



2024 Annual Benefits Enrollment

Investing in Your Growth and Happiness

At Whole Foods Market, our mission is to nourish people and the planet. One of the ways we support that mission is by promoting Team Member growth and happiness. Offering benefits to support your physical, emotional, and financial wellness journey is a key goal.

We understand everyone's needs are different and sometimes those needs change. That's why we continue to make significant investments to evolve our benefits to help you thrive. Our benefits are designed to provide choice and flexibility so you can select the options that best support you and your family's needs. We are proud of the enhancements made to our 2024 benefits lineup and ask that you take the time to review the options carefully.

Many appreciations for all you do.

Julie Cunningham

Vice President, Total Rewards





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Welcome to Your Whole Foods Market 2024 Benefits Guide

Use this Benefits Guide to see what is new. Next, visit mywfmbenefits.com to learn more about your options. Then on October 16, start selecting your 2024 benefits using MyApps on Innerview, then going to the Benefits Enrollment Portal.

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 2024
- Eligibility guidelines and information on how and when to enroll
- Additional programs and resources available 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 2024 by 8 p.m. CT on October 27, 2023.

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 2024.

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

Refresh Your Benefits for 2024

Read on for information about our 2024 benefit enhancements and other changes.

Medical Plan Options

Team Members in the continental U.S. will have two medical plan options to choose from. The plans available are based on your home zip code on file in Workday.

- The **Whole Health Plan (WHP)** — available to U.S. Team Members in 13 select markets. Explore wfm.employershealthnetwork.com for more detailed information about the WHP and its services. See [page 16](#) for details.
- The **NEW National Select (National Select)** — available to U.S. Team Members outside of Whole Health Plan markets and Hawaii. The plan is administered by BlueCross BlueShield of Texas.
- The **National Choice Plan (National Choice)** — available to all U.S. Team Members outside of Hawaii. The plan is administered by BlueCross BlueShield of Texas.
- **Hawaii Medical Service Association (HMSA)** — Hawaii Team Members continue to have the option to enroll in the **Hawaii PPO** through HMSA.

Go to benefits.wholefoods.com to see what options are available to you.

2024 Contributions

Although WFM continues to experience increases in health care premiums, we are pleased to announce that for the third consecutive year, Team Members will **not see an increase** in payroll contribution rates for the existing medical plans. See [page 33](#) for contribution details.

Lower In-Network Deductible

Effective January 1, 2024, in-network deductibles will be reduced. See [page 12](#) for details on the National Choice Plan and [page 18](#) for details on the Whole Health Plan.



Health Care Funding Accounts

When you enroll in the National Choice Plan or the Whole Health Plan, you have the option to choose a Health Care Funding Account; either a Health Savings Account (HSA) or a Personal Wellness Account (PWA). If you elect the National Select Plan, it will automatically come with a PWA. WFM makes a significant contribution to your account to help pay for health care expenses. 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 2024. WFM's contribution counts toward this maximum.

Coverage Level	IRS Contribution Maximum	WFM's Contribution	Your Maximum Contribution
Team Member Only	\$4,150	\$1,000	\$3,150
Team Member + Dependents	\$8,300	\$1,500	\$6,800

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

Note: As a participating Team Member, it is your responsibility to ensure that you are eligible to contribute to an HSA and do not contribute more than the IRS maximum contribution amount. See [page 25](#) 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 limit. Please visit benefits.wholefoods.com for the 2024 maximum.



Planning to Switch From the PWA to the HSA in 2024?





If you were enrolled in the National Plan or Whole Health Plan and elected the PWA in 2023, but plan to choose the HSA in 2024, 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 2023 PWA will be rolled into an HSA-Compatible PWA, and the funds will be available to you after January 9, 2024.




The deadline to file claims incurred prior to January 1, 2024, for PWA expenses, is March 31, 2024. 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 what you are eligible for, 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>Team Members must make an election within 30 days of their date of hire or change in eligibility status.</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><i>*Eligible proof of dependent status must be provided within 30 days of election; otherwise, coverage will be denied.</i></p>
<p>Health Savings Account (HSA)</p>  <p><i>Not available to Hawaii Team Members.</i></p>	<p>You are eligible 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 Choice Plan or Whole Health Plan in order to elect the HSA. See 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 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 Choice Plan, the National Select Plan or Whole Health Plan 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>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 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 and automatically enrolled in STD and LTD on the first of the month following 60 days of employment at WFM or if you move into a benefits-eligible role 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>



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 30 days of the benefit enrollment process, please contact the Whole Foods Market Benefits Service Center to discuss your options.



Benefits Enrollment

Annual Benefits Enrollment is Monday, October 16 - Friday, October 27.

When to Enroll

In general, benefit elections made during Annual Benefits 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.

2024 Annual Benefits Enrollment

Annual Benefits Enrollment begins on **October 16 and ends at 8 p.m. CT on October 27**. If you do not take action during Annual Benefits 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 Benefits Enrollment

If you currently have WFM coverage and do not elect your benefits during Annual Benefits Enrollment, you will receive the same coverage you have today at the 2024 contribution rates, except you will not be able to contribute to an FSA or an HSA (if you are enrolled in the National Choice 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 2024.

Making Changes During the Year

Once you elect benefits during Annual Benefits 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 generally 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 8 p.m. CT, Monday through Friday.

How to Access the Benefits Service Center



1. My Apps with single sign-on



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 8 p.m. CT, Monday through Friday, during Annual Benefits 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.



Medical and Prescription Coverage

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. When you enroll, you will only see the medical plan options you are eligible for in the benefits enrollment portal.

- The **National Choice Plan (Choice)** offers a national network of providers through BlueCross BlueShield 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 24](#)).
- The **National Select Plan (Select)** is available in select markets where the Whole Health Plan is not available (except Hawaii). The plan offers a national network of providers through BlueCross BlueShield of Texas (begins on [page 13](#)). With this plan, you will be enrolled in a Personal Wellness account (PWA).
- The **Whole Health Plan (WHP)** is available in select markets, 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 24](#)).
- **Prescription coverage** through Prime Therapeutics is automatically available with the Choice, Select, and WHP (see [page 20](#)) and provides access to over 60,000 in-network pharmacies.
- The **Hawaii Preferred Provider Organization (PPO)** through HMSA for Team Members in Hawaii (see [page 23](#)).

* 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 8 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 Choice Plan (BCBSTX) Pays for Benefits

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

National Choice Plan (BCBSTX) with HSA or PWA		
Plan Feature	In-Network	Out-of-Network
HSA or PWA Funding	\$1,000 Individual \$1,500 Family (includes all other coverage tiers)	
Annual Deductible		
• Individual	\$3,200	\$7,500
• Family	\$5,000	\$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



NEW National Select Plan (BCBSTX)

The new National Select Plan through BlueCross BlueShield provides a unique blend of national coverage with lower deductibles than the National Choice Plan, copays for doctor’s visits, and more. The plan comes with a Preferred Wellness Account (PWA) to help you pay for care.

National Select Plan (BCBSTX) with PWA		
Plan Feature	In-Network	Out-of-Network
PWA Funding	\$500 Individual \$1,000 Family (includes all other coverage tiers)	
Annual Deductible • Individual • Family	\$1,600 \$3,200	\$7,500 \$10,500
Out-of-Pocket Maximum • Individual • Family	\$3,325 \$6,650	\$13,300 \$26,200
You Pay		
Preventive Care	\$0 not subject to deductible	60% after deductible
Office Visits (PCP)	\$30 copay	60% after deductible
Office Visits (Specialist)	\$60 copay	60% after deductible
Urgent Care Visits	\$60 copay	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	\$200 copay then 25%, after deductible	\$200 copay then 25% after deductible



Programs and Resources

The National Choice and National Select Plans provide broad, national access to top doctors and hospitals wherever you might need care. In partnership with BCBSTX, these plans offer 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 Back and Joint Care through Hinge Health

Available to National Choice and National Select Plan enrollees, Hinge Health helps 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 physical therapists, health coaches, and physicians.



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 and 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	<p>For a true emergency:</p> <ul style="list-style-type: none"> • National Choice and Whole Health Plan: 25% after deductible • National Select: \$200 copay, then 25% after the deductible
Average Wait Time	 A few minutes	 About an hour	 A few hours
Access	24/7/365 by phone or video conference 888-680-8646	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 available in 13 select markets. Eligibility is based on your home ZIP code. The WHP is offered in:

Arizona: Phoenix/Tucson

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 for details.*

Consistent with the National Choice 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 24](#) for more information about both accounts. Also, when you enroll in the WHP, you'll automatically receive in-network prescription 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 Choice 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 Choice 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) who work closely 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 and visit a Whole Health Primary Care Provider. 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 Back and Joint Care

The WHP partners 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 physical therapists, health coaches, and physicians.

Get Started

- To reach out to a Concierge Health Resource Coordinator, call **844-380-4554**.
- For WHP plan details, introductory videos on how the WHP works, and more, scan the QR code or visit 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	
HSA or PWA Funding	\$1,000 Individual / \$1,500 Family			
Annual Deductible • Individual • Family	\$0 (PWA only)	\$1,700 \$3,400	\$3,200 \$5,000	\$7,500 \$10,500
Out-of-Pocket Maximum • 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	N/A	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, 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.

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
When You Might Use It	<ul style="list-style-type: none"> Preventive care Common illnesses Chronic disease management Health coaching referrals 	<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 	25% after deductible at an in-network facility	25% after deductible for a true emergency
Average Wait Time	Wait times may vary	🕒🕒 About an hour	🕒🕒🕒 A few hours
Access	Select a preferred PCP at wfm.employershealthnetwork.com	Extended business hours	24/7

Visit 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.



Prescriptions

When you enroll in a WFM medical plan, you will receive in-network prescription coverage through Prime Therapeutics. You can choose from any of the over 60,000 retail pharmacies in the Prime network for your 30-day prescriptions. For 90-day prescriptions, you can select either CVS or Walgreens as your designated 90-day retail pharmacy. The designation must be made during Annual Benefits Enrollment. You will also have access to Amazon Pharmacy for direct-to-home mail order service. Read on for more information about how the prescription coverage works in each of the medical plans.

National Choice and National Select Plans In-Network Prescription Benefits

Type of Drug	30-day supply	90-day supply
Preventive: Standard*	\$0, not subject to deductible	\$0, not subject to deductible
Preventive: Expanded	Cost-sharing percentage as per below, not subject to deductible	Cost-sharing percentages 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	50% after deductible	N/A

**If included on the ACA Drug List.*



Taking a Specialty Medication?

If you take a specialty medication, Accredo will be the specialty pharmacy. Accredo provides 24/7/365 access to pharmacists, free home delivery, and online tools to help you learn more about your medication.



Whole Health Plan In-Network Prescription Benefits

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 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	50% after deductible	N/A	50% after deductible	50% after deductible	N/A	

*Expanded Benefits are offered to established patients of the Whole Health Primary Care Network in the Whole Health Plan (WHP), and offered on items that Whole Health PCPs in this network prescribes.

**If included on the ACA Drug List.

Taking a Maintenance Medication? Try a 90-Day Supply

In the National Choice, National Select, and Whole Health Plan, if you take a long-term or maintenance medication or treat an ongoing chronic condition, you have options for how you receive your 90-day supply. This does not apply to 30-day prescriptions.

- **CVS or Walgreens Retail Pharmacies:** You can receive up to a 90-day supply at CVS or Walgreens retail pharmacies nationwide. You must elect which retail chain, CVS or Walgreens, as your designated 90-day retail pharmacy location during Annual Benefits Enrollment. Like other benefits, this election will remain until the following Annual Benefits Enrollment or if you have a qualified life event.
- **Amazon Pharmacy Mail Order:** You have the option to use Amazon Pharmacy for 90-day mail order prescriptions. With Amazon Pharmacy, you can access a pharmacist 24/7/365. The Amazon shopping experience provides clear pricing and easy refills with free home delivery. Register at pharmacy.amazon.com and click “get started.”

How the Medical Plans Work

To help you understand how the medical plans work, as well as the differences between them.

Plan Feature	National Select	National Choice	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 copays for primary care, specialist, and urgent care visits and the full cost of other covered services (including prescriptions) 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 prescriptions) 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 no cost for services provided by Whole Health PCPs when you elect the PWA*. You will receive an expanded prescription benefit with more no-cost medication choices if prescribed by a WHP PCP. The WHP has two In-Network Tiers. The Preferred Tier, deductible is approximately half of the Expanded Tier. You pay the full cost of covered services and prescriptions until you reach the deductible. If you enroll dependents: <ul style="list-style-type: none"> Due to a lower deductible for the Preferred Tier, and the IRS HSA guidelines, the family deductible must be met before the plan pays benefits for any one person. One family member or a combination of family members can satisfy the family deductible.
Coinsurance	Once you meet the annual deductible, you and the plan share 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 pays 100% for any family member who meets the individual OOP max. Once the family OOP max is met, the plan pays benefits for all family members. One family member or a combination of family members can satisfy the family OOP max. 		
Funding Accounts	You will be eligible for the PWA. WFM contributes up to \$500 for individual and up to \$1,000 for family coverage.	You will be eligible for the HSA or the PWA. WFM contributes up to \$1,000 for individual and up to \$1,500 for family coverage.	

**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 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%
Prescriptions – 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%
Prescriptions – 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 National Choice 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		
Will WFM contribute?	Yes, WFM will contribute: \$1,000 Individual \$1,500 Family	Yes, WFM will contribute: <table border="0"> <tr> <td>National Select \$500 Individual \$1,000 Family</td> <td>National Choice & WHP \$1,000 Individual \$1,500 Family</td> </tr> </table>	National Select \$500 Individual \$1,000 Family	National Choice & WHP \$1,000 Individual \$1,500 Family
National Select \$500 Individual \$1,000 Family	National Choice & WHP \$1,000 Individual \$1,500 Family			
	(One half deposited in January; the balance deposited in July of each plan year. 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 (\$4,150 for individual coverage and \$8,300 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, the PWA accounts can only receive WFM contributions.		
				
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 as your dependent. 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. 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.

Start it.	Grow it.	Use it.	Keep it.
 <p>If you enroll in the National Choice or Whole Health Plan 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: \$1,000 if you enroll in individual coverage and \$1,500 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>

**The IRS requires documentation to ensure the expenses are HSA compliant. Receipts must include, date and description of service or purchase, dollar amount (after insurance, if applicable, name of provider or merchant). An Explanation of Benefits (EOB) from the medical carrier typically has all this required information.*

HSA Eligibility Rules

To enroll in the HSA, you must enroll in the National Choice Plan or the Whole Health Plan. 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 receive WFM contributions or 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	
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 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 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"> • Elective 	\$200 allowance Includes a 15% discount for fit and evaluation	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?	National Select Plan, National Choice Plan with PWA, Whole Health Plan with PWA, HMSA PPO, or waive coverage	National Choice 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?*	\$3,050**	\$3,050**	\$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 the debit card provided by WEX, the FDA administrator, or pay with personal funds and request reimbursement		
When do claims have to be filed?	March 31, 2025 is the deadline to submit claims for eligible expenses incurred during 2024 (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 Health Care and Dependent Care FSA contributions may be capped. Please visit benefits.wholefoods.com for the maximum.

** If you elect \$3,050 and the IRS increases the 2024 annual maximum after Annual Benefits Enrollment, your contribution will automatically be increased to the new IRS annual maximum prior to the first pay period of 2024.

*** 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, designate a beneficiary, or update your profile and preferences.

Income Protection Benefits

Life doesn't always go as expected. That's why we provide you with access to additional benefits designed to protect you and your family from the financial impact of unforeseen circumstances.

Life and Accidental Death and Dismemberment (AD&D)

Now administered by Aflac, 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 and are approved for 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 and approved. This benefit will not be effective until the Evidence of Insurability (EOI) is approved. Evidence of Insurability (EOI), and may impact the effective date of your Basic Life and Basic AD&D
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), and may impact the effective date of your insurance. This benefit will not be effective until the Evidence of Insurability (EOI) is approved. Note: Please refer to the Plan Booklet for more information on plan coverage and limitations.
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. Note: Please refer to the Plan Booklet for more information on plan coverage and limitations.
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 and are approved for 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 2024 Annual Benefits Enrollment

During 2024 Annual Benefits Enrollment only, you can elect or increase your existing Team Member Voluntary Life Insurance without providing EOI for coverage under \$500,000. 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 Aflac. 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. Benefits-eligible new hires and Team Members who move into a benefits-eligible role as full-time and regularly work 30 or more hours per week are automatically enrolled in STD and LTD.

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 2023).

Voluntary Benefits

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

Auto and Home Program

The new Auto and Home Program through Aon Everyday 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.

Starting Jan. 1, 2024, call **800-438-6381** to talk to an Auto and Home representative about a new policy or to switch your existing policy to a discounted policy (even if not up for renewal). You'll need to provide your date of birth and Team Member ID.

Accident, Critical Illness, and New Hospital Indemnity 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 separate from your medical plan election.

	Accident Insurance	Critical Illness Insurance	Hospital Indemnity 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	Helps cover out-of-pocket costs related to a qualifying hospitalization
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"> ● Some cancers ● Heart attack ● Stroke ● Paralysis ● Coma ● Kidney failure ● Major organ transplant ● And more 	<ul style="list-style-type: none"> ● Birth of a child ● Illness ● Surgery with hospital stay ● And more
Benefit Amount	<p>Varies depending upon the accident and treatment received. For benefit amount details, click here.</p> <p>Eligible to receive a \$50 payment when you complete a covered wellness screening and file a claim with Aflac</p>	<p>You have a choice of a \$10,000, \$20,000 or \$30,000 benefit.</p> <p>Your spouse and child(ren) may receive 50% of your benefit.</p> <p>Eligible to receive a \$50 payment when you complete a covered wellness screening and file a claim with Aflac</p>	<p>Varies depending upon the type of hospitalization. For benefit amount details, click here.</p> <p>Eligible to receive a \$50 payment when you complete a covered wellness screening and file a claim with Aflac</p>
How It Works	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.	Lump-sum payment directly to you, so you get to decide how to spend the benefit. Guidelines dictate benefit payment for each hospitalization under which it's paid.

Additional Benefits

WFM offers Team Members a variety of resources and benefits to 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 newly born or adopted child.

To be eligible for parental leave, you must have must be a full-time Team Member and have completed 4,000 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 Program

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 Program (TMAP) can help you achieve a better work-life balance with free, unlimited phone consultations, and up to seven (7) virtual sessions per concern per year. 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. TMAP is available 24/7 at TMAP.wholefoods.com or call **888-WFM-TMAP**.

Tobacco Cessation Program

If you want to quit tobacco, we want to support your journey and Quit For Life can help. Quit For Life's clinically proven program offers a customized plan, 24/7 personal support, and strategic tools to help you manage cravings. Get coach support, tips to tackle cravings, and a path to quit with recommended daily goals, articles, and videos. Get 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. Programs are offered during the year and include a variety of unique and intensive health and wellness experiences to choose from, presented by expert doctors known 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 and part-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 apply for participation. Learn more by visiting Innerview.

Pet Insurance

Pets play a huge role in our lives. To help take the worry out of covering costs for your pet's healthcare, Pet Insurance will reimburse you for covered vet visits, accidents, illness, and more. Go to aoneveryday.com/wfm to enroll or call **800-GET-MET8**, Mon.–Fri. 9 a.m.–9 p.m. ET, Sat.–Sun. 10 a.m.–7 p.m. ET. You can change from direct bill to payroll deduction.

Contribution Rates

On the following pages are the biweekly Team Member contribution rates for 2024 benefits. Contribution rates are set at the start of each plan year and determined by your service hours listed in Workday on Dec. 31, 2023.

Medical and Prescription Coverage for the National Choice Plan 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

Medical and Prescription Coverage for the National Select Plan (Non-Tobacco User)				
Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
< 4,000	\$53.00	\$229.00	\$199.00	\$341.00
4,000 – 19,999	\$53.00	\$158.00	\$137.00	\$235.00
20,000 – 39,999	\$22.00	\$99.00	\$85.00	\$147.00
40,000+	\$22.00	\$58.00	\$49.00	\$85.00

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 \$30 per-paycheck tobacco surcharge **in addition to your medical plan contributions**. 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, 2024**, 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 Coverage for the National Choice Plan and Whole Health Plan (Tobacco User)				
Service Hours	TM Only	TM + Spouse	TM + Children	TM + Family
< 4,000	\$55.00	\$183.00	\$162.00	\$259.00
4,000 – 19,999	\$55.00	\$118.00	\$106.00	\$162.00
20,000 – 39,999	\$30.00	\$65.00	\$60.00	\$83.00
40,000+	\$30.00	\$30.00	\$30.00	\$30.00

Medical and Prescription Contributions for the National Select Plan (Tobacco User)				
Service Hours	TM Only	TM + Spouse	TM + Children	TM + Family
< 4,000	\$83.00	\$259.00	\$229.00	\$371.00
4,000 – 19,999	\$83.00	\$188.00	\$167.00	\$265.00
20,000 – 39,999	\$52.00	\$129.00	\$115.00	\$177.00
40,000+	\$52.00	\$88.00	\$79.00	\$115.00

Medical and Prescription 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	\$10.83	\$19.83	\$25.80	\$32.45
Low Plan	\$11.33	\$19.52	\$18.91	\$29.55
High Plan	\$19.13	\$38.29	\$34.46	\$53.67

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

Short-Term Disability and Long-Term Disability Insurance	
	Team Member Coverage Only
STD	\$0.124 per \$10 covered weekly benefit
LTD Non-Tobacco User	\$0.1066 per \$100 covered biweekly payroll
LTD Tobacco User	\$0.1182 per \$100 covered biweekly payroll

Accident Insurance and Hospital Indemnity Insurance				
	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
Accident	\$3.96	\$7.03	\$7.65	\$10.73
Hospital Indemnity	\$4.98	\$9.72	\$7.53	\$12.27

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 \$750,000)	Per \$1,000 of coverage Coverage is 50% Team Member benefit	
	Non-Tobacco User	Non-Tobacco User	Tobacco User**
<25	\$0.0092	\$0.0152	\$0.0189
25-29	\$0.0097	\$0.0162	\$0.0208
30-34	\$0.0134	\$0.0217	\$0.0277
35-39	\$0.0203	\$0.0342	\$0.0438
40-44	\$0.0309	\$0.0508	\$0.0697
45-49	\$0.0475	\$0.0789	\$0.1085
50-54	\$0.0702	\$0.1145	\$0.1689
55-59	\$0.1002	\$0.1662	\$0.2202
60-64	\$0.1292	\$0.2165	\$0.2769
65-69	\$0.1837	\$0.3097	\$0.3835
70-74	\$0.3475	\$0.5866	\$0.7191
75+	\$0.8326	\$1.8134	\$2.1688
\$10,000 Child(ren)/ Domestic Partner's Child(ren) Life Insurance*	\$1.2969		

*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. The effective date for Basic and Voluntary Life and AD&D insurance may be impacted by Evidence of Insurability.

**Tobacco Spouse rate is determined by Team Member Tobacco use.

Critical Illness Insurance: \$10,000 Benefit				
Team Member Age	Non-Tobacco User		Tobacco User	
	TM Only*	Spouse/DP	TM Only*	Spouse/DP
<25	\$0.7972	\$0.7972	\$1.4321	\$1.4321
25 – 29	\$0.9474	\$0.9474	\$1.5675	\$1.5675
30 – 34	\$1.3935	\$1.3935	\$2.2220	\$2.2220
35 – 39	\$1.9651	\$1.9651	\$3.3211	\$3.3211
40 – 44	\$2.9780	\$2.9780	\$5.1006	\$5.1006
45 – 49	\$3.8568	\$3.8568	\$6.5544	\$6.5544
50 – 54	\$6.0698	\$6.0698	\$10.4314	\$10.4314
55 – 59	\$7.1602	\$7.1602	\$13.8334	\$13.8334
60 – 64	\$10.4556	\$10.4556	\$20.1528	\$20.1528
65 – 69	\$20.3781	\$20.3781	\$38.3844	\$38.3844
70+	\$28.7135	\$28.7135	\$48.7160	\$48.7160

Critical Illness Insurance: \$20,000 Benefit

Team Member Age	Non-Tobacco User		Tobacco User	
	TM Only*	Spouse/DP	TM Only*	Spouse/DP
<25	\$1.5944	\$1.5944	\$2.8641	\$2.8641
25 – 29	\$1.8949	\$1.8949	\$3.1350	\$3.1350
30 – 34	\$2.7870	\$2.7870	\$4.4440	\$4.4440
35 – 39	\$3.9303	\$3.9303	\$6.6423	\$6.6423
40 – 44	\$5.9560	\$5.9560	\$10.2012	\$10.2012
45 – 49	\$7.7136	\$7.7136	\$13.1089	\$13.1089
50 – 54	\$12.1397	\$12.1397	\$20.8627	\$20.8627
55 – 59	\$14.3204	\$14.3204	\$27.6667	\$27.6667
60 – 64	\$20.9112	\$20.9112	\$40.3055	\$40.3055
65 – 69	\$40.7562	\$40.7562	\$76.7689	\$76.7689
70+	\$57.4269	\$57.4269	\$97.4320	\$97.4320

Critical Illness Insurance: \$30,000 Benefit

Team Member Age	Non-Tobacco User		Tobacco User	
	TM Only*	Spouse/DP	TM Only*	Spouse/DP
<25	\$2.3916	\$2.3916	\$4.2962	\$4.2962
25 – 29	\$2.8423	\$2.8423	\$4.7026	\$4.7026
30 – 34	\$4.1806	\$4.1806	\$6.6660	\$6.6660
35 – 39	\$5.8954	\$5.8954	\$9.9634	\$9.9634
40 – 44	\$8.9340	\$8.9340	\$15.3018	\$15.3018
45 – 49	\$11.5704	\$11.5704	\$19.6633	\$19.6633
50 – 54	\$18.2095	\$18.2095	\$31.2941	\$31.2941
55 – 59	\$21.4806	\$21.4806	\$41.5001	\$41.5001
60 – 64	\$31.3668	\$31.3668	\$60.4583	\$60.4583
65 – 69	\$61.1342	\$61.1342	\$115.1533	\$115.1533
70+	\$86.1404	\$86.1404	\$146.1480	\$146.1480

*Coverage for child(ren) is included in the Team Member contribution rate.

How You Pay for Benefits

The costs 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 • Team Member Life and AD&D insurance • Disability 	<ul style="list-style-type: none"> • Accident, Critical Illness, Hospital Indemnity, Pet, and Home and Auto insurance • Spouse/Domestic Partner and Child Life Insurance • Benefits for your domestic partner and their children (unless they are your tax dependents)

Your 2024 Benefit Elections Worksheet

Complete the following worksheet to get a full picture of what your benefits for 2024 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 2024 benefits per pay period.

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

Your 2024 Benefits	Plan Option/Benefit Amount and/or Coverage Level	Biweekly Paycheck Contribution Amount*
Medical (See page 33 for contributions)		
• Your 2024 Medical Plan		\$
Dental (See page 34 for contributions)		
• Your 2024 Dental Plan		\$
Vision (See page 34 for contributions)		
• Your 2024 Vision Plan		\$
Income Protection Benefits (See page 34-35 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 34-36 for contributions)		
• Critical Illness Insurance	\$	\$
• Critical Illness Insurance - Spouse	\$	\$
• Hospital Indemnity 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 2024 Per-Paycheck Contribution Total		\$

*Contributions are subject to taxes. Refer to page 36 to review which benefits are pre- and post-tax.

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 7 p.m. CT, Monday through Friday	benefits.wholefoods.com
National Choice and National Select Plans			
Medical (BCBSTX)	Blue Cross Blue Shield of Texas (BCBSTX)	800-269-0420	bcbstx.com
Medical In-Network Provider Search	Blue Cross Blue Shield of Texas (BCBSTX)	800-269-0420	Find a doctor or Hospital Blue Cross Blue Shield of Texas (bcbstx.com)
Prescription	Prime Therapeutics	800-269-0420	bcbstx.com
Virtual Visits	MDLive	888-680-8646	mdlive.com/wfm
Whole Health Plan (WHP)			
Medical (WHP)	WebTPA	844-380-4554	webtpa.com
In-Network Provider Search	Preferred Network	844-380-4554	members.ehnconnects.com
In-Network Provider Search	Expanded Network	844-380-4554	www.aetna.com/asa
Prescription	Prime Therapeutics	877-278-5206	myprime.com
Virtual Visits	MDLive	888-680-8646	mdlive.com/wfm
Care Management	The Whole Health Care Team	844-380-4554	employershealthnetwork.com
Hawaii HMSA PPO Plan			
Medical & Prescription	HMSA	948-6111 (Oahu) 800-776-4672 (on the Neighbor Islands or Mainland)	hmsa.com
Health Care Funding Accounts			
Health Savings Account (HSA)	WEX	866-402-2887	wexinc.com
Personal Wellness Account (PWA)			

Benefit	Benefit Partner	Phone Number	Website
Dental	Cigna	800-244-6224	cigna.com
Vision	Vision Service Plan (VSP)	800-877-7195	vsp.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> • Health Care FSA • HSA-Compatible FSA • Dependent Care FSA 	WEX	866-402-2887	wexinc.com
Life and AD&D	Aflac	800-206-8826	learn.aflac.com/wholefoods
Short-Term Disability	Sedgwick	844-465-6240	sedgwick.com
Long-Term Disability	Aflac	800-206-8826	learn.aflac.com/wholefoods
Accident Insurance	Aflac	800-433-3036	learn.aflac.com/wholefoods
Critical Insurance			
Hospital Indemnity Insurance			
Auto and Home Program	Aon Everyday	800-438-6381	everyday.aon.com/wfm
Pet Insurance	MetLife via Aon Everyday	800-GET-MET8	everyday.aon.com/wfm
Team Member Assistance Program (TMAP)	Headspace	888-WFM-TMAP	TMAP.wholefoods.com
Tobacco Cessation Program	Quit For Life	866-QUIT-4-LIFE TTY 711	myquitforlife.com/wfm

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.

