

2020 Annual Enrollment Guide



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Welcome to Your Whole Foods Market 2020 Benefits

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

Annual Enrollment for your 2020 benefits is your opportunity to **take a fresh look at your needs**. Just as our customers bring grocery lists to our stores, you too can plan ahead and shop smart. Think of this Annual Enrollment Guide as your benefits shopping partner. See your coverage options as aisles you can navigate. Use our enrollment platform, Workday, as your cart. Then, start shopping for your 2020 benefits.

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

- What's new for 2020
- Details about the benefit options available to you in 2020
- 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 2020 by November 8 on Workday.

If you don't enroll by November 8, this is what will happen:

- ✓ You'll be enrolled in the same plans and coverage levels as 2019 except as noted below.
- ✓ Your 2019 elections for the Health Savings Account (HSA) and/or Flexible Spending Accounts (FSA) will not carry over to 2020.

That means you will not be able to contribute to an FSA in 2020. HSA contributions can be started, stopped or changed at any time.

- ✓ You'll automatically receive Life and Accidental Death & Dismemberment (AD&D) Insurance benefits of 1x your annual earnings if you currently have Life and AD&D Insurance benefits in 2019.

See pages 10 and 11 to learn more.



What's New for 2020

For 2020, we're introducing some plan changes and enhancements to your benefits. It is important that you know what happens if you do not take action during 2020 Annual Enrollment; see pages 10 and 11 for additional information.

Medical Coverage

You will continue to have access to medical coverage through the Whole Health Plan. We are adding coverage for the following services: acupuncture, chiropractic care and skin cancer screenings.

In addition, we are simplifying how medical contributions are determined. Service hour tiers have been collapsed and will be set once a year based on service hours as of January 1.

Health Care Funding Accounts

When you enroll in the Whole Health Plan, you have the option to choose a Health Care Funding Account – the Personal Wellness Account (PWA) or Health Savings Account (HSA). See what's new with these accounts below and learn more starting on page 16.

New Health Care Funding Account Partner: Discovery Benefits

In 2020, Discovery Benefits will administer the WFM Health Care Funding Accounts, as well as the Flexible Spending Accounts. PWA and HSA account balances that remain at the end of 2019 will transfer to Discovery Benefits. You will receive a new debit card prior to January 1. The card will be available for use on January 3, 2020.

Important Information About Your 2019 Balances

- If you have a PWA balance:
 - You can submit 2019 claims to UnitedHealthcare through January 6, 2020.
 - You will not have access to your 2019 funds from January 7 to February 3, 2020 while they transfer to Discovery Benefits.
 - Beginning February 4, 2020, you can use your new debit card to access both 2019 and 2020 funds.
- If you have an HSA balance:
 - After you complete the Annual Enrollment process, you will receive a task in your Workday inbox asking you to consent to the transfer of your account balance to Discovery Benefits. Please complete this task before February 2, 2020.
 - Your account balance cannot automatically transfer if any of the funds in your Optum account are invested. You will need to liquidate those invested funds to allow your balance to automatically transfer. To liquidate your invested funds, go to www.optum.com and sign in to your account to initiate this transaction.
 - Funds will transfer from Optum to Discovery Benefits from February 3 to March 3, 2020. During this time, you will not have access to your 2019 HSA balance.
 - Beginning on March 4, 2020, you can use your new debit card to access both 2019 and 2020 funds.

Health Care Funding Account

In 2020, regardless of your service hours, you will receive a flat contribution to your account depending upon your medical plan coverage level:

- \$1,300 if you enroll in individual coverage
- \$1,800 if you enroll in family coverage (all other coverage tiers)

Change to Timing of WFM's Contribution to Your Account

WFM will deposit its contribution to your Health Care Funding Account on a semi-annual basis—one half of the overall amount deposited in January, and the remaining amount in July. You must be actively employed at the time the contribution is scheduled to be deposited.

Increase to IRS Maximum Contribution to the HSA

The IRS maximum contribution limit for 2020 is increasing. WFM's contribution counts toward this maximum. Refer to the table below to see how much you can contribute to your HSA.

CDHP Coverage Level	IRS Maximum Contribution	WFM's Contribution	Your Maximum Contribution
Team Member Only	\$3,550	\$1,300	\$2,250
Team Member Plus Dependents	\$7,100	\$1,800	\$5,300

If you are age 55 or reaching age 55 during the year, you can make an additional catch-up contribution of \$1,000.



Planning to Choose the HSA in 2020? Read This!

If you were enrolled in the Whole Health Plan and elected the PWA in 2019, but plan to choose the HSA in 2020, it's important to note that an **HSA-Compatible PWA** will automatically be opened for you. Any remaining balance in your 2019 PWA will be rolled into this account, and the funds will be available to you starting after February 4, 2020. The deadline to file 2019 claims is March 31, 2020.

Dental Coverage

See the enhancements to the dental plan below and learn more about your options on page 18.

Coverage in Low Plan for In-Network Restorative Care

The Low Plan will now provide coverage of major restorative care (inlays, crowns, fixed/removable bridges, full or partial dentures) at 50% after the deductible is met.

Expanded DHMO Network

The DHMO will be available in more locations and has been removed for some locations due to limited provider access. As a reminder, with the DHMO, you must choose a network provider in order to receive coverage.

Vision Coverage

See below for the enhancements to the vision plan and learn more about the plan on page 19.

Increase to In-Network Frames and Contact Lens Allowances

When you receive care at a VSP provider, you will get more for your money in 2020:

- **Frames Retail Allowance:** \$170 (\$190 for featured brands)
- **Contact Lens Allowance (includes fitting and evaluation):** \$150

Consider Your Needs for 2020

Annual Enrollment is a great opportunity for you to consider your current benefits coverage and whether it has met the needs of you and your family. Think about the upcoming year and the potential care or services you or your dependents may need. Then, determine if you would like to make any changes to better suit your needs.

It's also a good time to ensure your beneficiary information is accurate and up-to-date. Log in to Workday today to view your current information.



Flexible Spending Accounts

Like the Health Care Funding Accounts, the Flexible Spending Accounts (FSAs) will be administered by Discovery Benefits in 2020.

New Names

We are renaming our FSAs as follows:

- **Health Care FSA:** formerly Health Care Reimbursement Account (HCRA)
- **HSA-Compatible FSA:** formerly Limited Purpose Health Care Reimbursement Account (LPHCRA)
- **Dependent Care FSA:** formerly Dependent Care Reimbursement Account (DCRA)

Active FSA Election for 2020

If you would like to contribute to an FSA in 2020, you **must** actively elect your contribution amount during Annual Enrollment. Your 2019 election will not roll over to 2020.

Increase to Health Care FSA and HSA-Compatible FSA Contribution Limits

- **Health Care FSA:** if you enroll in the Whole Health Plan with PWA or waive medical coverage, you may contribute up to \$2,700 to the Health Care FSA.
- **HSA-Compatible FSA:** if you enroll in the Whole Health Plan with HSA, you may contribute up to \$2,700 to an HSA-Compatible FSA to be used for eligible dental and vision expenses only.

Income Protection Benefits

Learn about changes to your income protection benefits below and get the details on these benefits starting on page 21.

Change to Life Insurance Coverage Options for Team Members

You have the option to elect coverage for yourself equal to **1x, 2x, 3x, 4x or 5x your annual earnings** up to a maximum of \$750,000 (amounts over \$500,000 require Evidence of Insurability (EOI))*.

For the purposes of determining your life insurance coverage, annual base earnings is your basic rate of compensation, not including overtime or premium pay, bonuses or any additional compensation.

Spouse/domestic partner life insurance is only available if you elect life insurance for yourself at a minimum of \$25,000. Child (or domestic partner's child) life insurance is only available if you elect life insurance for yourself at a minimum of \$10,000.

No EOI Required for 2020 Annual Enrollment

For 2020 Annual Enrollment only, EOI will not be required for coverage amounts up to \$500,000 when changing your life insurance. If EOI is required, you will be contacted by Unum after Annual Enrollment for next steps.*




During future election periods, such as a future Annual Enrollment, EOI will be required for an increase in coverage of more than one times your annual earnings.




**If you elect a Life Insurance amount over \$500,000, your election will remain at \$500,000 until your EOI is submitted and approved.*



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. Review the table below to learn more.

Benefit	You (Team Member)	Your Dependents
Medical, Dental and Vision 	<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>	<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 – Step Children – Legal guardianship children – Disabled children (disabled prior to age 26 and are dependent on you for support) – Domestic partner's children (if your domestic partner is covered)
Health Savings Account (HSA) 	<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 a WFM medical plan in order to elect the HSA. See additional eligibility provisions on page 17.</p>	<p>You may use your HSA for 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>
Personal Wellness Account (PWA) 	<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 a WFM medical 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 medical plan.</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
Flexible Spending Accounts (FSAs) 	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.	You may use your FSA for tax-eligible dependents.
Life and Accidental Death & Dismemberment (AD&D) Insurance 	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.	Your spouse/domestic partner and eligible children, if you elect the minimum coverage amount for yourself. See page 21 for details.
Disability 	You are eligible for coverage if you have worked at WFM for at least 60 days and are classified as full-time and regularly work 30 or more hours per week or are in an ACA full-time stability period.	N/A



Adding a Dependent?

If you are electing to cover dependents for the first time, you must verify their eligibility within 15 days of enrollment. If you do not verify your newly added dependents within the allotted timeframe, it will result in their removal from coverage retroactive to the effective date.



Benefits Enrollment

Get details on when and how to enroll for benefits here.

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 and remain in effect for the entire calendar year, unless you experience a qualified life event. Learn more below.

2020 Annual Enrollment

Annual Enrollment begins on **October 21 and ends on November 8**. If you do not elect your benefits during the enrollment period, you will be enrolled in the default coverage for 2020 (see below for details), and 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

There are certain benefits that require you to take action during this year's Annual Enrollment; otherwise, you will automatically receive the benefits shown in the 2020 Coverage column in the table on the following page. Aside from the benefits outlined in the table on the next page, you will be enrolled in the same plans and coverage levels as 2019 if you do not take action.



What Happens if You Don't Take Action

Benefit	2019 Coverage	2020 Coverage
Medical	Waived medical coverage (but received HSA funding)	Waive (no HSA funding)
Health Savings Account (HSA)	Elected an HSA contribution	HSA contribution not in effect for January 1, 2020 (you will only receive WFM's contribution). You can start, change or stop your HSA contribution at any time.
Flexible Spending Accounts (FSA) <ul style="list-style-type: none"> Health Care FSA HSA-Compatible FSA Dependent Care FSA 	Elected an FSA contribution	Not contributing
Life and Accidental Death & Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> \$35,000 \$50,000 \$100,000 \$150,000 	1x salary

Making Changes During the Year

Once you elect benefits during Annual Enrollment, they will remain effective through the end of the next 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 acquires or loses coverage through his/her employer,
- Your child gains or loses eligibility for your coverage, or
- 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 30 calendar days after the event to make changes to your benefits that are consistent with the applicable life event.



How to Enroll

Step 1: Log in to Workday.

Step 2: Click *Workday Inbox > Annual Enrollment*.

Step 3: Enroll in the benefits that will best meet your and your family's needs and preferences for the upcoming year.

Step 4: Review and submit your elections. Be sure to **enroll by Friday, November 8** by 7:00 pm CT!



Medical and Prescription Drug

WFM offers medical coverage through the Whole Health Plan.

When you enroll in the Whole Health Plan, you get to choose the type of Health Care Funding Account to be paired with it: a Personal Wellness Account (PWA) or a Health Savings Account (HSA). See page 16 for more information about both accounts. Also, when you enroll in the Whole Health Plan, you'll automatically receive in-network prescription drug coverage as well.

How the Whole Health Plan Pays for Benefits

Review the medical plan details in the table below. Review the information below the table to learn more about the networks. Keep in mind that if you choose the PWA, the annual deductible will not apply to certain services (as shown in the table below) versus with the HSA the deductible must be met before the plan begins to pay benefits for most services.

Plan Feature	WFM Medical and Wellness Center	Whole Health Plan with PWA or HSA		
		In-Network		Out-of-Network
		Preferred Tier	Expanded Tier	
PWA or HSA Funding	\$1,300 Individual \$1,800 Family			
Annual Deductible				
Individual		\$1,875	\$3,750	\$7,500
Family	\$0*	\$2,125 (PWA) / \$2,800 (HSA)	\$4,250	\$8,500
Out-of-Pocket Maximum				
Individual		\$3,325	\$6,650	\$13,300
Family	\$0*	\$6,650	\$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* Specialist: N/A	PCP: 25%* Specialist: 25% after deductible	25% after deductible	60% after deductible
Urgent Care Visits	\$0*	25%*	25% after deductible	60% after deductible
Lab Services (X-ray, blood work)	25%*	25%*	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

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

Spotlight on the WFM Medical and Wellness Center

As a Team Member in Austin, TX or in the Los Angeles, Orange or Ventura County, CA areas, you have the exclusive benefit of accessing Whole Foods Market's Medical and Wellness Center, which offers a supportive community of primary care, urgent care, health coaching and lab services for you and your family at little to no cost.

Key Advantages

- Free onsite medical care (subject to deductible for Team Members enrolled in the Whole Health Plan with HSA)
- Fully licensed, board-certified primary care providers who offer proactive, patient-centered treatment
- Traditional medical tests and services
- Same day sick visit appointments
- Urgent care
- Acupuncture, nutrition education and stress management, as well as health and lifestyle coaching
- Bilingual staff (hablamos español)

You also have access to health coaching for stress management, weight loss guidance, improving sleep habits, and more.

Accessing Care

In the Austin, TX area:

- **Call:** 512-542-0500
- **Visit:** 851 W 6th St., Austin, TX
- **Email:** SW.AMW.INFO@wholefoods.com

In the Los Angeles, Orange or Ventura County, CA areas:

- **Call:** 818-844-2300
- **Visit:** 800 S. Central Ave, Suite 203, Glendale, CA
- **Email:** SP.GMC.INFO@wholefoods.com



The Network Advantage





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

- **WFM Medical and Wellness Center:** Access a supportive community of board-certified primary care providers at the WFM Medical and Wellness Center.
- **Preferred Network:** Access the Employers Health Network (EHN) providers, administered by WebTPA.
- **Expanded Network:** Access Aetna Signature Administrator providers, administered by WebTPA.



How the Whole Health Plan Works

To help you understand how the Whole Health Plan works along with the Health Care Funding Account you choose, review the information below.

<div>Preventive Care (Covered at 100%)</div> <div></div>	<div>The plan provides preventive care, such as annual physicals and screenings, at no cost to you and your family when you use an in-network provider (subject to certain guidelines).</div>	
<div>Annual Deductible*</div> <div></div>	<div>You pay the full cost of covered services (including prescription drugs) until you reach the deductible. If you enroll any dependents, the family deductible must be met before the plan begins to pay benefits for any person.</div>	<div>PWA or HSA</div> <div>You can use the money WFM contributes to your Health Account (\$1,300 for individual/\$1,800 for family) to pay for health care expenses that are subject to the deductible, your coinsurance and other qualifying health care expenses not covered by the plan.</div>
<div>Coinsurance</div> <div></div>	<div>Once you meet the applicable individual or family annual deductible, you pay a coinsurance amount and the plan pays for the difference.</div>	
<div>Out-of-Pocket Maximum*</div> <div></div>	<div>You pay coinsurance until you reach the annual out-of-pocket maximum. Then, the plan pays 100% of covered expenses for the remainder of the calendar year.</div> <div>If you enroll any dependents, the individual out-of-pocket maximum is applied to each individual, and once met for the individual, the plan pays 100% of covered expenses for that individual. If one person, or a combination of family members, meets the family out-of-pocket maximum, the plan pays 100% of covered expenses for all family members.</div>	

* Amounts incurred for in-network covered services will apply to all in-network deductibles and in-network out-of-pocket maximums.



Prescription Drug

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

Type of Drug	Standard Benefit		Expanded Benefit			
	30-Day Supply	90-Day Supply	30-Day Supply		90-Day Supply	
			PWA	HSA	PWA	HSA
Preventive: Standard*	\$0, not subject to deductible		\$0, not subject to deductible			
Preventive: Expanded	N/A		\$0, not subject to the deductible			
Generic	25% after deductible		25% with \$2 min and \$25 max, not subject to deductible	25% with \$2 min and \$25 max, after deductible	25% with \$6 min and \$75 max, not subject to deductible	25% with \$6 min and \$75 max, after deductible
Preferred Brand	25% after deductible		25% with \$50 max, after deductible	25% with \$50 max, after deductible	25% with \$150 max, after deductible	25% with \$150 max, after deductible
Non-Preferred Brand	50% after deductible		50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialty Drugs	50% after deductible		50% after deductible	50% after deductible	50% after deductible	50% after deductible

*If included on the ACA Drug List, available for view at www.southernscripts.net/member-pages.php (group # WFM).

Filling Your Prescription

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

Short-Term (30-Day or Less) Prescription
Visit www.southernscripts.net/member-pages.php (group # WFM) to find a participating pharmacy. There is no coverage for prescriptions dispensed at out-of-network pharmacies.
Maintenance or Long-Term (90-Day) Prescription
If you are taking maintenance medication for a chronic condition, save time by filling your prescription through First Choice retail pharmacies or the Mail Order Service, administered by Postal Prescription Services (PPS), and your prescription will be delivered directly to your home.
To get started:
<ul style="list-style-type: none"> • Visit www.ppsrx.com and click “register” in the upper right-hand corner, then create an account. • Select “Add a Prescription” and follow the steps to request a new prescription from your doctor or have an existing prescription transferred (allow 3 – 5 business days for processing); or • Submit a prescription written by your doctor for a 90-day supply by mail to PPS Prescription Services, P.O. Box 2718, Portland, Oregon 97208-2718. Your doctor can also send a new prescription directly to Postal Prescription Services via electronic prescribing, fax, phone or mail.
Questions? Contact PPS by calling 800-552-6694 .

Health Care Funding Accounts




When you enroll in the 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.

	Personal Wellness Account (PWA)	Health Savings Account (HSA)
Who owns it?	WFM	Team Member
Will WFM contribute?	Yes, WFM will contribute: \$1,300 if you enroll in individual coverage \$1,800 if you enroll in family coverage Contributions will be made to your account semi-annually (One half deposited in January; the balance deposited in July; you must be actively employed at the time the deposit is made)	
Can I contribute?	No	Yes, you can contribute pre-tax up to the annual IRS maximum (\$3,550 for individual coverage and \$7,100 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.
Do dependent expenses qualify?	Yes, if your dependent is a spouse or a tax-eligible dependent under age 26 (anyone that you can claim as your dependent on your tax return) and is enrolled in the WFM medical plan. Note: Domestic Partners are not eligible unless they are qualified as a tax dependent.	Yes, if your dependent is a spouse or a tax-eligible dependent under age 26 (anyone that you can claim as your dependent on your tax return). Note: Domestic Partners are not eligible unless they are qualified as a tax dependent.
Do unused funds roll over?	Yes, as long as you re-enroll in a PWA-eligible medical plan the following year.	Yes, and they are yours to keep, even if you leave WFM or retire.

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

HSA Eligibility Rules

To enroll in the HSA, you must be enrolled in the 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.

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 (Includes diagnostic/preventive care)	None	\$750 per person	\$1,200 per person

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

**Cases beyond 24 months require additional payments.

Find a Cigna Provider

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

- **If you elect the Cigna DHMO:** You must use a Cigna network provider in order to receive benefits.
- **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	\$10 copay	Plan pays up to \$45
Materials Copay (applies to lenses and frames)	\$10 copay	\$10 copay
Lenses* <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"> • Tints/Photochromic adaptive lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses 	\$0 copay \$0 copay \$95 – \$105 copay \$150 – \$175 copay	<ul style="list-style-type: none"> • Plan pays up to \$5 • Plan pays up to \$50 • Plan pays up to \$50 • Plan pays up to \$50
Frames <ul style="list-style-type: none"> • Retail Allowance • Discount over Allowance 	\$170 allowance (\$190 allowance for featured brands) 20% off amount over allowance	Plan pays up to \$70
Contact Lenses* (includes fitting and evaluation)	\$150 allowance	Plan pays up to \$105

**The vision plan covers either lenses with frames or contact lenses, but not both. If you choose to switch to eyeglasses, they are covered 12 months from the date you received contact lenses.*

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 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 (Formerly HCRA)	HSA-Compatible FSA (Formerly Limited Purpose HCRA)	Dependent Care FSA (Formerly DCRA)
Which medical plan must I enroll in to participate?	Whole Health Plan with PWA or waive medical coverage	Whole Health Plan with HSA	All benefits-eligible Team Members are eligible, regardless of medical plan enrollment
Who owns the account?	Whole Foods Market		
Will WFM contribute?	No		
How much can I contribute?*	\$2,700	\$2,700	\$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 child care and elder care expenses that allow you (and your spouse, if married) to work
How do I use/access the funds?	Use your debit card or pay with personal funds and request reimbursement	Use your debit card or pay with personal funds and request reimbursement	Use your debit card or pay with personal funds and request reimbursement
When do claims have to be filed?	March 31, 2021 is the deadline to submit claims for eligible expenses incurred during 2020 (if your employment ends before year end, claims must be submitted within 90 days of your termination date)		
Do funds roll over?	No [†]	No [†]	No [†]

* If you are a Highly Compensated Team Member (HCTM), you may be subject to a revised maximum during enrollment or during the plan year.

** 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

Beginning January 1, 2020, you'll be able to create an account at www.discoverybenefits.com so you can check your FSA, PWA or HSA 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 coverage for yourself that is equal to an increment of your annual earnings up to a maximum amount of \$750,000. Premiums for this coverage are fully Team Member paid and are deducted on an after-tax basis from your paycheck. See the table below for your coverage options.

Life and AD&D Insurance	
Coverage Summary	Coverage Amount
Team Member Life Insurance	1x, 2x, 3x, 4x or 5x your annual earnings (up to a maximum of \$750,000, amounts greater than \$500,000 require EOI) Note: The benefit amount reduces to 65% at age 65 and reduces to 50% at age 70.
Spouse/Domestic Partner (DP) Life Insurance	\$25,000*
Child(ren) and DP Child(ren) Life Insurance	\$10,000*
AD&D Insurance: Team Members who enroll in Life Insurance automatically receive AD&D coverage at no additional cost. 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 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 \$25,000 in order to elect spouse/domestic partner Life insurance or \$10,000 in order to elect child/domestic partner child life insurance.*

Disability Insurance

Disability insurance helps you meet your financial needs if you become unable to work for an extended period of time. There are two Short-Term Disability (STD) options offered through Sedgwick, and one Long-Term Disability (LTD) option offered through Unum. Premiums for this coverage are fully Team Member paid and are deducted on an after-tax basis from your paycheck.

Note: 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.



A Closer Look at Your Disability Coverage Options

Understand the disability benefits available to you by reviewing the table below.

STD and LTD Insurance			
Coverage Summary	STD	STD Plus*	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 \$800 per week	60% of your base weekly earnings, up to a maximum of \$1,200 per week	60% of your salary, up to a maximum of \$10,000 per month

* STD Plus should only be considered by Team Members who earn more than \$33 per hour.

† 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.



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 talk to a licensed representative about a new policy or switch your existing policy to a discounted policy (even if not up for renewal); or visit Innerview.

Accident and Critical Illness Insurance

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

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

Additional Benefits

WFM is pleased to offer Team Members a variety of additional resources and benefits to help support and encourage the overall wellbeing of you and your family.

Team Member Assistance Plan

Team Members and their family members often face challenging daily demands, including issues at work, with family, finances and more. The confidential Team Member Assistance Plan (TMAP), provided through E4 Health, can help you achieve a better work-life balance with free, unlimited phone consultations and up to seven short-term, face-to-face sessions per concern. TMAP is available 24/7 at www.HelloE4.com or by calling **877-273-2715**.

Healthy Discounts

Increase your store discount to as much as 30% by meeting a series of biometric criteria! Four levels of increased discounts are available to encourage you to be more aware of your health, including your blood pressure, body mass index (BMI/waist-to-height ratio) and cholesterol level. Learn more on Innerview.

Total Health Immersion

Ready to achieve and sustain a long-term healthy lifestyle? Participate in a Total Health Immersion 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. Learn more by visiting Innerview.

Paid Time Off (PTO) Cash-Out

Every year during Annual Enrollment only, eligible Team Members can elect to “cash out” unused PTO hours. Team Members who elect to cash out will receive 75% of the value of their “cashed out” hours, and the remaining 25% is forfeited per IRS rules. Applicable taxes will be withheld.



Contribution Rates

WFM is pleased to contribute to the cost of your medical/prescription drug coverage; however, any other benefits you choose to elect aside from the medical plan are fully paid for by you.

On the following pages are the Team Member contribution rates for 2020 benefits. Please note that some rates are shown as biweekly and others are shown as monthly.

Biweekly Medical and Prescription Drug Coverage (Non-Tobacco User)				
Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
< 4,000	\$25.00	\$170.00	\$146.00	\$255.00
4,000 – 19,999	\$25.00	\$72.00	\$63.00	\$107.00
20,000 – 39,999	\$0.00	\$18.00	\$15.00	\$26.00
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**.

Biweekly Medical and Prescription Drug Coverage (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	\$92.00	\$83.00	\$127.00
20,000 – 39,999	\$20.00	\$38.00	\$35.00	\$46.00
40,000+	\$20.00	\$20.00	\$20.00	\$20.00

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

Biweekly Dental Coverage				
	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
DHMO	\$11.42	\$20.93	\$22.14	\$34.21
Low Plan	\$9.44	\$16.26	\$15.76	\$24.63
High Plan	\$18.50	\$37.04	\$33.33	\$51.91

Biweekly Vision Coverage				
	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
Vision Plan	\$3.54	\$5.57	\$5.69	\$9.17

Monthly Life and AD&D Insurance		
Team Member Age (As of January 1, 2020)	Monthly rates 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 \$500,000)	
	Non-Tobacco User	Tobacco User
<25	\$0.036	\$0.040
23-30	\$0.037	\$0.042
30-34	\$0.043	\$0.049
35-39	\$0.056	\$0.066
40-44	\$0.073	\$0.093
45-49	\$0.103	\$0.134
50-54	\$0.140	\$0.197
55-59	\$0.194	\$0.251
60-64	\$0.247	\$0.310
65-69	\$0.345	\$0.422
70-75	\$0.635	\$0.774
75+	\$1.921	\$2.294
Dependent Life Insurance		
\$25,000 Spouse/Domestic Partner Life Insurance*	\$5.00	\$5.50
\$10,000 Child(ren)/ Domestic Partner's Child(ren) Life Insurance*	\$1.36	\$1.36

**You must purchase Team Member coverage in order to elect this coverage. You must elect a Team Member only amount of at least \$25,000 in order to elect spouse/domestic partner Life insurance or \$10,000 in order to elect child/domestic partner child Life insurance.*

Biweekly Short-Term Disability and Long-Term Disability Insurance	
	Team Member Coverage Only
STD	\$12.06
STD Plus	\$16.70
LTD Non-Tobacco User	\$0.2298 per \$100
LTD Tobacco User	\$0.2552 per \$100

Monthly Critical Illness Insurance: \$10,000 Benefit (Non-Tobacco User)				
TM Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$2.50	\$4.50	\$4.80	\$6.70
25 – 29	\$2.70	\$4.70	\$4.90	\$6.90
30 – 34	\$3.50	\$5.90	\$5.80	\$8.20
35 – 39	\$4.90	\$7.90	\$7.10	\$10.20
40 – 44	\$7.20	\$11.30	\$9.40	\$13.50
45 – 49	\$10.70	\$16.40	\$12.90	\$18.60
50 – 54	\$15.50	\$23.40	\$17.80	\$25.70
55 – 59	\$21.90	\$32.60	\$24.20	\$34.80
60 – 64	\$31.50	\$46.40	\$33.80	\$48.70
65 – 69	\$47.60	\$69.60	\$49.80	\$71.80
70+	\$71.00	\$103.90	\$73.20	\$106.20

Monthly Critical Illness Insurance: \$10,000 Benefit (Tobacco User)				
Team Member Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$3.20	\$5.50	\$5.40	\$7.70
25 – 29	\$3.40	\$5.80	\$5.70	\$8.00
30 – 34	\$4.90	\$8.00	\$7.10	\$10.20
35 – 39	\$7.20	\$11.40	\$9.50	\$13.60
40 – 44	\$11.20	\$17.20	\$13.40	\$19.40
45 – 49	\$17.30	\$26.10	\$19.60	\$28.40
50 – 54	\$26.00	\$38.60	\$28.20	\$40.90
55 – 59	\$37.30	\$54.90	\$39.50	\$57.20
60 – 64	\$54.40	\$79.60	\$56.60	\$81.80
65 – 69	\$83.20	\$121.10	\$85.50	\$123.40
70+	\$125.20	\$182.80	\$127.50	\$185.00

Monthly Critical Illness Insurance: \$20,000 Benefit (Non-Tobacco User)				
Team Member Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$5.00	\$9.00	\$9.60	\$13.40
25 – 29	\$5.40	\$9.40	\$9.80	\$13.80
30 – 34	\$7.00	\$11.80	\$11.60	\$16.40
35 – 39	\$9.80	\$15.80	\$14.20	\$20.40
40 – 44	\$14.40	\$22.60	\$18.80	\$27.20
45 – 49	\$21.40	\$32.80	\$25.80	\$37.20
50 – 54	\$31.00	\$46.80	\$35.60	\$51.40
55 – 59	\$43.80	\$65.20	\$48.40	\$69.50
60 – 64	\$63.00	\$92.80	\$67.60	\$97.40
65 – 69	\$95.20	\$139.20	\$99.60	\$143.60
70+	\$142.00	\$207.80	\$146.40	\$212.40

Monthly Critical Illness Insurance: \$20,000 Benefit (Tobacco User)				
Team Member Age	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
<25	\$6.40	\$11.00	\$10.80	\$15.40
25 – 29	\$6.80	\$11.60	\$11.40	\$16.00
30 – 34	\$9.80	\$16.00	\$14.20	\$20.40
35 – 39	\$14.40	\$22.80	\$19.00	\$27.20
40 – 44	\$22.40	\$34.40	\$26.80	\$38.80
45 – 49	\$34.60	\$52.20	\$39.20	\$56.80
50 – 54	\$52.00	\$77.20	\$56.40	\$81.80
55 – 59	\$74.60	\$109.80	\$79.00	\$114.40
60 – 64	\$108.80	\$159.20	\$113.20	\$163.60
65 – 69	\$166.40	\$242.20	171.00	\$246.80
70+	\$250.40	\$365.60	255.00	\$370.00

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

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

How You Pay for Benefits

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

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



Your 2020 Benefit Elections Worksheet

Complete the following worksheet to get a full picture of what your benefits for 2020 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 2020 benefits per pay period.

Keep in mind that tobacco user contribution rates apply to medical, LTD, life insurance, and critical illness. Be sure to select the applicable rate when you are tallying your paycheck contribution amounts.

Important: Life insurance and critical illness insurance contributions are shown on a monthly basis and are noted with an asterisk below. You need to convert these to a biweekly dollar amount to complete this worksheet. To do this, take the dollar amount from the contribution table, multiply by 12, and then divide by 26.

Your 2020 Benefits	Plan Option/Benefit Amount And/Or Coverage Level	Biweekly Paycheck Contribution Amount
Medical See p. 25 for contributions		
• Your 2020 Medical Plan		\$
Dental See p. 26 for contributions		
• Your 2020 Dental Plan		\$
Vision See p. 26 for contributions		
• Your 2020 Vision Plan		\$
Income Protection Benefits See pp. 26 - 27 for contributions		
• Team Member Life Insurance*	\$	\$
• Spouse/Domestic Partner Life Insurance*	\$	\$
• Children/Domestic Partner's Children Life Insurance*	\$	\$
• STD or STD Plus		
• LTD		
Voluntary Benefits See pp. 27 - 28 for contributions		
• Accident Insurance		
• Critical Illness Insurance*		
Savings and Spending Accounts Divide your annual contribution by 26 and include that amount under "paycheck contribution amount"		
• HSA	\$	\$
• Health Care FSA or HSA-Compatible FSA	\$	\$
• Dependent Care FSA	\$	\$
Your 2020 Per-Paycheck Contribution Total		\$

Contacts

Use the contact information below for access to your benefits.

Benefit	Benefit Partner	Phone Number	Website
Medical <ul style="list-style-type: none"> • WFM Medical and Wellness Center • Whole Health Plan (Preferred Tier and Expanded Tier Networks) 	See page 13 WebTPA	844-380-4554	N/A www.webtpa.com Find in-network providers at: www.employershealthnetwork.com/whole-foods/
Prescription Drug <ul style="list-style-type: none"> • Short-Term Prescriptions • Long-Term Prescriptions 	Southern Scripts Postal Prescription Services	833-682-6480 800-552-6694	www.southernscripts.net www.ppsrx.com
Personal Wellness Account (PWA) Health Savings Account (HSA)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Dental	Cigna	800-244-6224	www.cigna.com
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> • Health Care FSA • HSA-Compatible FSA • Dependent Care FSA 	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Life and AD&D	Unum	877-311-9895	www.unum.com
Short-Term Disability	Sedgwick	844-465-6240	www.sedgwick.com
Long-Term Disability	Unum	877-311-9895	www.unum.com
Critical Illness Insurance Accident Insurance	MetLife	855-296-2397	www.mybenefits.metlife.com
Choice Auto and Home Program	Mercer	855-296-2397	Find more information on Innerview
Team Member Assistance Program (TMAP)	E4 Health	877-273-2715	www.HelloE4.com



Questions?

If you have additional questions about any of your benefits, contact your Team Member Services representative.



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.

