



**Your Health:
Simple,
Supported,
Sustainable**

2026 Annual Benefits
Enrollment Guide

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Your Path to Wellness

At Whole Foods Market, we're committed to nourishing not just our customers and the planet, but you – our valued Team Members. This year, we're focusing on making your health journey simple, supported, and sustainable.

For the **fifth consecutive year**, your medical plan contribution rates will remain unchanged. Whole Foods Market will absorb the increased costs, allowing you to focus on what matters most – your health.

Your wellbeing is our priority. Our in-store discounts and preventive care programs work alongside our comprehensive health plans to support you with the care you need, when you need it. Our benefits program helps you meet your health goals today while investing in your future wellbeing.

Please take time to review this guide carefully and choose the plans that best suit you and your family for the coming year.

Many appreciations for all you do.

Brian O'Connell

Senior Vice President, Team Member Services



Welcome to Your Whole Foods Market 2026 Benefits Guide

Use this Benefits Guide to see what is new. Next, visit mywfmbenefits.com to learn more about your options. Then on Oct. 13, start selecting your 2026 benefits using the Benefit Enrollment Portal on MyApps.

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 and what's new for 2026
- Eligibility guidelines and information on how and when to enroll
- Additional programs and resources available to help you manage your overall health, protect your finances, and more

How To Enroll

We offer different ways to enroll to give you the level of support that is best for you.

Certified Benefits Counselors are available to help you navigate the enrollment system, answer your questions, and help with your benefit selections. Connect in the way that works best for you.



ONLINE: Visit myapps.wholefoods.com and select the Benefits Enrollment Portal and follow the prompts to complete your enrollment.



BY PHONE: Call the Benefits Service Center to speak with an Enrollment Representative who will take your elections over the phone.
888-681-2249, option 1, Monday - Friday, 7am - 7pm CT.



VIRTUAL: Schedule a one-on-one video call with a certified Benefits Counselor at www.benefitsgo.com/WFMWebscheduler.
NOTE: Use of your camera is optional.



Enroll online.



ONLINE: The enrollment system is available 24/7 during Annual Benefits Enrollment.



Visit myapps.wholefoods.com or scan the QR code. From the MyApps dashboard, select the Benefits Enrollment Portal to complete your self-service enrollment.

TAKE ACTION

Be sure to enroll in the benefits you need—and want—for 2026 by 7pm CT on Friday, Oct. 24.

Take action during Annual Benefits Enrollment if you want to make changes to your current WFM coverage, contribute to an HSA or FSA, and enroll in new coverage in 2026.

Annual Benefits Enrollment is your opportunity to elect benefits for the year, unless you experience a qualifying life event such as marriage, divorce, or the birth of a child in which case you can make changes.

New Items for 2026

No Changes to Medical and Vision Contributions:

Whole Foods Market is absorbing the increase in health care costs to support our Team Members. **For the fifth consecutive year, Team Member contributions will remain the same.**

The individual deductible for the **National Choice Plan** will increase to \$3,400 and the individual deductible for Tier Two in the **Whole Health Plan** will also increase to \$3,400 to remain compliant with statutory regulations. Please see pages 8-9 for more information.

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.

Please note: active Team Members cannot be considered dependents and must be enrolled in their own plan to be covered.

Eligibility

When it comes to choosing your benefits, it's important to understand what is available, 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. See the [Summary Plan Description \(SPD\)](#) for more details on eligibility and enrollment.

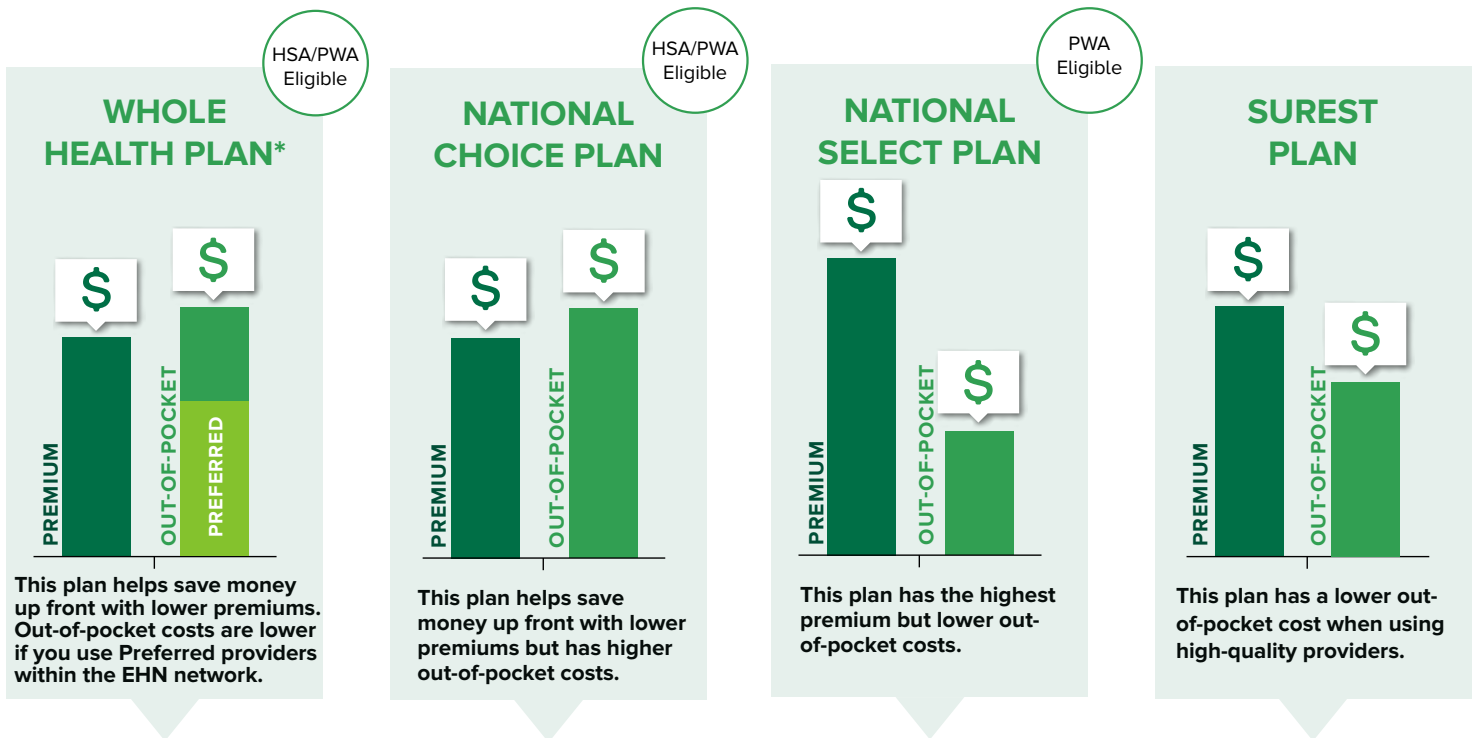
BENEFIT	YOU (TEAM MEMBER)	YOUR DEPENDENTS
Medical	You are eligible for coverage on the first of the month following 60 days of employment at WFM if you are classified as full-time and regularly work 30 or more hours per week or are in an ACA full-time stability period. Team Members must make an election within 30 days of their date of hire or change in eligibility status. Hawaii Team Members: You are eligible for coverage on the first of the month following four consecutive weeks of employment at WFM if you regularly work 20 or more hours per week or are in an ACA full-time stability period.	<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)
Dental and Vision	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. 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.	Please Note: Eligible proof of dependent status must be provided within 30 days of election; otherwise, coverage will be denied.
Health Savings Account (HSA) <i>Not available to Hawaii Team Members.</i>	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. You also must be enrolled in the National Choice Plan or Whole Health Plan in order to elect the HSA. See eligibility provisions on pages 21-22.	You may use your HSA for your spouse or tax-eligible dependents only (anyone that you can claim as your dependent on your tax return). Conditions apply; please see IRS Publication 969. Note: You may not use your HSA for your domestic partner or your domestic partner's children, unless they are tax dependents.
Personal Wellness Account (PWA) <i>Not available to Hawaii Team Members.</i>	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. You also must be enrolled in the National Choice Plan, the National Select Plan, or Whole Health Plan to elect the PWA.	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. Conditions apply; please see IRS Publication 969. Note: You may not use your PWA for your domestic partner or your domestic partner's children, unless they are tax dependents.
Flexible Spending Accounts (FSAs)	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. 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.	You may use your FSA for your spouse or tax-eligible dependents. Conditions apply; please see IRS Publication 969.
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. 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.	Your spouse/domestic partner and eligible children (up to age 26), if you elect the minimum coverage amount for yourself. Team Members in the same family cannot be enrolled in multiple plans; i.e., a TM's spouse who works at WFM cannot be covered under their own WFM TM life policy and under a WFM spouse policy. See page 17 for details.
Disability	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. 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.	N/A

Medical Benefits

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 primary address 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 Whole Health Plan (WHP)** is available in certain 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). With this plan, you choose your Health Care Funding Account—Health Savings Account (HSA) or Personal Wellness Account (PWA).
- **The National Choice Plan** offers a national network of providers through BlueCross BlueShield of Texas. With this plan, you choose your Health Care Funding Account—Health Savings Account (HSA) or Personal Wellness Account (PWA).
- **The National Select Plan** is available in all markets (excluding Hawaii). The plan offers a national network of providers through BlueCross BlueShield of Texas. With this plan, you will be enrolled in a Personal Wellness Account (PWA).
- **The Surest Plan** offers a national network of providers through UnitedHealthcare including access to the large national provider network without deductibles or coinsurance. This plan shows actual copays (not estimates) before getting care, allowing Team Members to find opportunities to save. You are able to keep any funds you currently have in your Health Savings Account and may use it for eligible expenses per IRS guidelines. *If you are enrolled in a Personal Wellness Account prior to selecting Surest, your funds will roll over into a Limited Purpose PWA eligible for Dental and Vision expenses only.*
- **The Hawaii Preferred Provider Organization (PPO)** through HMSA is for Team Members in Hawaii.

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



Best if you...
are interested in using a curated local network of high-quality providers.

Best if you...
are healthy, active, and rarely expect to use medical care, allowing you to maximize the premium savings.

Best if you...
are going to require plenty of medical care in the coming year, such as a complex surgery.

Best if you...
want to make informed decisions about your care, and are interested in choosing providers based on quality, efficiency, and cost.

Medical Benefits

Health care needs are different for everyone. We offer multiple options so you can choose the coverage level best-suited to your needs and budget.

We offer four medical options that offer comprehensive health care benefits.

WHOLE HEALTH PLAN*
NATIONAL CHOICE PLAN
NATIONAL SELECT PLAN
SUREST PLAN

Each option gives you access to a network of high-quality medical providers. The difference is that each option carries different premium and out-of-pocket costs.

What's the Right Plan for You?

Balance your premium cost with what you expect to spend for medical services. If you're healthy and don't expect to have many doctor visits, you can greatly reduce your upfront cost by choosing a lower premium option. If you require a lot of care and need to limit out-of-pocket expenses, the higher premium option might make sense.

*Please Note: The Whole Health Plan is only available in certain markets, see page 9 for details.

Still Not Sure?

Use the Compare the Plans tool by visiting mywfbenefits.com to compare your options with each plan.



PLANNING FOR OPTIMAL HEALTH

Medical Status: Recently diagnosed with diabetes and high cholesterol

Financial Risk Factor: Managing chronic conditions could be costly

Because of her recent medical diagnoses, this Team Member visits her physician regularly and sees a specialist a few times a year.

She enrolls in the **National Select Plan**, as she prefers to pay higher premiums upfront and spend less out-of-pocket on medical services as she receives them.

She opens a **Flexible Spending Account** to set aside pre-tax money she can use for copays, prescriptions, diabetes testing supplies, and other out-of-pocket expenses.

Because of her current health status and a family history of heart disease, she supplements her medical plan with **Critical Illness Insurance** and **Hospital Indemnity Insurance**.

She is eager to improve her health and applies for WFM's **Healthy Retreat immersive wellness program** to learn how lifestyle choices may improve her conditions and reduce her medical costs.

Visit <https://www.mywfbenefits.com/resources/real-life-examples> for more real life examples to find your best fit.

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: a Health Savings Account (HSA) or a Personal Wellness Account (PWA). See page 21-22 for more information about both accounts. When you enroll in the WHP, you'll automatically receive in-network prescription coverage. See pages 12-13 for prescription coverage details.

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.

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	\$3,400 \$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.

Medical Benefits

Review the medical plan details in the table below to compare your options.

Plan Feature	NATIONAL CHOICE PLAN (BCBSTX) WITH HSA OR PWA		NATIONAL SELECT PLAN (BCBSTX) WITH PWA		SUREST PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HSA or PWA Funding	\$1,000 Individual \$1,500 Family (includes all other coverage tiers)		\$500 Individual \$1,000 Family (includes all other coverage tiers)		N/A	N/A
Annual Deductible • Individual • Family	\$3,400 \$5,000	\$7,500 \$10,500	\$1,600 \$3,200	\$7,500 \$10,500	\$0	\$0
Out-of-Pocket Maximum • Individual • Family	\$6,650 \$13,300	\$13,300 \$26,200	\$3,325 \$6,650	\$13,300 \$26,200	\$6,000 \$12,000	\$12,000 \$24,000
You Pay						
Preventive Care	\$0, not subject to deductible	60% after deductible	\$0, not subject to deductible	60% after deductible	\$0	\$210
Office Visits (PCP/Specialist)	25% after deductible	60% after deductible	\$30/\$60 copay	60% after deductible	\$35 - \$140	\$210
Urgent Care Visits	25% after deductible	60% after deductible	\$60 copay	60% after deductible	\$90	\$270
Lab Services (X-ray, blood work)	25% after deductible	60% after deductible	25% after deductible	60% after deductible	\$0	\$0
Inpatient Hospital Services	25% after deductible	60% after deductible	25% after deductible	60% after deductible	\$600 - \$4,500*	Up to \$11,000*
Outpatient Hospital Services	25% after deductible	60% after deductible	25% after deductible	60% after deductible	\$75 - \$4,500*	Up to \$11,000*
Emergency Room Care	25% after deductible	25% after deductible	\$200 copay/ 25% after deductible	\$200 copay/ 25% after deductible	\$850	\$850

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network at \$0 and these preventive care benefits are generally updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. Review the [Summary Plan Description \(SPD\)](#) for a list of preventive care services.

**Copay varies by provider, quality, medical procedure, and efficiency. Please visit the [Surest site](#) to see actual prices for specific procedures in your area.*

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 by calling your insurance carrier directly, to speak to a Service Center Representative who can help you find a provider in your network.

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. Specialty drugs now have a 20% coinsurance for in-network services. The HMSA PPO Plan is available to Team Members living in Hawaii only.

How the HMSA PPO Plan Pays for Benefits: Review the medical & prescription plan details in the table below.

HMSA PREFERRED PROVIDER ORGANIZATION (PPO)		
Plan Feature	Participating Provider	Non-Participating Provider
Annual Deductible* • Individual • Family		\$100 \$300
Out-of-Pocket Maximum • 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	
Generic	\$5 copay	20% after \$5 copay
Brand Name Formulary	\$20 copay	20% after \$20 copay
Non-Formulary	\$20 copay	20% after \$20 copay
Specialty	20% coinsurance	Not Covered
Prescriptions – Mail Order (Per 84 – 90-day supply)		
Generic	\$10 copay	Not Covered
Brand Name Formulary	\$45 copay	
Non-Formulary	\$45 copay	

**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 **808-948-6111** (Oahu) or **800-776-4672** (toll-free on the Neighbor Islands or Mainland).

Programs and Resources

Our medical plans provide access to top doctors and hospitals when you need care. They 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 wellbeing. 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.

MDLive

Virtual visits are powered by MDLive with the National Choice, National Select, and Whole Health Plans. 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. Call or video conference 24/7/365 at **888-680-8646**.

Surest Virtual Care

For Team Members enrolled in the Surest Plan, virtual care offers convenient access to health care experts via your phone, tablet, or computer. To connect with virtual care, set up your Surest account and then search for “virtual care” to see virtual options available to you at low- or no-copay. Virtual providers can diagnose, treat, and prescribe medications for a wide range of non-emergency medical conditions, including those for cold and flu, mental health, and exercise therapy.

Virtual Back and Joint Care

Hinge Health: Available to National Choice, National Select Plan, and Whole Health 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.

Kaia Virtual Care: Available to Surest Plan enrollees and offers digital-first therapy complemented by human care with comprehensive plans for back, joint, and chronic pain.

Part-Time
Eligible
Benefit

Team Member Assistance Program

Did you know that all Team Members have access to the confidential Team Member Assistance Program (TMAP) powered by Headspace? TMAP provides a holistic approach to mental wellbeing for you and your household members age 13+ with an online library of mindfulness and meditation exercises, unlimited chat sessions with a dedicated coach, and up to seven (7) virtual clinical sessions per issue, per year. Search ‘TMAP’ on Innerview or visit TMAP.wholefoods.com to register.

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. Like other benefits, this election will remain until the following Annual Benefits Enrollment or if you have a qualifying life event during the year.

Prescription coverage through Prime Therapeutics is automatically available with the Whole Health Plan, National Choice, National Select, and Surest Plans.

Whole Health Plan In-Network Prescription Benefits

Type of Medication	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	

National Choice and National Select Plans In-Network Prescription Benefits

TYPE OF MEDICATION	30-DAY SUPPLY	90-DAY SUPPLY
Preventive: Standard*	\$0, not subject to deductible	\$0, not subject to deductible
Preventive: Expanded	Cost-sharing percentages 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.

**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 prescribe.

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.

Prescriptions

If you elect the Surest health plan, you can check prices in advance and compare options, and find opportunities to save. If the cost at the pharmacy is less than the assigned copay, you'll pay the lower cost. Compare costs by signing in to your member account on the Surest app or [Surest.com](https://www.surest.com).

Surest Prescription Benefits

PHARMACY COVERAGE		
Plan Feature	In-Network Provider	Out-of-Network
Retail Pharmacy - 30-Day Supply		
Tier 1	\$10	Not Covered
Tier 2	\$90	Not Covered
Tier 3	\$160	Not Covered
Retail Pharmacy - 90-Day Supply		
Tier 1	\$25	Not Covered
Tier 2	\$225	Not Covered
Tier 3	\$400	Not Covered
Specialty Retail Pharmacy		
Tier 1	\$440	Not Covered
Tier 2	\$480	Not Covered
Tier 3	\$530	Not Covered

Formulary tiers: Standard and specialty (complex) medication

The tiered system can help avoid high costs when an equally effective generic alternative exists. This lowest-net-cost philosophy can help drive down costs.

- **Tier 1/Specialty Tier 1:** Preferred generics and some lower-cost brand products (typically the least costly at the pharmacy).
- **Tier 2/Specialty Tier 2:** Preferred brand-name medications that are typically less costly and some higher-cost non-preferred generics.
- **Tier 3/Specialty Tier 3:** Non-preferred products, may include some higher-cost non-preferred generics.

Taking a Maintenance Medication? Try a 90-Day Supply

In the National Choice, National Select, Surest, and Whole Health Plans, 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 qualifying 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."

Voluntary Benefits

Voluntary health insurance can help cover costs associated with a major illness or injury that medical insurance does not cover.

Events like accidents, hospitalizations and critical illnesses can happen unexpectedly. Enrolling in Group Hospital Indemnity, Critical Illness, Life & AD&D, Accident, or Disability Insurance can help you be financially prepared.

The benefits are paid directly to you (unless otherwise assigned), allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

Group Critical Illness, Group Hospital Indemnity, and Group Accident Insurance are administered by Aflac.

Group Critical Illness Insurance





You can help protect yourself from the unexpected costs of a serious illness.

Even the most comprehensive medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Group Critical Illness Insurance, administered by Aflac, pays a full lump sum benefit directly to you (unless otherwise assigned) if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have. You can elect up to \$30,000 in coverage in \$10,000 increments.

Covered Illnesses include, but are not limited to:

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure
- Coronary Artery Bypass Surgery

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage[†]:** You can elect to cover your spouse and children. Spouse and children may receive 50% of your benefit.
-  **Portable Coverage:** Your coverage may be continued with certain stipulations if you change jobs or retire. See certificate for details.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deduction.



How Critical Illness Insurance Works

When Sam had a stroke, they were grateful their doctors were able to stabilize their condition, but they learned there was some permanent damage to their vision requiring additional medical care. They began to see their out-of-pocket costs add up quickly. The good news is they received a lump sum payment of \$10,000 to help cover these expenses from the **Critical Illness** coverage they elected during Annual Benefits Enrollment.

Wellness Benefit



Earn \$50! You'll receive \$50 per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, etc. and file a claim with Aflac.

[†]If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.
If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.
This plan is not a replacement for medical insurance.

Group Accident Insurance

Group Accident Insurance, through Aflac, pays benefits directly to you (unless otherwise assigned) if you suffer a covered injury such as a fracture, burn, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 🕒 **Lump-sum Payment** directly to you (unless otherwise assigned), so you get to decide how to spend the benefit.
- ➡ **Portable Coverage:** Your coverage may be continued with certain stipulations if you change jobs or retire. See certificate for details.
- 💰 **Payroll Deduction:** Premiums are paid through convenient payroll deductions.



Wellness Benefit

Earn \$50! You'll receive \$50 per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, etc. and file a claim with Aflac.



How Accident Insurance Works

Pat loves working in the backyard garden on the weekends. One day while carrying some supplies, she tripped and sprained her ankle and broke her big toe.

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments. Fortunately, Pat has Group **Accident Insurance** which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.



How Pat's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room (with x-ray)	\$ 350
Fracture Benefit	\$ 320
Physician Follow-Up Visits (2)	\$ 250 (\$125 per visit)
Physical Therapy Visits (6)	\$ 300 (\$50 per visit)
TOTAL SAMPLE BENEFIT	\$1,220

This plan is not a replacement for medical insurance.

If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.

If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.





Group Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Group Hospital Indemnity Insurance, administered by Aflac, pays benefits directly to you (unless otherwise assigned) if you are admitted into a hospital for a covered injury or illness, including childbirth. Benefits are paid even if you have other coverage.

You receive a benefit when you are admitted and then an additional benefit based on the number of days you are confined to the hospital. You receive an additional benefit if you are confined to an intensive care unit or intermediate intensive care step-down unit.

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.*
-  **Portable Coverage:** Your coverage may be continued with certain stipulations if you change jobs or retire. See certificate for details.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.



How Hospital Indemnity Insurance Works

Mike and Diane are excited to welcome a new addition to their family. Diane is admitted to the hospital where she gives birth to a healthy baby girl. Mom and baby stay in the hospital for four days.

Luckily, the couple has **Hospital Indemnity Insurance** to help cover their medical bills. Diane receives a benefit for being admitted to the hospital and an additional benefit for each day of her inpatient stay.



How Mike & Diane's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per confinement	\$1,000
Hospital Confinement	\$125 per day (4 days)	\$500
TOTAL SAMPLE BENEFIT		\$1,500

Group Accident, Critical Illness and Hospital Indemnity insurance are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief product overview only. For complete details, please refer to the plans. Policy form numbers C70100TX, C22100TX and C80100TX. Continental American Insurance Company | Columbia, SC. AGC2401176 EXP 9/25

Wellness Benefit



Earn \$50! You'll receive \$50 per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, etc. and file a claim with Aflac.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

This plan is not a replacement for medical insurance.

Life and Accidental Death & Dismemberment Insurance

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 and AD&D Insurance coverage, including for Team Members, spouses/domestic partners' (cannot also be WFM Team Members), and children' (up to age 26), is fully Team Member paid. Team Member contributions are deducted on a post-tax basis from your paycheck. See the table below for your coverage options.

Voluntary Life and AD&D Insurance

You may choose to purchase Voluntary Life Insurance coverage as outlined in the table below.

TEAM MEMBER	As a New Hire or newly-eligible Team Member, you may elect 1X, 2X, 3X, 4X, or 5X your annual earnings (up to a maximum of \$750,000). Amounts up to \$500,000 will not be subject to the Evidence of Insurability (EOI) process. If you have previously declined this coverage or have been denied by Aflac in the past, you will need to satisfy the EOI process for any coverage you elect. This benefit will not be effective until the EOI is approved. The AD&D coverage is equal to the combined coverage amount of the Team Member Basic Life Insurance and Team Member Voluntary Life Insurance.
SPOUSE	50% of Team Member Voluntary Life Insurance coverage amount. (Benefit amount is subject to age reductions based on the Team Member's age.) The EOI process may apply and the spouse/dependent cannot also be a WFM Team Member.
CHILD(REN)	\$10,000 (Children are eligible for coverage up to age 26.)

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

Basic Term Life and AD&D Insurance

If you are approved for Voluntary Life Insurance coverage, you will be automatically enrolled in Basic Term Life and AD&D coverage. Whole Foods Market provides Basic Term Life and AD&D coverage at no cost to you.

COMPANY-PAID TEAM MEMBER LIFE INSURANCE AND AD&D	The Life benefit is equal to 1x times your base annual earnings to a maximum of \$300,000. The AD&D benefit will equal the amount of your Voluntary Life Insurance and Basic Life Insurance combined.
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EXAMPLE: IF YOU ELECT VOLUNTARY LIFE 2X PAY

	Coverage Paid by TM	Coverage Paid by WFM	Total Coverage Received*
Life Insurance	2x Pay	1x Pay	3x Pay
AD&D	2x Pay	1x Pay	3x Pay

*Multiple of pay up to maximum

Visit the Aflac Learning Hub at <https://learn.aflac.com/wholefoods> or scan the QR code here.



Disability Insurance

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.



Short-Term Disability Insurance

Short-Term Disability (STD) Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

Short-Term Disability Insurance is administered by Sedgwick. If you elect this insurance, 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.

After you are out of work for eight days and declared disabled, you will receive 60% of your base earnings for up to a maximum of \$1,500 per week. Benefits are paid out for up to 25 weeks for any single disability, depending on your diagnosis and condition.

Team Members in states with disability benefits or paid family leave benefits: WFM STD benefits will offset benefits that Team Members may receive from other income sources such as state disability or paid medical leave benefits.

Long-Term Disability Insurance

Long-Term Disability (LTD) Insurance, offered through Aflac, helps protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan. If you elect Long-Term Disability Insurance, 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. The benefit is equal to 60% of your base monthly earnings to a maximum of \$10,000 per month. Benefits begin after 180 days of your disability.

Please note: Team Members must be enrolled in STD/LTD benefits prior to disabling events, e.g., expectant parents should be enrolled before they give birth.

Dental Benefits

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 primary address on file for you in Workday. It is important to update your information in Workday as it changes. When you enroll, you will 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 up 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.

***Services by Out-of-Network providers may be subject to balance billing based on the allowed amount. You pay any charges from your dentist over this amount.

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 Benefits

Whole Foods Market offers vision coverage through Vision Service Plan (VSP), which helps cover the cost of regular eye exams and other vision care expenses.

	IN-NETWORK	OUT-OF-NETWORK
Eye Examination Copay (every 12 months)	\$10 copay	Plan pays up to \$45
Materials Copay	\$10 copay	\$10 copay
Lenses* (every 12 months)		
Single Vision Bifocal Trifocal	\$0 copay	Plan pays up to \$30 Plan pays up to \$50 Plan pays up to \$65
Lens Enhancements		
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	Not covered Plan pays up to \$5 Plan pays up to \$50 Plan pays up to \$50 Plan pays up to \$50
Frames (every 12 months)		
Retail allowance Discount over allowance	\$200 allowance 20% off amount over allowance	Plan pays up to \$70
Contact Lenses* (every 12 months)		
Lenses Exam	\$200 allowance Up to \$60 copay	Plan pays up to \$105

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



Enjoy Additional Discounts and Savings

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

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

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:	
		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 \$4,400 for individual coverage and \$8,750 for all other coverage levels, less WFM's contribution. See details on page 22. 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.



Planning to Switch From the PWA to the HSA in 2026?

If you were enrolled in the National Choice Plan, National Select Plan, or Whole Health Plan and elected the PWA in 2025, but plan to choose the HSA in 2026, it's important to note that a Limited Purpose PWA will automatically be opened for you to be used for eligible dental and vision expenses going forward. Any remaining balance in your 2025 PWA will be rolled into the Limited Purpose PWA, and the funds will be available to you after January 9, 2026.

The deadline to file claims incurred prior to January 1, 2026, for PWA expenses, is March 31, 2026. After this date, funds will be eligible for dental and vision expenses only.

Health Care Funding Accounts

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.

Increase to Health Savings Account (HSA) IRS Maximum

The HSA IRS maximum contribution limit is increasing for 2026. WFM's contribution counts toward this maximum.

COVERAGE LEVEL	IRS CONTRIBUTION MAXIMUM	WFM'S CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION
Team Member Only	\$4,400	\$1,000	\$3,400
Team Member + Dependents	\$8,750	\$1,500	\$7,250

If you are age 55 or turning 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. Amounts change yearly per IRS guidelines.

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.



Flexible Spending Accounts (FSAs)

Reduce your federal income taxes while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Whole Foods Market offers three types of accounts – a Health Care FSA, an HSA Compatible (Limited Purpose) FSA, and a Dependent Care FSA.

How Flexible Spending Accounts Work

1. Each year during Annual Benefits Enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount will be available for use on your benefit effective date.
2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

ANNUAL MAXIMUM CONTRIBUTION	
Health Care or HSA Compatible (Limited Purpose) Flexible Spending Accounts	\$3,300
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)**

* NOTE: Limits may vary for highly compensated Team Members.

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.



HEALTH CARE FSA



Deductibles, copays, prescription drugs, medical equipment, etc.*



HSA COMPATIBLE (LIMITED PURPOSE) FSA



Works with HSA-eligible medical plans to cover dental and vision expenses.



DEPENDENT CARE FSA



Babysitters, daycare, day camp, home nursing care, etc.

*If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA.

**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.

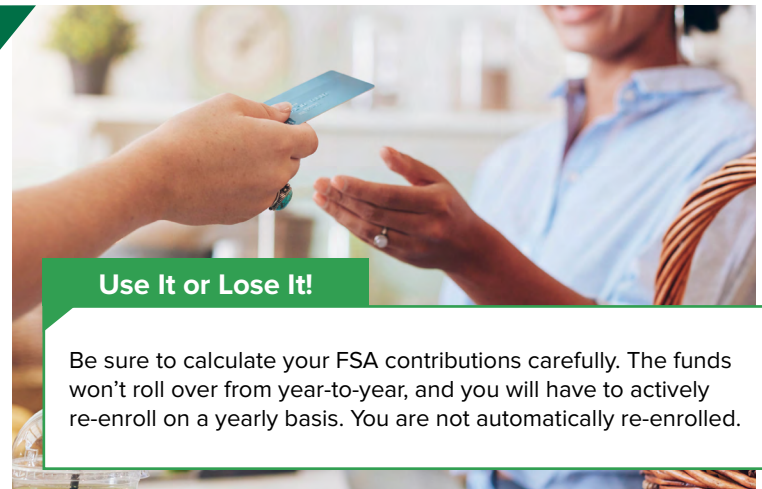
* For Highly Compensated Employees (HCEs), as that term is defined by the IRS in IRC Section 414(a), your Health Care and Dependent Care FSA contributions may be capped. Please visit benefits.wholefoods.com for the maximum.

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

Items You Might Not Realize are Health Care FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands

Scan here for a list of FSA covered expenses.



Use It or Lose It!

Be sure to calculate your FSA contributions carefully. The funds won't roll over from year-to-year, and you will have to actively re-enroll on a yearly basis. You are not automatically re-enrolled.

Everyday Benefits

Part-Time Eligible Benefit

Take advantage of **Everyday Benefits** and enroll in these benefits **24/7, 365 days a year** – not just during **Annual Benefits Enrollment** or a **Qualifying Life Event**. Your customized benefits are yours for as long as you want them, so you can make changes to your coverage, if needed, or even take your coverage with you if you change employers.

Eligible Whole Foods Market Team Members can access Auto Insurance, Homeowners and Renters Insurance and Pet Insurance on Everyday Benefits by visiting everyday.aon.com/wfm.

Note: Everyday Benefit elections take effect the first of the following month after election, not January 1, 2026.

Auto and Home Program

Find and easily compare coverage options from multiple carriers for your home and car with tools that make it simple to choose a policy that is right for you. Take advantage of bundling, home security, safe driver and other Team Member discounts for savings over regular retail prices.

Pet Insurance

They're more than pets – they're family. Give your pet the care they deserve without the added stress of large vet or emergency bills.

Features include:

- Freedom to use any U.S. licensed vet, including for specialty and emergency care
- Coverage for accidents, injuries, common and chronic illnesses, hereditary and congenital conditions and more
- Optional wellness coverage for eligible routine exams, vaccinations, prescription medications and more
- Cover multiple pets under one policy with a Family Plan



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

- Medical
- Dental
- Vision
- Health Savings Account
- Flexible Spending Accounts
- Disability

Contributions Deducted After Taxes

- Accident, Critical Illness, Hospital Indemnity, Pet, and Home and Auto Insurance
- Team Member Life and AD&D Insurance
- Spouse/Domestic Partner and Child Life Insurance
- Benefits for your domestic partner and their children (unless they are your tax dependents)

Additional Benefits

WFM offers Team Members a variety of resources and benefits to support and encourage the overall wellbeing 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 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**.

Nicotine Cessation Program

If you want to quit nicotine, 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 quitnow.net/wfm or call **866-QUIT-4-LIFE**.



Perks at Work

Enjoy a variety of discounts on items you purchase everyday. Shop online and enjoy savings on travel, electronics, clothing, household items, utilities, restaurants, movie tickets, and more.

Team Members can invite up to 5 family members or friends to share access to savings. To get started go to: <https://www.perksatwork.com/login#>

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. This unique to WFM program educates on a preventive and curative approach to nutrition. We know that feeling your best starts with nourishing your body with the highest quality natural and organic foods, and we’ve partnered with leaders in the medical field to offer this experience. WFM covers the program cost and travel to the program for eligible Team Members and covers partial costs for eligible spouses. 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 and and search Healthy Retreats.



Contribution Rates

On the following pages are the **biweekly** Team Member contribution rates for 2026 benefits. Contribution rates are set at the start of each plan year and determined by your service hours listed in Workday on December 31, 2025.

MEDICAL AND PRESCRIPTION COVERAGE FOR THE NATIONAL CHOICE PLAN AND WHOLE HEALTH PLAN (NON-NICOTINE 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-NICOTINE 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

MEDICAL AND PRESCRIPTION COVERAGE FOR THE SUREST PLAN (NON-NICOTINE USER)				
Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
< 4,000	\$45.00	\$211.00	\$182.00	\$317.00
4,000 – 19,999	\$45.00	\$141.00	\$122.00	\$213.00
20,000 – 39,999	\$16.00	\$84.00	\$71.00	\$127.00
40,000+	\$16.00	\$44.00	\$37.00	\$67.00

MEDICAL AND PRESCRIPTION CONTRIBUTIONS FOR THE HMSA PPO				
Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	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

Please note: Your Voluntary Life Insurance, Critical Illness and LTD rates are also affected by your nicotine status.

NICOTINE USER SURCHARGE

Have you used nicotine or nicotine products, including cigarettes, pipes, cigars, chewing nicotine, snuff, e-cigarettes, or any other type of smoking or smokeless nicotine, in the last six months? If so, you will pay a \$30 per-paycheck nicotine surcharge in addition to your medical plan contributions for the duration of the plan year unless a reasonable alternative is completed.

If you want to quit nicotine, we want to support your journey. Quit for Life’s clinically proven program offers a customized plan, 24/7 personal support, and strategic tools to help you manage cravings. The Nicotine Cessation Program is free for Team Members and household members 18+. For more information, visit quitnow.net/wfm or call: **866-QUIT-4-LIFE.**

If you are subject to the Nicotine Surcharge for a plan year, and you complete the Quit for Life program at any time during that plan year, you will begin paying the non-nicotine user contribution rates in the month following your completion of the program. Additionally, you will receive a refund for any previous surcharge payments that you made in the plan year. If it is unreasonably difficult due to a health factor for you to meet the requirements of the Quit for Life nicotine cessation program, or it is medically inadvisable for the individual to attempt to meet the requirements of the Quit for Life nicotine cessation program, the Nicotine Surcharge may be waived if you submit a Nicotine Surcharge Physician Affidavit no later than October 1st of the plan year (or within 60 days of initial enrollment, if later). The Affidavit can be found on the Benefits Enrollment Portal on myapps.wfm.com. Please contact **Ask TMS** or call 1-833-4-ASKTMS (1-833-427-5867) Monday – Friday 8am – 6pm CT with any questions.

Contribution Rates

MEDICAL AND PRESCRIPTION COVERAGE FOR THE NATIONAL CHOICE PLAN AND WHOLE HEALTH PLAN (NICOTINE USER)

Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	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 (NICOTINE USER)

Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	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 COVERAGE FOR THE SUREST PLAN (NICOTINE USER)

Service Hours	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
< 4,000	\$75.00	\$241.00	\$212.00	\$347.00
4,000 – 19,999	\$75.00	\$171.00	\$152.00	\$243.00
20,000 – 39,999	\$46.00	\$114.00	\$101.00	\$157.00
40,000+	\$46.00	\$74.00	\$67.00	\$97.00

DENTAL COVERAGE

	TM Only	TM + Spouse/DP	TM + Child(ren)	TM + Family
DHMO	\$11.26	\$20.62	\$26.83	\$33.74
Low Plan	\$12.80	\$22.05	\$21.36	\$33.37
High Plan	\$19.26	\$38.55	\$34.69	\$54.03

VISION COVERAGE

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

For additional rate sheets, scan the QR codes or click to visit:

English:



Spanish:



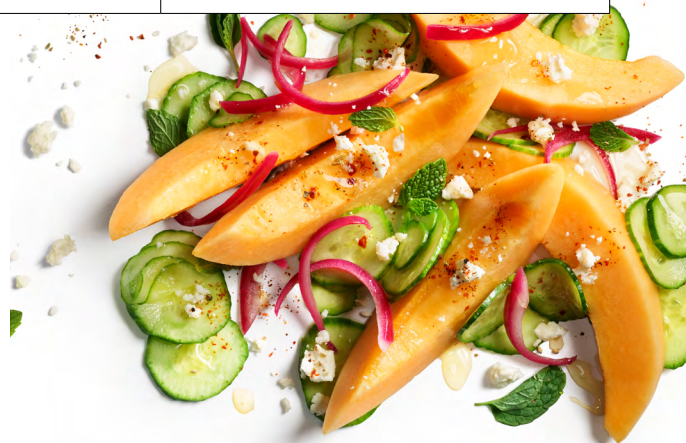
Contact Information

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
Surest Medical Plan			
Surest	UnitedHealthcare	866-683-6440 6 a.m. to 9 p.m. CT, Monday through Friday	surest.com
Prescription	Prime Therapeutics	800-481-6399	myprime.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 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	wfm.employershealthnetwork.com/
Hawaii HMSA PPO Plan			
Medical & Prescription	HMSA	808-948-6111 (Oahu) 800-776-4672 (on the Neighbor Islands or Mainland)	hmsa.com

Contact Information

BENEFIT	BENEFIT PARTNER	PHONE NUMBER	WEBSITE
Health Care Funding Accounts	WEX	866-402-2887	wexinc.com
Health Savings Account (HSA)			
Personal Wellness Account (PWA)			
Dental	Cigna	800-244-6224	cigna.com
Vision	Vision Service Plan (VSP)	800-877-7195	vsp.com
Flexible Spending Accounts (FSAs) • 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 Illness Insurance			
Hospital Indemnity Insurance			
Auto and Home Program	Aon Everyday	800-438-6381	everyday.aon.com/wfm
Pet Insurance	MetLife via Aon Everyday	855-270-7387	everyday.aon.com/wfm
Team Member Assistance Program (TMAP)	Headspace	888-WFM-TMAP	TMAP.wholefoods.com
Nicotine Cessation Program	Quit For Life	866-QUIT-4-LIFE TTY 711	quitnow.net/wfm
Perks at Work	Perks at Work	N/A	https://www.perksatwork.com/login#





NOTE: Actual plan provisions for Whole Foods Market benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and may not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you and your covered dependents. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.