2024 GES

Discovering benefits. My way to better.

Annual Enrollment is Oct. 14-Nov. 10

Here are your Walmart benefits for 2024.

Each year at this time, you have an opportunity to update your benefits coverage for the coming year. If you're already enrolled, you'll automatically keep the same coverage level you have now unless you make changes. If you've declined coverage, you can enroll now for medical, dental, vision, and a range of wellness programs. It's also a great time to review and update your beneficiaries. To make changes, contact Intlben@wal-mart.com or call People Services at 800-421-1362.



Benefits to keep you well.

Health care and insurance coverage are just the start. Here are some additional programs to help you and your family live better:

Global virtual care.

See a doctor online anytime with the Global TeleMD app. Just download it from your app store to get started.

Global EAP.

Your benefits offer emotional, practical, physical, and clinical support services wherever you are. Get confidential counseling, work-life assistance, financial and legal guidance, and much more.

Critical incident support.

Get immediate counseling and resources in case you experience stress or trauma while on assignment.

Wellness resources.

Take advantage of personalized coaching, webinars, articles, referrals, and more to keep you and your family well.



Your benefits for 2024.

You're automatically enrolled in medical, dental, vision, EAP, and company-paid life insurance for yourself, plus any dependents you've already enrolled. Here's a snapshot of your benefits, along with your options if you want to enroll or update any dependents.

Dental		Vision			
Calendar year maximum	\$2,500				
Deductible	\$75/\$250	Vision exams	One eye exam covered 100% every		
Class I – preventive	100%		12 months		
Class II – basic	80% after deductible				
Class III – major	50% after deductible*		One pair of glasses or contact lenses		
Class IV – ortho	80% after \$75 deductible	Lenses and frames or contacts	every 12 months, 100% covered, up to a maximum benefit		
Ortho lifetime maximum	\$1,500 after \$75 deductible		a maximum benefit of \$250		

*Major Dental Services are not covered during the first three months the Insured Person is insured.

Medical	International	In-network	Out-of-network
Deductible	\$0	\$0	\$0
Coinsurance	100%	100%	80% of the maximum reimbursable charge
Out-of-pocket maximum	\$0	\$0	\$3,000/\$6,000

Prescription drugs – retail and mail order Based on a 30-day supply							
	Outside the U.S.	Inside the U.S.					
	Outside the 0.5.	Network pharmacy	Non-network pharmacy				
Tier 1 –	0% copay	\$4 copay,	20% copay,				
generic	no deductible	no deductible	after deductible				
Tier 2 –	0% copay	\$45 copay,	20% copay,				
preferred brand	no deductible	no deductible	after deductible				
Tier 3 –	0% copay	\$45 copay,	20% copay,				
non-preferred brand	no deductible	no deductible	after deductible				

Emergency medical assistance					
Emergency medical evacuation	Maximum benefit up to \$250,000				
Repatriation of mortal remains	Maximum benefit up to \$25,000				
Emergency family travel	Maximum benefit up to \$5,000				

File claims promptly.

It's always a good idea to submit all your medical, dental, and vision claims before the end of a calendar year, especially out-of-network claims and any international claims. To file a claim, just go to <u>Geo-Blue.com</u>.

Find a doctor.

Getting started.

- Go to the GeoBlue website: <u>Geo-Blue.com</u>.
- Choose the blue "Register" button.
- Under "Enter Your Certificate Number," enter the code you'll find on your new plan ID card. It should look similar to this: **QHA50000000H**

Finding a doctor *outside* the U.S.

From the GeoBlue app:

- Log into the app using your email address and password.
- Choose "Find a U.S. provider" or "Find a non-U.S. provider."
- Search by specialty, name, type, and distance.



Finding a doctor *inside* the U.S.

From a browser:

- Choose the blue banner below the "Find a doctor" box as shown below.
- Search by your condition, a medical specialty, a doctor's name, or a location.

Find Doctors and Hospitals Inside the U.S.

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From a browser:

- In the lower left of your dashboard, choose the care you need: "Doctors or Dentists" or "Hospitals or Clinics."
- Search by distance, city, or medical specialty.

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• On the GeoBlue website, choose the "Launch U.S. provider search website" option:

LAUNCH U.S. PROVIDER SEARCH WEBSITE

Making sense of health care.

Confused about the health care system in the U.S.? Log into Geo-Blue.com and go to "find providers in the U.S." for more information.

Financial protection.

It's always a good idea to plan ahead. Especially when it comes to protecting you and your family. That's what these extra benefits are all about. Find everything you need to know at <u>One.Walmart.com/FinancialProtection</u>.

Company-paid life insurance

Walmart provides life insurance coverage, where legally permissible, in an amount equal to four times your annual base salary, up to \$3.5 million. Proof of Good Health will be required for amounts over \$1.7 million.

Optional life insurance

Additional life insurance coverage is available with Proof of Good Health. If you want to enroll, please contact the International Benefits Team at <u>Intlben@wal-mart.com</u>.

Accidental death and dismemberment (AD&D) insurance

If you or your eligible family members suffer certain types of injury or even death in an accident, at work, or elsewhere, this coverage will pay a cash benefit to help support you or your family.

Long-term disability plan

Your benefits include disability coverage if you become disabled while covered under the policy. You must complete a waiting period, be under the appropriate care of a physician, and meet all the other terms and conditions of the policy. You must also provide, at your own expense, satisfactory proof of disability before the benefit will be paid.

Benefits	Coverage options Dependent children are not eligible for medical, dental, and vision once they reach age 26.
Medical, dental, vision, and Global EAP	Associate only, associate + spouse/partner, associate + children, associate + family
Company-paid life insurance	Associate only
Long-term disability	Associate only
AD&D insurance	Associate only, associate + dependents
Optional life insurance	Associate only, associate + dependents

Life insurance rates.

Optional associate life insurance

Your cost for coverage per biweekly pay period											
Associate's			All eligible	associates			Management/truck drivers only				
age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$300,000	\$500,000	\$750,000	\$1,000,000	
under 25	\$0.36	\$0.71	\$1.07	\$1.43	\$2.14	\$2.85	\$4.28	\$7.13	\$10.70	\$14.27	
25-29	\$0.39	\$0.78	\$1.17	\$1.56	\$2.35	\$3.13	\$4.69	\$7.82	\$11.74	\$15.65	
30-34	\$0.53	\$1.06	\$1.59	\$2.12	\$3.18	\$4.23	\$6.35	\$10.59	\$15.88	\$21.17	
35-39	\$0.64	\$1.29	\$1.93	\$2.58	\$3.87	\$5.16	\$7.73	\$12.89	\$19.33	\$25.78	
40-44	\$0.74	\$1.47	\$2.21	\$2.95	\$4.42	\$5.89	\$8.84	\$14.73	\$22.09	\$29.46	
45-49	\$1.14	\$2.28	\$3.42	\$4.56	\$6.84	\$9.11	\$13.67	\$22.78	\$34.18	\$45.57	
50-54	\$1.73	\$3.45	\$5.18	\$6.90	\$10.36	\$13.81	\$20.71	\$34.52	\$51.78	\$69.04	
55-59	\$3.21	\$6.42	\$9.63	\$12.84	\$19.26	\$25.68	\$38.52	\$64.21	\$96.31	\$128.42	
60-64	\$4.78	\$9.55	\$14.33	\$19.10	\$28.65	\$38.20	\$57.30	\$95.51	\$143.26	\$191.01	
65-69	\$8.94	\$17.88	\$26.82	\$35.76	\$53.64	\$71.53	\$107.29	\$178.82	\$268.22	\$357.63	
70+	\$13.90	\$27.80	\$41.70	\$55.60	\$83.40	\$111.20	\$166.80	\$278.01	\$417.01	\$556.01	

Tobacco-free rates shown. For tobacco-user rates, contact Intlben@wal-mart.com or call People Services at 800-421-1362.

Optional spouse/partner life insurance*

Spouse's/partner's age	\$5,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000
spouses/partners age	\$5,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000
under 25	\$0.18	\$0.54	\$0.90	\$1.80	\$2.69	\$3.59	\$5.39	\$7.18
25–29	\$0.21	\$0.64	\$1.07	\$2.14	\$3.21	\$4.28	\$6.42	\$8.56
30-34	\$0.29	\$0.86	\$1.43	\$2.85	\$4.28	\$5.71	\$8.56	\$11.41
35-39	\$0.32	\$0.96	\$1.60	\$3.20	\$4.80	\$6.40	\$9.60	\$12.80
40-44	\$0.35	\$1.06	\$1.77	\$3.54	\$5.32	\$7.09	\$10.63	\$14.18
45-49	\$0.53	\$1.59	\$2.66	\$5.32	\$7.97	\$10.63	\$15.95	\$21.26
50-54	\$0.82	\$2.45	\$4.08	\$8.17	\$12.25	\$16.34	\$24.51	\$32.68
55-59	\$1.53	\$4.58	\$7.63	\$15.26	\$22.89	\$30.52	\$45.77	\$61.03
60-64	\$2.34	\$7.03	\$11.71	\$23.43	\$35.14	\$46.86	\$70.28	\$93.71
65-69	\$4.51	\$13.53	\$22.54	\$45.08	\$67.63	\$90.17	\$135.25	\$180.34
70+	\$7.31	\$21.94	\$36.57	\$73.14	\$109.71	\$146.28	\$219.41	\$292.55

*Spouse/partner life insurance is based on associate's age.

**For tobacco-user rates, contact Intlben@wal-mart.com or call People Services at 800-421-1362. Tobacco-free rates shown.

Optional dependent life insurance-child(ren) Accidental death and dismemberment insurance (AD&D)

Your cost for coverage p	Your cost for cove	erage per b	iweekly pa	y period								
Coverage	Rate	Coverage	All eligible associates						Management only			
		Coverage	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$300k	\$500k	\$750k	\$1M
\$5,000 per dependent	\$0.33											
\$10,000 per dependent	\$0.66	Associate only	\$0.16	\$0.32	\$0.48	\$0.64	\$0.97	\$1.29	\$1.93	\$3.22	\$4.83	\$6.44
\$20,000 per dependent	\$1.32	Associate + family	\$0.31	\$0.62	\$0.93	\$1.24	\$1.86	\$2.49	\$3.73	\$6.21	\$9.32	\$12.43

Accidental death and dismemberment (AD&D) insurance benefit amounts

Full benefit amount							
Associate coverage amount	If a spouse/partner is the only covered dependent	If both a spouse/partner and childr dependents	en are covered	If children are the only covered dependents			
Associate – 100%	Spouse/partner – 50%	Spouse/partner - 40%	Children – 10%	Children – 25%			
\$25,000	\$12,500	\$10,000	\$2,500	\$6,250			
\$50,000	\$25,000	\$20,000	\$5,000	\$12,500			
\$75,000	\$37,500	\$30,000	\$7,500	\$18,750			
\$100,000	\$50,000	\$40,000	\$10,000	\$25,000			
\$150,000	\$75,000	\$60,000	\$15,000	\$37,500			
\$200,000	\$100,000	\$80,000	\$20,000	\$50,000			
Management associates only							
\$300,000	\$150,000	\$120,000	\$30,000	\$75,000			
\$500,000	\$250,000	\$200,000	\$50,000	\$125,000			
\$750,000	\$375,000	\$300,000	\$75,000	\$187,500			
\$1,000,000	\$500,000	\$400,000	\$100,000	\$250,000			



Questions, answered.

If you have questions about	Website	Phone/Email
Medical, dental, and vision benefits; claims; care management	Geo-Blue.com	GeoBlue : <u>1-610-230-2406</u> (outside U.S.) <u>888-304-8898</u> (in U.S.)
Finding a network doctor	Geo-Blue.com/login/login.cfm	GeoBlue: text <u>+44-790-934-1229</u> GeoBlue: <u>support@worldwideassist.co.uk</u>
Global EAP	Geo-Blue.com	GeoBlue: text <u>+44-790-934-1229</u> GeoBlue: <u>support@worldwideassist.co.uk</u>
Long-term disability insurance	<u>UnisureGroup.com</u>	grouplifeadmin@unisuregroup.com 1-949-547-7009, or: +44-7733-276-851
Life, accidental death and dismemberment (AD&D), and business-travel accident insurance		Intlben@wal-mart.com
Changes in dependent(s) status for your plan		Intlben@wal-mart.com
When you're eligible for benefits or how to enroll		Intiben@wal-mart.com

Need help with everyday challenges?

GeoBlue's Global EAP offers wellness and counseling services worldwide. Here's how to contact a counselor:

- Select "Telehealth" on your GeoBlue mobile app.
- Email support@worldwideassist.co.uk
- Text <u>+44-790-934-1229</u>

Talk to a wellness coach.

If you're inside the U.S., call <u>1-877-249-4752</u>. Outside the U.S., call <u>+44-208-987-6229</u>. You can also send an email to <u>contactcoach@wellIness-assist.com</u>.

Explore it all online at <u>Geo-Blue.com</u>.

This Decision Guide is intended as a brief overview of the benefits available to you in 2024. The guide is not intended to describe the benefits in detail, nor is the guide intended to provide a comprehensive overview of the costs and limits of the available benefits. For more information and details on your benefit options, please contact GeoBlue at <u>1-888-304-8898</u> (toll free within U.S.) or <u>+1-610-230-2406</u> (outside U.S.).





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A few more things...

Here are some important legal documents that let you know 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 **<u>800-421-1362</u>**.

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. 1362-421-130 .

မြန်မာ စကားပြန်ပန်ဆောင်မှုများကို အစမဲ့ ရရှိနိုင်ပါသည်။ 1-800-421-1362

汉语普通话 翻译服务免费提供。1-800-421-1362.

فارسی خدمات مذرجم بدون هيچ هزينه ای در دسترس می باشد. 1362-421-800

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

kreyòl ayisye 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 <u>One.Walmart.com/Health</u>. A paper copy is also available, free of charge, by calling <u>800-421-1362</u>. 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 <u>1-800-421-1362</u>

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 or 1-800-537-7697 (TDD)
- Website: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf
- Email: <u>OCRComplaint@hhs.gov</u>

Interpreter Services are available at no cost. 1-800-421-1362

Português (Brasil)

Serviços de interprete estão disponíveis grátis. 1-800-421-1362.

ਪੰਜਾਬੀ

ਦੋਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ 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:

- 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. Prostheses 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.