

Benefits that benefit you.

That's Better Living.

COBRA ANNUAL ENROLLMENT FOR ECOMM PPO AREAS

If you want to make any changes, now's the time.

Access your options at MyBenefits.WageWorks.com.

Annual Enrollment
Oct. 17 – Nov. 6



What's new?

In most areas you won't see any major changes to your plans. In a few locations, the Blue Care eComm HMO is going away. Head to MyBenefits.WageWorks.com to see your options for 2021 and to make any changes to your benefits. If you're happy with what you have, there's no need to complete an enrollment session.

Medical rates.

The cost of medical coverage goes up every year. While we work hard to keep costs down for everyone, you'll pay more for your coverage in 2021.

eComm PPO Plan

The eComm PPO Plan features simple copays for doctor visits, 90% in-network coverage for other services, low deductibles, and low out-of-pocket maximums. Prescriptions start at \$10 for generic drugs. And the plan even covers chiropractic care, infertility treatment, and certain transgender services.

eComm HMO Plan

The Kaiser of California or Kaiser of Oregon HMO makes it easier to predict your costs for visiting the doctor and to focus on protecting and improving your overall health. It features a special network of providers that can deliver great care efficiently, including HMO pharmacies. You can still see a doctor outside the network for medical emergencies. But if you choose to go out-of-network for non-emergency services or prescriptions, you'll pay the full cost. The HMO option is only available in CA and OR.

Saver Plan

The Saver Plan lets you save money in a personal health savings account (HSA) to use for eligible medical expenses. You can also use the money for IRS-approved dental, vision, and prescription expenses—or save it for future needs.



Medical.

Check out your options below and choose the coverage that's right for you and your family.

2021 medical plan options		Saver Plan	eComm PPO Plan	eComm HMO Plan
		Put money in a tax-free health savings account (HSA) for this year's expenses—or for future needs.	Simple copays, low deductibles and maximums, plus features like chiropractic care and infertility treatment.	Convenient, predictable health care provided by Kaiser of California or Kaiser of Oregon, depending on your location.
Annual deductible <i>Except preventive care. In-network coverage shown.</i>	Individual only	\$3,000	\$300	\$1,000
	Individual + dependents	\$6,000	\$600	\$2,000
Annual out-of-pocket maximum <i>In-network coverage shown.</i>	Per person	\$6,650	\$1,500	\$6,550–\$6,850 depending on plan
	Entire family	\$13,300	\$3,000	\$13,100–\$13,700 depending on plan
Care and services <i>In-network coverage shown.</i>	Including doctor visits, diagnostic tests, hospitalization, behavioral health	75% covered after deductible	\$15 copay: <i>primary care</i> \$25: <i>specialists</i> 90% covered after deductible: <i>other care</i>	\$35 copay: <i>primary care</i> \$60: <i>specialists</i> 75% covered after deductible: <i>other care</i>
Telehealth <i>In-network coverage shown.</i>	Video doctor visits for medical, behavioral health needs	Doctor On Demand \$0 copay because of COVID-19	Teladoc \$15 copay – medical \$25 copay – behavioral	No charge
Pharmacy <i>Network options vary by plan.</i>	Generic drugs	\$4 after deductible	\$10 copay	\$10 copay
	Brand-name drugs	25% of allowed cost* or \$50, whichever is greater after deductible	\$30 copay	\$50 copay
	Specialty drugs	20% of allowed cost* or \$50, whichever is greater after deductible	\$30 copay pharmacy benefit	25%, \$250–\$350 maximum

*The allowed cost of prescription drugs is determined by the plan's pharmacy benefit manager, OptumRx.



Looking for rates on medical, vision, and dental plans?

Go to MyBenefits.WageWorks.com for complete details. You'll also find more information on your COBRA notice.



Vision

The plan lets you save on eye care, exams, and lenses.



Dental

Protect your smile with a high-quality, cost-effective plan that covers services from cleanings to braces, and even orthodontia with a 12-month waiting period.



Questions, answered.

Making changes for 2021? Not sure yet? Or just looking for some more information? You'll find what you need at MyBenefits.WageWorks.com.

If you have questions about...	Website	Phone
Benefits, medical claims, or care management	Contact plan administrator	Aetna (Saver Plan and PPO): 855-548-2387 Kaiser OR (HMO): 503-813-2000 (Portland area) 800-813-2000 (other areas) Kaiser CA (HMO): 800-464-4000
Finding a network doctor	Saver Plan, eComm PPO: GrandRounds.com/Walmart eComm HMO: Contact plan provider	Grand Rounds (Saver Plan): 800-941-1384 Aetna (eComm PPO): 855-548-2387 Kaiser OR (HMO): 503-813-2000 (Portland area) 800-813-2000 (other areas) Kaiser CA (HMO): 800-464-4000
Pharmacy benefits	Saver Plan: One.Walmart.com/Prescriptions eComm PPO, eComm HMO: Contact plan provider	Saver Plan: OptumRx: 844-705-7493 Aetna (PPO): 855-548-2387 Kaiser OR (HMO): 503-813-2000 (Portland area) 800-813-2000 (other areas) Kaiser CA (HMO): 800-464-4000
Health savings account - Saver Plan	Healthequity.com	HealthEquity: 866-296-2860
Vision plan	One.Walmart.com/Vision	VSP: 866-240-8390
Dental plan	One.Walmart.com/Dental	Delta Dental: 800-462-5410
Resources for Living	RFL.com	RFL: 800-825-3555 , 24/7
When you're eligible for benefits or how to enroll	MyBenefits.WageWorks.com	WageWorks, COBRA Administrator: 800-570-1863



Explore it all at MyBenefits.WageWorks.com.





A few more things...

Here are some important legal documents that go with it. You'll find a **couple of notices** that talk about your rights as a Plan participant.

You should also share these notices with any family members who are covered under your Plan. If they live in a different household, you can ask for these notices to be sent to a different address. You and your family members can also ask for a free paper copy of these notices by calling People Services at **800-421-1362**.

Valued Plan Participant

THE ASSOCIATES' HEALTH AND WELFARE PLAN (AHWP) RESPECTS THE DIGNITY OF EACH INDIVIDUAL WHO PARTICIPATES IN THE PLAN.

The AHWP does not discriminate on the basis of race, color, national origin, sex, age, or disability and strictly prohibits retaliation against any person making a complaint of discrimination. Additionally, we gladly provide our participants with language assistance, auxiliary aids and services at no cost. We value you as our participant and your satisfaction is important to us.

If you need such assistance or have concerns with your Plan services, please call the number on the back of your plan ID card. If you have any questions or concerns, please use one of the methods below so that we can better serve you.

عربي
خدمات الترجمة الفورية متاحة دون تكلفة. 1-800-421-1362.

မြန်မာ
စကားပြန်ဝန်ဆောင်မှုများကို အခမဲ့ ရရှိနိုင်ပါသည်။ 1-800-421-1362

汉语普通话
翻译服务免费提供。1-800-421-1362.

فارسی
خدمات مترجم بدون هیچ هزینه ای در دسترس می باشد. 1-800-421-1362.

Français
Des services d'interprètes sont disponibles sans frais.
1-800-421-1362.

kreyòl ayisyen
Gen Sèvis entèprèt ki disponib gratis. 1-800-421-1362.

日本人
通訳サービスは無料でご利用いただけます。1-800-421-1362.

한국어
통역 서비스를 무료로 이용하실 수 있습니다. 1-800-421-1362.

Polski
Usługi tłumacza dostępne są bez żadnych kosztów.
1-800-421-1362.

Availability of Summary of Health Information

As an associate, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare options. The SBC is available on One.Walmart.com/Benefits. A paper copy is also available, free of charge, by calling [800-421-1362](tel:1-800-421-1362).

For assistance, call the number on the back of your plan ID card.

To learn about or use our grievance process, contact People Services at [1-800-421-1362](tel:1-800-421-1362)

To file a complaint of discrimination, contact the U.S. Department of Health and Human Services, Office of Civil Rights:

- **Phone:** [1-800-368-1019](tel:1-800-368-1019) or [1-800-537-7697](tel:1-800-537-7697) (TDD)
- **Website:** https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf
- **Email:** OCRCompliant@hhs.gov

Interpreter Services are available at no cost. [1-800-421-1362](tel:1-800-421-1362)

Português (Brasil)
Serviços de intérprete estão disponíveis grátis. 1-800-421-1362.

ਪੰਜਾਬੀ
ਦੇਤਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-800-421-1362.

Română
Serviciile de interpretariat sunt disponibile gratuit. 1-800-421-1362.

Русский
Переводческие Услуги оказываются бесплатно. 1-800-421-1362.

Af-Soomaali
Adeegyada Turjumaanka waxaa lagu heli karaa kharash la'aan.
1-800-421-1362.

Español
Los servicios de interpretación están disponibles de manera gratuita. 1-800-421-1362.

Kiswahili
Huduma za tafsiri zipo bila malipo. 1-800-421-1362.

Tiếng Việt
Dịch Vụ Thông Dịch có sẵn miễn phí. 1-800-421-1362.

Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, Walmart-provided medical plans provide coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.