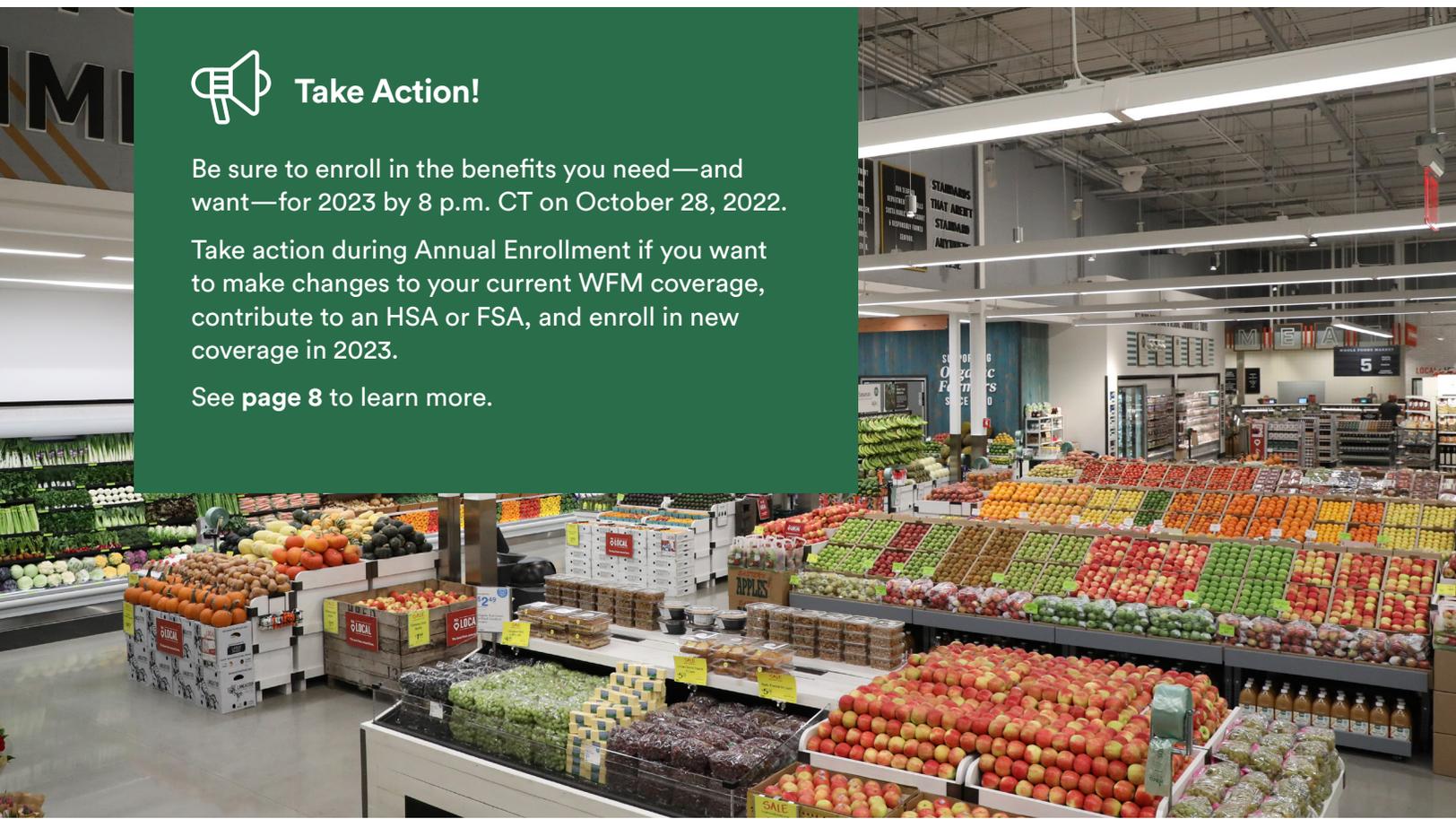


## Take Action!

Be sure to enroll in the benefits you need—and want—for 2023 by 8 p.m. CT on October 28, 2022.

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 2023.

See page 8 to learn more.



# What's in store for 2023

WFM is committed to providing you with comprehensive, affordable benefit options designed to support you in moments that matter. Read on for information about our 2023 benefit enhancements and other changes.

## New! The Whole Health Plan is expanding to several new locations!

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

- The **Whole Health Plan (WHP)** — now available in 13 locations for 2023, including two new regions! We are excited to continue to expand this offering to more of our Team Members and their families. The WHP offers an innovative approach to health care that is centered around the WHOLE self. Visit [wfm.employershealthnetwork.com](http://wfm.employershealthnetwork.com) for more detailed information about the WHP and its services. See [page 16](#) for details on new locations.
- The **National Blue Cross Blue Shield of Texas (National Plan)** — available to all U.S. Team Members outside of Hawaii.
- **Hawaii Medical Service Association (HMSA)** — Hawaii Team Members continue to have the option to enroll in the **Hawaii PPO** through HMSA.

Visit [benefits.wholefoods.com](http://benefits.wholefoods.com) beginning October 17 to see what options are available to you.

## 2023 Contributions

Although we continue to experience increases in health care premiums, we are pleased to announce that Team Members will not see an increase in payroll contribution rates for the medical and vision plans and will see a decrease for the dental plans in 2023. See [page 32](#) for contribution details.

## Lower In-Network Individual Deductible

Effective January 1, 2023, the Individual In-Network Deductible on the National Plan and the Whole Health Plan Expanded Tier will be reduced. See [page 12](#) and [page 18](#) for more information.



## Health Care Funding Accounts

When you enroll in the National Plan 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). WFM makes a significant contribution to your account, effectively lowering your deductible. See what's new with these accounts below and get more details starting on [page 23](#).

### Increase to Health Savings Account (HSA) IRS Maximum

The HSA IRS maximum contribution limit is increasing for 2023. WFM's contribution counts toward this maximum.

Coverage Level	IRS Contribution Maximum	WFM's Contribution	Your Maximum Contribution
Team Member Only	\$3,850	\$1,300	\$2,550
Team Member + Dependents	\$7,750	\$1,800	\$5,950

**Note:** It is your responsibility to ensure that you are eligible to contribute to the HSA and do not contribute more than the IRS maximum contribution amount. See [page 24](#) for HSA eligibility rules.

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

If you are a Highly Compensated Employee (HCE), as defined by IRS IRC Section 414(q), your Dependent Care FSA contribution is subject to a cap. Please visit [benefits.wholefoods.com](https://benefits.wholefoods.com) for the 2023 maximum.



### Planning to Choose the National or Whole Health Plan with HSA in 2023?

If you were enrolled in the National Plan or Whole Health Plan and elected the PWA in 2022, but plan to choose the HSA in 2023, 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 2022 PWA will be rolled into an HSA-Compatible PWA, and the funds will be available to you after January 9, 2023.

The deadline to file claims incurred prior to January 1, 2023, for PWA expenses, is March 31, 2023. After this date, funds will be eligible for **dental and vision expenses only**.

# 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><b>Medical</b></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. <b>Team Members must make an election within 30 days from their date of hire or change in eligibility status.</b></p> <p><b>Hawaii Team Members:</b> 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"> <li>● Spouse</li> <li>● Domestic partner</li> <li>● Child(ren) (up to age 26). This includes:               <ul style="list-style-type: none"> <li>– Biological children</li> <li>– Adopted children</li> <li>– Stepchildren</li> <li>– Legal guardianship children</li> <li>– Disabled children (covered under WFM medical plan and disabled prior to age 26 and are dependent on you for support)</li> <li>– Domestic partner's children (if your domestic partner is covered)</li> </ul> </li> </ul>
<p><b>Dental and Vision</b></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><b>Hawaii Team Members:</b> 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><i>*Eligible proof of dependent status must be provided within 30 days of election otherwise coverage will be denied.</i></p>
<p><b>Health Savings Account (HSA)</b></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 National Plan or Whole Health Plan in order to elect the HSA. See eligibility provisions on <a href="#">page 24</a>.</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><b>Note:</b> You may not use your HSA for your domestic partner or your domestic partner's children, unless they are tax dependents.</p>
<p><b>Personal Wellness Account (PWA)</b></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 National Plan 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 as your dependents.</p> <p><b>Note:</b> 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><b>Flexible Spending Accounts (FSAs)</b></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><b>Hawaii Team Members:</b> 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><b>Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b></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><b>Hawaii Team Members:</b> 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 <a href="#">page 28</a> for details.</p>
<p><b>Disability</b></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><b>Hawaii Team Members:</b> 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>



### 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.



# Benefits Enrollment

Annual Enrollment is Monday, October 17 through Friday, October 28.

## 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.

### 2023 Annual Enrollment

Annual Enrollment begins on **October 17 and ends at 8 p.m. CT on October 28**. 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 coverage you have today at the 2023 contribution rates, except you will not be able to contribute to an FSA or an HSA (if you are enrolled in the National Plan 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 2023.

### 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 7 p.m. CT, Monday through Friday.

## How to Access the Benefits Service Center

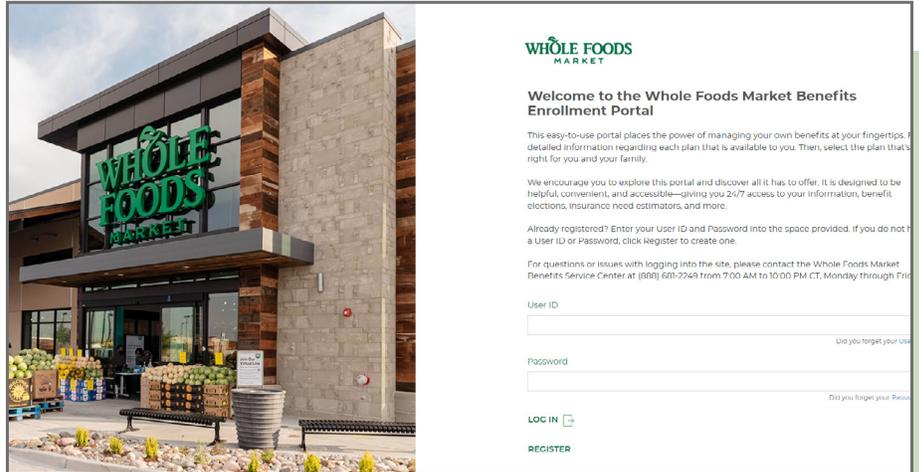


### 1. On [benefits.wholefoods.com](https://benefits.wholefoods.com).

Log on to [benefits.wholefoods.com](https://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. In interview with single sign-on



## How to Access the Benefits Service Center



### 3. 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 8 p.m. CT, Monday through Friday, during Annual Enrollment 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.



### 4. On the EmpyreanGo mobile app.

Once you register your account at [benefits.wholefoods.com](https://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.



For Android



For iOS

- After downloading, search for Whole Foods Market (a list will start to auto-populate after three characters)
- Log in with your unique user ID and password to get started



# Medical and Prescription Drugs

WFM offers comprehensive medical plans to meet the needs of our Team Members. Eligibility for the medical plans is determined by your home ZIP code based on the address WFM has on file in Workday. It is important to update your information in Workday as it changes. 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.

- The **National BCBSTX Plan (National)** offers a national network of providers through Blue Cross Blue Shield of Texas. (Begins on **page 12**) With this plan, you choose your Health Care Funding Account—Health Savings Account (HSA) or Personal Wellness Account (PWA) (begins on **page 23**). You'll also automatically receive in-network prescription drug coverage through CVS Caremark.
- The **Whole Health Plan (WHP)** is 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 16**). With this plan, you choose your Health Care Funding Account—Health Savings Account (HSA) or Personal Wellness Account (PWA) (begins on **page 23**). You'll also automatically receive in-network prescription drug coverage through Southern Scripts.
- The **Hawaii Preferred Provider Organization (PPO)** through HMSA for Team Members in Hawaii (see **page 22**)

\* For New York Metro area residents, the Preferred Tier network is provided by Northwell Direct. Visit [wfm.employershealthnetwork.com](http://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 7 p.m. CT, Monday through Friday, to speak to a Service Center Representative who can help you find a provider in your network.

## How the National BCBSTX Plan Pays for Benefits

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

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



## Prescription Drugs

When you enroll in the National BCBSTX Plan, 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
<b>Preventive: Standard*</b>	\$0, not subject to deductible	\$0, not subject to deductible
<b>Preventive: Expanded</b>	Cost-sharing percentages applicable as per below, not subject to deductible	Cost-sharing percentages applicable as per below, not subject to deductible
<b>Generic</b>	10% after deductible	10% after deductible
<b>Brand Name Formulary</b>	25% after deductible	25% after deductible
<b>Non-Formulary</b>	50% after deductible	50% after deductible
<b>Specialty Drugs</b>	50% after deductible	N/A

\*If included on the ACA Drug List available at [www.caremark.com/portal/asset/NoCost\\_Preventive\\_List.pdf](http://www.caremark.com/portal/asset/NoCost_Preventive_List.pdf).

**Note:** Certain preventive prescription drugs are available at the applicable coinsurance only, so 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 National Plan provides broad, national access to top doctors and hospitals wherever you might need care. In partnership with BCBSTX, the National Plan 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.



### 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.



### 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 illness 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 15](#) for details).



## Making the Most of the National Plan: 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 
<b>When You Might Use It</b>	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Headache</li> <li>• Sinus infection</li> <li>• Sore throat</li> <li>• Cold &amp; flu</li> <li>• Bronchitis</li> <li>• Urinary tract infection</li> <li>• Rashes</li> </ul>	<ul style="list-style-type: none"> <li>• Sprains</li> <li>• Fractures</li> <li>• Stitches</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent pain</li> <li>• Trouble breathing</li> <li>• Dizziness</li> </ul>
<b>Your Cost for the Visit</b>	<p><b>Before the deductible has been met:</b></p> <ul style="list-style-type: none"> <li>• \$44 per sick visit</li> <li>• \$80 – \$175 per behavioral health visit</li> </ul> <p><b>After the deductible has been met: 25%</b></p>	25% after deductible at an in-network facility	25% after deductible for a true emergency
<b>Average Wait Time</b>	 A few minutes	 About an hour	 A few hours
<b>Access</b>	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 in 13 select markets for 2023 and we are expanding in to new markets every year! Eligibility is based on your home ZIP code. In 2023, the WHP is offered in:

Arizona: Phoenix/Tuscon  
California: Greater Los Angeles/Orange County/San Diego  
Colorado: Denver  
Florida: Miami/Orlando  
New York: New York Metro\*  
Texas: Austin/Dallas-Fort Worth/El Paso/Houston/San Antonio  
Washington: Seattle

*\*For New York Metro area residents, the Preferred Tier network is provided by Northwell Direct. Visit [wfm.employershealthnetwork.com](http://wfm.employershealthnetwork.com) for details.*

Consistent with the National Plan, when you enroll in the WHP, you get to choose the type of Health Care Funding Account to pair with: a Health Savings Account (HSA) or a Personal Wellness Account (PWA). See [page 23](#) for more information about both accounts. Also, when you enroll in the WHP, you'll automatically receive in-network prescription drug coverage.

### The WHP 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. In addition to the Expanded Tier that has the same level of benefit as the National BCBSTX plan, the Preferred Tier has even lower deductibles and out-of-pocket maximums. You can use either at any time, and your money spent goes toward both tier deductibles.

- **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 18](#) for details) through Employers Health Network (EHN), administered by WebTPA. You also have access to the Whole Health Primary Care Provider Network, which offers primary care services at no cost\* through a large selection of locations.
- **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 18](#) for details) similar to the National BCBSTX Plan, 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.

*\* 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.*

## The Core of Care

With the WHP, you have easy access to the caring and nurturing relationships you want with 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 when you elect the PWA. All members have free access to concierge-level service with an HRC. See [page 18](#) for more details.

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

The WHP is built on two relationships to meet your unique needs as a WHOLE person:

- Your relationship with your Primary Care Provider (PCP) to meet all your medical needs, and
- Your relationship with your Health Resource Coordinator (HRC) to work with you to understand your resources and help you coordinate your care.

## The Whole Health Plan has the foundation of three pillars to support our approach to care:

- **Care:** Facilitates convenient access to care and the necessary time for meaningful connections through intentional partnerships with local healthcare systems and provider partners while still valuing choice.
- **Cost:** 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:** Provides free access to an HRC, your link and single point of contact between all healthcare touchpoints both internally (TMS) and externally (plan administrators and providers)—from benefit plan details to doctor visits to specialty and supportive services!

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

## Core Partners:

### • Virtual Urgent Care

When you need care after hours, weekends, holidays or anytime your Primary Care Provider is not available, virtual care is there.

### • Virtual Behavioral/Mental Health Care

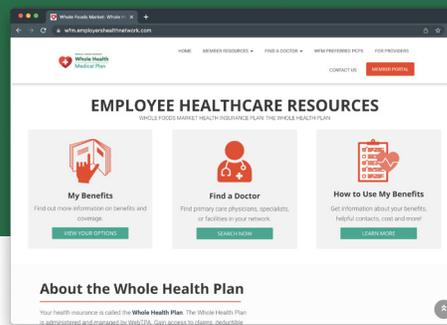
Mental health is an important part of your overall health. As a WHP member, you can easily access convenient online mental health care that is always confidential.

### • Virtual Musculoskeletal Care

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.

## Get Started

- To reach out to a Concierge Health Resource Coordinator, call **888-629-3186** or email [whole.health.care.team@wholefoods.com](mailto:whole.health.care.team@wholefoods.com).
- For WHP plan details, introductory videos on how the WHP works, and more, scan the QR code or visit [wfm.employershealthnetwork.com](http://wfm.employershealthnetwork.com).



## 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	
<b>HSA or PWA Funding</b>	\$1,300 Individual / \$1,800 Family			
<b>Annual Deductible</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$0 (PWA only)	\$1,875 \$2,800 (HSA) / \$2,125 (PWA)	\$3,500 \$5,250	\$7,500 \$10,500
<b>Out-of-Pocket Maximum</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$0 (PWA only)	\$3,325 \$6,650	\$6,650 \$13,300	\$13,300 \$26,200
You Pay				
<b>Preventive Care</b>	\$0, not subject to deductible	\$0, not subject to deductible	\$0 not subject to deductible	60% after deductible
<b>Office Visits</b> (PCP/Specialist)	PCP: \$0 (PWA only)** Specialist: N/A	25% after deductible	25% after deductible	60% after deductible
<b>Urgent Care Visits</b>	25%**	25% after deductible	25% after deductible	60% after deductible
<b>Lab Services</b> (X-ray, blood work)	25%**	25% after deductible	25% after deductible	60% after deductible
<b>Inpatient Hospital Services</b>	N/A	25% after deductible	25% after deductible	60% after deductible
<b>Outpatient Hospital Services</b>	N/A	25% after deductible	25% after deductible	60% after deductible
<b>Emergency Room Care</b>	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](http://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.

## WHP Prescription Drug Coverage

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 Whole Health Primary Care Network providers, including the Austin Medical and Center.

### In-Network Benefits

Type of Drug	Standard Benefit		Expanded Benefit*			
	30-Day Supply	90-Day Supply	30-Day Supply		90-Day Supply	
			HSA	PWA	HSA	PWA
<b>Preventive: Standard**</b>	\$0, not subject to deductible		\$0, not subject to deductible			
<b>Preventive: Expanded</b>	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			
<b>Generic</b>	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
<b>Preferred Brand</b>	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
<b>Non-Preferred Brand</b>	50% after deductible		50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Specialty Drugs</b>	50% after deductible	N/A	50% after deductible	50% after deductible	N/A	

\*Expanded benefit offered to established patients of the Whole Health Primary Care Network, including the Austin Medical and Wellness Center. The Expanded Benefit is offered on items that Whole Health PCPs in this network prescribes.

\*\*If medication is included on the ACA Drug List. The list is available for view at [microsite.southernscripts.net](https://microsite.southernscripts.net) (group number-WFM) and select the Forms and Documents tile.

## Options for Filling Your Prescription

Maintenance Medications that are not considered specialty can be filled for either a 30-day supply or a 90-day supply. There is no coverage when seeking prescriptions from out of network pharmacies.

Visit the **Member Portal** at [microsite.southernscripts.net](https://microsite.southernscripts.net) (group number-WFM) to find pharmacies. You can also create an account to track prescriptions, view your plan spend, access Price Check, and other useful tools. You can also connect with Customer Service at **833-682-6480**.

### Short-Term (30-Day or Less) Prescription

Click on the **Network Pharmacy Locator** tile on **Member Portal** to find a participating pharmacy.

### Maintenance or Long-Term (90-Day) Prescription

90-day and long-term maintenance medications can be filled at an In-Network Preferred, First Choice pharmacy or by mail order. To find a First Choice location and to view the two WHP mail order pharmacy providers, click on the **Mail Order** tile on the **Member Portal**.

### Variable Copay Medications

The Variable Copay program reduces your out-of-pocket costs on eligible brand and specialty medications. Variable Copay eligible medications must be filled through the Variable Copay Program at ReCept Pharmacy. This cost-savings program uses manufacture coupons to pay for your medication until the coupon is exhausted. You will be responsible for the full amount of your deductible. Once the coupon is exhausted, you will pay any remaining deductible or cost share. To learn more or see a complete list of eligible medications, contact the Variable Copay team at **833-439-9617** or visit [variablecopay.com](https://variablecopay.com).

## 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)	Urgent Care	Emergency Room
<b>When You Might Use It</b>	<ul style="list-style-type: none"> <li>Preventive care</li> <li>Common illnesses</li> <li>Chronic disease management</li> <li>Health coaching referrals</li> </ul>	<ul style="list-style-type: none"> <li>Sprains</li> <li>Fractures</li> <li>Stitches</li> </ul>	<ul style="list-style-type: none"> <li>Persistent pain</li> <li>Trouble breathing</li> <li>Dizziness</li> </ul>
<b>Your Cost for the Visit</b>	<p><b>PWA members:</b> \$0</p> <p><b>HSA members:</b></p> <ul style="list-style-type: none"> <li>Preventive care: \$0</li> <li>All other services: 25% after deductible</li> </ul>	25% after deductible at an in-network facility	25% after deductible for a true emergency
<b>Average Wait Time</b>	Wait times may vary	 About an hour	 A few hours
<b>Access</b>	Select a preferred PCP at <a href="http://wfm.employershealthnetwork.com">wfm.employershealthnetwork.com</a>	Extended business hours	24/7

Visit [wfm.employershealthnetwork.com](http://wfm.employershealthnetwork.com) to see a list of available providers.

### Whole Health Primary Care Network

The Whole Health PCPs are a curated network of primary care providers invested in your healthcare outcomes. Whole Health PCPs work closely with Health Resource Coordinators to align your health and well-being experience, and work with an integrated team of specialists and hospitals.

## How the National BCBSTX Plan and Whole Health Plan Work

To help you understand how the National 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	National	WHP
<b>Preventive Care</b>	Preventive care like annual physicals and screenings are 100% covered when you use an in-network provider (subject to certain guidelines).	
<b>Annual Deductible</b>	<ul style="list-style-type: none"> <li>You pay the full cost of covered services (including prescription drugs) until you reach the deductible.</li> <li><b>If you enroll dependents:</b> <ul style="list-style-type: none"> <li>The plan will pay benefits for any family member who meets the individual deductible.</li> <li>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.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>You pay no cost for services provided by the Whole Health Primary Care Providers when you elect the PWA*. Both the PWA and the HSA plan members receive an expanded prescription benefit with more no-cost medication choices if prescribed by a Whole Health PCP.</li> <li>The WHP has two In-Network Tiers. When you use the Preferred Tier, the deductible is approximately half of the Expanded Tier.</li> <li>You pay the full cost of covered services (including prescription drugs) in both tiers until you reach the deductible.</li> <li><b>If you enroll dependents:</b> <ul style="list-style-type: none"> <li>Due to a lower deductible for services in the Preferred Tier, and the 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.</li> </ul> </li> </ul>
<b>Coinsurance</b>	Once you meet the annual deductible, you and the plan share the cost of covered services: <ul style="list-style-type: none"> <li>You pay 25% of the cost of in-network services; the plan pays 75% of the cost of in-network services.</li> </ul>	
<b>Out-of-Pocket Maximum</b>	<ul style="list-style-type: none"> <li>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.</li> <li><b>If you enroll dependents:</b> <ul style="list-style-type: none"> <li>The plan will pay 100% for any family member who meets the individual OOP max.</li> <li>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.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li><b>If you enroll dependents:</b> <ul style="list-style-type: none"> <li>The plan will pay 100% for any family member who meets the individual OOP max.</li> <li>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.</li> </ul> </li> </ul>
<b>Funding Accounts</b>	<ul style="list-style-type: none"> <li>You have a choice between the HSA and PWA.</li> <li>WFM contributes to your account up to \$1,300 for individual and up to \$1,800 for family.</li> <li>Use the funds to pay for eligible health care expenses that are subject to the deductible, your coinsurance and other qualifying health care expenses.</li> </ul>	

\*If you elect the PWA, this care is not subject to the deductible. If you elect the HSA, certain services 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
<b>Annual Deductible*</b>		
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>		\$100 \$300
<b>Out-of-Pocket Maximum</b>		
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>		\$2,500 \$7,500
You Pay		
<b>Preventive Care</b>	0% (no charge)	30% after deductible
<b>Office Visits (PCP/Specialist)</b>	10%	30% after deductible
<b>Urgent Care Visits</b>	10%	30% after deductible
<b>Inpatient Lab Services</b> (X-ray, blood work)	10%	30% after deductible
<b>Inpatient Hospital Services</b>	10%	30% after deductible
<b>Outpatient Lab Services</b> (X-ray, blood work)	20%	30% after deductible
<b>Outpatient Hospital Services</b>	10%	30% after deductible
<b>Emergency Room Care</b>	20%	20%
<b>Prescription Drugs – Retail</b> (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"> <li>Generic</li> <li>Brand Name Formulary</li> <li>Non-Formulary</li> <li>Specialty</li> </ul>	\$5 copay \$20 copay \$20 copay \$100 copay	20% after \$5 copay 20% after \$20 copay 20% after \$20 copay 100%
<b>Prescription Drugs – Mail Order</b> (Per 84 – 90-day supply)		
<ul style="list-style-type: none"> <li>Generic</li> <li>Brand Name Formulary</li> <li>Non-Formulary</li> </ul>	\$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](http://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 National BCBSTX plan 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
<b>Will WFM contribute?</b> 	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 in July of each plan year. You must be actively employed at the time the deposit is made.)	
<b>Can I contribute?</b> 	Yes, you can contribute pre-tax up to the annual IRS maximum (\$3,850 for individual coverage and \$7,750 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
<b>Do dependent expenses qualify?</b> 	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). <b>Note:</b> 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 as your dependent. <b>Note:</b> Domestic Partners are not eligible unless they qualify as a tax dependent.
<b>Do unused funds roll over?</b> 	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. Unused funds in the PWA are forfeited if you leave WFM.

\*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. If you are unable to rectify the issue, you may be ineligible for any WFM contributions.

## 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, <b>you will need to consent to the HSA terms and conditions when you enroll at <a href="https://benefits.wholefoods.com">benefits.wholefoods.com</a>.</b></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: \$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 National Plan 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. Eligibility is determined by your home ZIP code based on the address that WFM has on file for you in Workday. It is important to update your information in Workday as it changes. 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	
<b>Annual Deductible</b> (Does not apply to preventive and diagnostic services)	None	\$50 per person	\$50 individual \$150 family
<b>Preventive and Diagnostic</b> (Exams, cleanings, X-rays, space maintainers, fluoride*, sealants*)	You pay \$0 (100% covered)	You pay \$0 (100% covered)	You pay \$0 (100% covered)
<b>Basic Restorative</b> (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
<b>Major Restorative</b> (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
<b>Orthodontia</b>	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
<b>Annual Maximum</b> (Does not apply to preventive and diagnostic services)	None	\$1,000 per person	\$1,500 per person

\*Fluoride is limited to members who are younger than 19 years old, and sealants are limited to members who are younger 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](http://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
<b>Exam</b> (Once every calendar year)	\$10 copay	Plan pays up to \$45
<b>Materials Copay</b> (Applies to lenses and frames)	\$10 copay	\$10 copay
<b>Lenses*</b> (Once every calendar year) <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul>	\$0 copay	<ul style="list-style-type: none"> <li>• Plan pays up to \$30</li> <li>• Plan pays up to \$50</li> <li>• Plan pays up to \$65</li> </ul>
<b>Lens Enhancements</b> <ul style="list-style-type: none"> <li>• UV lens coating</li> <li>• Tints/Photochromic adaptive lenses</li> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> </ul>	\$0 copay \$0 copay \$0 copay \$95 – \$105 copay \$150 – \$175 copay	<ul style="list-style-type: none"> <li>• Not covered</li> <li>• Plan pays up to \$5</li> <li>• Plan pays up to \$50</li> <li>• Plan pays up to \$50</li> <li>• Plan pays up to \$50</li> </ul>
<b>Frames</b> (Once every calendar year) <ul style="list-style-type: none"> <li>• Retail allowance</li> <li>• Discount over allowance</li> </ul>	\$200 allowance 20% off amount over allowance	Plan pays up to \$70
<b>Contact Lenses*</b> <ul style="list-style-type: none"> <li>• Lenses</li> <li>• Exam</li> </ul>	\$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
<b>Which medical plan must I enroll in to participate?</b>	National BCBSTX Plan with PWA, Whole Health Plan with PWA, HMSA PPO, or waive coverage	National BCBSTX with HSA or Whole Health Plan with HSA	All benefits-eligible Team Members are eligible, regardless of medical plan enrollment
<b>Who owns the account?</b>	Whole Foods Market		
<b>Will WFM contribute?</b>	No		
<b>How much can I contribute?*</b>	\$2,850**	\$2,850**	\$5,000***
<b>When will the funds be available?</b>	Your full contribution is available immediately	Your full contribution is available immediately	As they are deducted from your paycheck
<b>What can I use the funds for?</b>	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
<b>How do I use/access the funds?</b>	Use your debit card or pay with personal funds and request reimbursement		
<b>When do claims have to be filed?</b>	March 31, 2024 is the deadline to submit claims for eligible expenses incurred during 2023 (if your employment ends before year end, claims must be submitted within 90 days of your termination date)		
<b>Do funds roll over?</b>	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. Please visit [benefits.wholefoods.com](https://benefits.wholefoods.com) for the 2023 maximum.

\*\* If you elect \$2,850 and the IRS increases the 2023 annual maximum after Annual Enrollment, your contribution will automatically be increased to the new IRS annual maximum prior to the first pay period of 2023.

\*\*\* 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](https://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
<b>Company-Paid Team Member Basic Life Insurance</b>	1x your annual earnings (up to a maximum of \$300,000) when Team Member Voluntary Life Insurance is elected.
<b>Team Member Voluntary Life Insurance</b>	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). <b>Note:</b> Please refer to the Plan Booklet for more information on plan coverage and limitations.
<b>Spouse/Domestic Partner (DP) Life Insurance*</b>	50% of Team Member Voluntary Life Insurance coverage amount. (Benefit amount is subject to age reductions based on the Team Member's age. <b>Note:</b> Please refer to the Plan Booklet for more information on plan coverage and limitations.
<b>Child(ren) and DP Child(ren) Life Insurance*</b>	\$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. Please refer to the Plan Booklet for more information on plan coverage and limitations.

## 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
<b>What It Is</b>	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.
<b>When Benefits Begin</b>	On the 8 <sup>th</sup> day of your disability	On the 180 <sup>th</sup> day of your disability
<b>Benefit Duration</b>	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.
<b>Payments and Maximums**</b>	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 2023).

# 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
<b>What It Is</b>	Helps offset out-of-pocket expenses for qualifying accidents or injuries	Helps cover out-of-pocket costs related to a qualifying medical condition
<b>What It Covers</b>	<ul style="list-style-type: none"> <li>● Hospitalization</li> <li>● Fractures</li> <li>● Dislocations</li> <li>● Surgical procedures</li> <li>● Physical therapy</li> <li>● Ambulance</li> <li>● And more</li> </ul>	<ul style="list-style-type: none"> <li>● COVID-19</li> <li>● Some cancers</li> <li>● Heart attack</li> <li>● Stroke</li> <li>● Paralysis</li> <li>● Coma</li> <li>● Kidney failure</li> <li>● Major organ transplant</li> <li>● And more</li> </ul>
<b>Benefit Amount</b>	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>
<b>How It Works</b>	Lump-sum payment directly to you, so you get to decide how to spend the benefit.	Lump-sum payment directly to you, so 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), can help you achieve a better work-life balance with free, unlimited phone consultations, and up to seven (7) virtual sessions per concern. In addition, to unlimited in the moment support and behavioral health coaching, Team Members also have access to a library of mental health resources and work-life support. Beginning in January 2023, TMAP will be available 24/7 at **TMAP.wholefoods.com** (company code: WFM).

## Tobacco Cessation Program

WFM is committed to helping you live healthy, so if you want to quit tobacco, we want to support your journey and Quit For Life can help. Quit For Life is a clinically proven program that offers a customized quit plan, 24/7 personal support, and strategic tools to help you manage cravings. Get coach support, real-life tips, tackle cravings, and plan your path to quit with recommended daily goals, articles, and videos. Get all the tools and online resources you need to quit, free for Team Members. Visit **myquitforlife.com/wfm** or call **866-QUIT-4-LIFE**.

## Healthy Retreats

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

Interested in increasing your store discount to as much as 30%? WFM provides increased discounts to encourage you to be more aware of your health. All Team Members are eligible to apply for the Healthy Discounts program after 800 service hours. 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 2023 benefits.

Medical and Prescription Drug Coverage for the National and Whole Health Plan (Non-Tobacco User)				
Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
< 4,000	\$25.00	\$153.00	\$132.00	\$229.00
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 National 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.

If you complete the tobacco cessation program on or after **January 1, 2023**, you will begin paying non-tobacco 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	\$10.41	\$19.09	\$20.19	\$31.20
Low Plan	\$8.39	\$14.45	\$14.00	\$21.87
High Plan	\$16.43	\$32.89	\$29.60	\$46.10

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 biweekly payroll
LTD Tobacco User	\$0.1216 per \$100 covered biweekly 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"> <li>• Medical</li> <li>• Dental</li> <li>• Vision</li> <li>• Health Savings Account</li> <li>• Flexible Spending Accounts</li> <li>• Life and AD&amp;D insurance</li> <li>• Disability</li> </ul>	<ul style="list-style-type: none"> <li>• Accident, critical illness, and home and auto insurance</li> <li>• Benefits for your domestic partner and their children (unless they are your tax dependents)</li> </ul>



# Your 2023 Benefit Elections Worksheet

Complete the following worksheet to get a full picture of what your benefits for 2023 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 2023 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 2023 Benefits	Plan Option/Benefit Amount and/or Coverage Level	Biweekly Paycheck Contribution Amount
<b>Medical (See page 32 for contributions)</b>		
• Your 2023 Medical Plan		\$
<b>Dental (See page 33 for contributions)</b>		
• Your 2023 Dental Plan		\$
<b>Vision (See page 33 for contributions)</b>		
• Your 2023 Vision Plan		\$
<b>Income Protection Benefits (See page 33 for contributions)</b>		
• Team Member Voluntary Life Insurance	\$	\$
• Spouse/Domestic Partner Life Insurance	\$	\$
• Children/Domestic Partner's Children Life Insurance	\$	\$
• STD		\$
• LTD		\$
<b>Voluntary Benefits (See page 34 for contributions)</b>		
• Critical Illness Insurance	\$	\$
• Accident Insurance		\$
<b>Savings and Spending Accounts</b> 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	\$	\$
<b>Your 2023 Per-Paycheck Contribution Total</b>		\$

# Contacts

Use the contact information below for access to your benefits.

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

Benefit	Benefit Partner	Phone Number	Website
<b>Health Savings Account (HSA)</b>	WEX	866-402-2887	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>Personal Wellness Account (PWA)</b>			
<b>Dental</b>	Cigna	800-244-6224	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Vision</b>	Vision Service Plan (VSP)	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts (FSAs)</b> <ul style="list-style-type: none"> <li>• Health Care FSA</li> <li>• HSA-Compatible FSA</li> <li>• Dependent Care FSA</li> </ul>	WEX	866-402-2887	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>Life and AD&amp;D</b>	Unum	877-311-9895	<a href="http://www.unum.com">www.unum.com</a>
<b>Short-Term Disability</b>	Sedgwick	844-465-6240	<a href="http://www.sedgwick.com">www.sedgwick.com</a>
<b>Long-Term Disability</b>	Unum	877-311-9895	<a href="http://www.unum.com">www.unum.com</a>
<b>Critical Illness Insurance</b>	MetLife	855-296-2397	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
<b>Accident Insurance</b>			
<b>Choice Auto and Home Program</b>	Various Vendors	855-296-2397	Find more information on Innerview
<b>Team Member Assistance Program (TMAP)</b>	Headspace Health		<a href="http://TMAP.wholefoods.com">TMAP.wholefoods.com</a> (company code: WFM) effective January 2023
<b>Tobacco Cessation Program</b>	Quit For Life	866-QUIT-4-LIFE TTY 711	<a href="http://myquitforlife.com/wfm">myquitforlife.com/wfm</a>

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.

