

# 2019 Benefits FAQs

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# Medical Plans and Pricing

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## Health Reimbursement Account (HRA) plans

### 1. How do the HRA plans work?

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Walmart offers two HRA plans: the HRA High Plan and the HRA Plan. The plans feature 100 percent coverage of eligible in-network preventive care, as well as money from Walmart to help associates pay for eligible medical expenses.

#### Here's how the plans work:

- When an associate elects an HRA plan, the company sets aside money in their HRA to pay for their eligible medical expenses before they have to pay anything out of their own pocket (except for prescription drugs). If they are enrolled in the HRA Plan, Walmart puts \$300 in your HRA if they select associate-only coverage or \$600 if they cover themselves and dependents. If they are enrolled in the HRA High Plan, Walmart puts \$500 in their HRA if they select associate-only coverage or \$1,000 if they cover themselves and dependents. If they incur a covered medical expense that is subject to cost sharing (for example, the deductible), money in their HRA is automatically used to pay for those eligible medical expenses.
- If associates have money left in their HRA at the end of the year, the unused amount, up to their annual network deductible, rolls over from year to year as long as they stay enrolled in a Walmart HRA Plan. However:
  - If their HRA balance from past years is near their network annual deductible for 2019, they will still receive the full company credit, but amounts in excess of their annual network deductible will be subtracted from their rollover dollars.
  - If their HRA balance from past years is already equal to their annual network deductible, they will still receive a company HRA credit for 2019, but amounts in excess of their annual network deductible will be subtracted from their rollover dollars.
  - HRA dollars can only be used for medical expenses incurred in the same calendar year; e.g., expenses incurred in 2018 cannot be paid from the 2019 credit amount.
- Associates use their HRA and own money to meet their annual deductible. They pay the full cost of their medical expenses using their 2019 HRA dollars, including any HRA money rolled over from 2018, and their own money, until they reach their annual deductible.
- After associates reach their annual network deductible, they pay 25 percent coinsurance for eligible network expenses; Walmart pays 75 percent.
- Keep in mind network providers charge a negotiated rate for medical services for Walmart associates and their covered dependents. Therefore, providers who are in the network have agreed to accept a discounted allowable amount, so associates will save money if they use a provider who is in the network.
- If associates meet their network out-of-pocket maximum for the year, Walmart pays 100 percent of any eligible network expenses (medical and prescription drugs) they and their covered family members have for the rest of the year.
- Once associates meet their out-of-network deductible, if they use providers who are not in the network, Walmart pays 50 percent of the maximum allowable charge and they pay the rest, even after they've met their network out-of-pocket maximum. (There is no out-of-pocket maximum for out-of-network charges).
- HRA dollars apply toward both an associate's network and out-of-network annual deductibles.

### 2. What applies to associates' out-of-pocket maximum?

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HRA dollars apply toward associates' annual deductibles and also toward their out-of-pocket maximum. Any amount they pay toward their annual deductible (in addition to their HRA dollars) and the 25 percent coinsurance they pay for eligible expenses also count toward their out-of-pocket maximum. Their out-of-pocket copays for prescription drugs also count toward their out-of-pocket maximum.

### 3. If associates have already met their network out-of-pocket maximum and then go to an out-of-network doctor, does the claim get paid at 50 percent or do they need to meet the out-of-network deductible first?

Even if an associate has met their network out-of-pocket maximum, they have to meet their annual out-of-network deductible before claims will be paid at 50 percent.

### 4. How are the HRA plans different from each other?

Each of the plans offers 100 percent coverage for eligible network preventive care, and each has no lifetime maximum benefit cap. The HRA High Plan and the HRA Plan differ in the amount of their annual deductibles and the amount of Walmart-provided funds allocated to each plan.

The plans are summarized in the following chart:

	HRA High Plan		HRA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual deductible</b> Associate only Associate + dependent(s) <i>Applies for all services except as noted</i>	\$1,750 \$3,500	\$3,500 \$7,000	\$2,750 \$5,500	\$5,500 \$11,000
<b>Walmart-provided dollars</b> Associate only Associate + dependent(s)	\$500 \$1,000 Maximum company amount credited to HRA		\$300 \$600 Maximum company amount credited to HRA	
<b>Annual out-of-pocket maximum</b> Associate only Associate + dependent(s)	\$6,850 \$13,700	None	\$6,850 \$13,700	None
<b>Eligible preventive care</b>	100% No deductible	50% No deductible	100% No deductible	50% No deductible
<b>Doctor visits and diagnostic tests</b>	75% After deductible	50% No deductible	75% After deductible	50% No deductible
<b>Hospitalization</b> Inpatient, emergency, outpatient	75% After deductible	50% No deductible	75% After deductible	50% No deductible
<b>Behavioral health</b> (Inpatient and outpatient)	75% After deductible	50% No deductible	75% After deductible	50% No deductible
<b>Telehealth</b> (Doctor On Demand medical, psychology and psychiatry visits)	\$4 copay	N/A	\$4 copay	N/A
<b>Pharmacy</b>	See <b>The pharmacy benefit</b> chapter of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details			
<b>Centers of Excellence</b>	See the <b>Centers of Excellence</b> section of this document for more information.			
<b>Walmart Care Clinic</b>	See <b>The pharmacy benefit</b> chapter of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details			

### 5. How much money will Walmart credit to an associate's HRA in 2019?

If associates enroll in the HRA High Plan, Walmart credits \$500 (if they cover only themselves) or \$1,000 (if they cover themselves and any dependents) into a Health Reimbursement Account on Jan. 1, 2019.

If they enroll in the HRA Plan, Walmart credits \$300 if they cover only themselves and \$600 if they cover themselves and any dependents.

This money will automatically be used to pay covered medical expenses subject to cost sharing. However, new HRA credit dollars can only be used for medical expenses incurred in the same calendar year (e.g., expenses incurred in 2018 cannot be paid from the 2019 credit amount).

If they enroll in an HRA plan at any time throughout the year because of a status change event or as a newly eligible associate, they will receive a prorated credit into their HRA based on when their coverage becomes effective. See the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications for more information.

## **6. If associates enroll their family in an HRA plan, will their account dollars be divided among their family members?**

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HRA dollars are allocated to an associate's entire HRA—they are not separated out by family member. Their HRA is used to pay eligible medical expenses as claims are filed and until their HRA dollars are gone, regardless of which covered family member incurs the expense.

## **7. Will an HRA pay expenses for providers who are not in the network?**

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Yes. An associate's HRA dollars can pay for care from network or out-of-network providers. However, their HRA dollars cannot pay for care above the maximum allowable charge. The associate should present their Walmart plan ID card to their provider to ensure their claim is processed accurately.

## **8. Do HRA dollars apply toward associates annual network and out-of-network deductibles?**

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Yes. The amount in an associate's HRA will help them meet their annual network and out-of-network deductibles.

## **9. Are the annual deductibles per person or for a whole family?**

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An associate's annual deductible can be met by one or any combination of family members. Remember, once the HRA dollars are gone, their annual deductibles must be met in full before Walmart begins to pay a portion of their medical expenses.

## **10. Does the cost of prescriptions apply to annual deductibles for the HRA plans?**

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No. An associate's prescription drug copay/coinsurance charges do not apply to their deductibles, and they cannot use their HRA to pay for prescription drugs. Their prescription drug copay/coinsurance charges do apply toward their annual out-of-pocket maximum. Note, however, that any prescription drug charges paid with funds to pharmacies from drug manufacturers or any third parties to assist them in purchasing prescription drugs do not count toward their out-of-pocket maximum.

## **11. What kinds of expenses will not be paid by an associate's HRA?**

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Only eligible medical expenses, excluding prescription drug expenses, can be paid using HRA dollars. Items like over-the-counter medications, cosmetic surgery, dental expenses and vision care cannot be paid using HRA dollars. For a list of eligible expenses, see the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications on the WIRE or [WalmartOne.com](https://walmartone.com)

## **12. What kinds of expenses do not apply to the HRA plans' annual deductibles?**

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All eligible medical expenses, except prescription and telehealth copay/coinsurance charges and preventive care, apply toward an associate's annual deductibles. They can find a list of eligible expenses in the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications on the WIRE or at [WalmartOne.com](https://walmartone.com)

### 13. What happens after an associate's HRA dollars are used up?

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Once an associate's HRA dollars are gone, they pay 100 percent of the cost for eligible care until they reach their annual deductible (Walmart will pay 100 percent of eligible in-network preventive care). After they meet their annual in-network deductible for the HRA High and HRA Plan, Walmart pays 75 percent of the cost of their eligible in-network expenses, and they pay 25 percent until they reach their out-of-pocket maximum. Walmart then pays 100 percent of eligible in-network medical expenses for the rest of the plan year.

For the HRA High and HRA Plan, after they meet their annual out-of-network deductible, Walmart pays 50 percent of the maximum allowable charge when they use an out-of-network provider. They will pay the other 50 percent, plus any charges over the maximum allowable charge. For the HRA High and HRA Plan, there is no out-of-pocket maximum for out-of-network care.

### 14. Can an associate save their HRA dollars for future expenses?

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Associates initial eligible medical expenses are automatically paid using their HRA dollars. They cannot choose how their HRA dollars are used. However, if they don't use all of their HRA dollars during the year, they don't lose them. The HRA dollars roll over year to year up to the amount of their annual network deductible, provided they remain enrolled in a Walmart HRA Plan.

### 15. Can an associate use their HRA dollars to pay for childcare expenses?

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No. Associates HRA dollars can only be used for covered medical expenses subject to cost sharing.

### 16. What happens to any money left in the HRA at the end of the year?

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Any money left in an associate's HRA at the end of the year rolls over year to year up to the amount of their annual in-network deductible for the plan year, provided they remain enrolled in a Walmart HRA Plan.

### 17. An associate wants to enroll in the HSA Plan for next year, but is in an HRA Plan now. What happens to the money left in their HRA?

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If an associate changes from an HRA to the HSA, Select Network Plan, ACP or an HMO, any money left in their HRA is forfeited. However, if they move from one HRA plan to another, their HRA dollars remain in their account. Some exceptions apply.

### 18. How can an associate check their HRA balance?

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Associates can call the number on their plan ID card or they can log on to [WalmartOne.com/Benefits](https://WalmartOne.com/Benefits). They can also obtain their HRA balance when they register for Grand Rounds by going to [GrandRounds.com/Walmart](https://GrandRounds.com/Walmart) or by downloading the mobile app, at no cost to them.

### 19. If an associate changes coverage during the Plan year due to a status change event and choose an HRA Plan for the first time or add dependent coverage to their HRA Plan coverage, how much will Walmart credit to their HRA?

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The company credit amount is prorated based on the month you enroll.

## 20. Does the annual deductible and out-of-pocket maximum reset if an associate changes coverage during the Plan year due to a status change event?

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If an associate has a status change event and switches from one HRA plan to the HRA High plan, or if they change coverage tiers within the same plan, their out-of-pocket maximum and deductibles will not reset. If they make any other changes between plans—e.g., from an HRA to an ACP, from the HSA Plan to an HRA Plan or from the HSA to the Select Network Plan—their annual deductibles and out-of-pocket maximums will reset to zero, even if they've already satisfied a portion (or all) of their annual deductibles.

## 21. If an associate had a doctor's visit in 2018, but the claim is not processed until 2019, will their 2019 HRA dollars count toward their 2018 claim?

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Current-year HRA dollars can only be used for medical expenses incurred in the same calendar year (i.e., 2019 expenses will only be paid from the 2019 credit amount). However, once the plan year has ended, the dollars remaining in the HRA allocation will become rollover HRA dollars and can be used on any eligible medical charge, regardless of the plan year—as long as you were enrolled in an HRA plan on the date the service was received.

## Health Savings Account (HSA) Plan

### 22. How does the HSA Plan work?

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The HSA Plan has a high deductible and a lower per-pay-period cost than the HRA High Plan. It is the only plan providing associates with an opportunity to open and contribute to a Health Savings Account (HSA) and receive matching contributions from Walmart.

#### Here's how the HSA Plan works:

- Associates have the option to open an HSA and receive matching contributions. If they enroll in the HSA Plan, they can open an HSA and use money in that account to pay for qualified health care expenses (as determined by the IRS), including prescriptions. Their HSA contributions are tax-free.
- When associates contribute to an HSA, Walmart will match their contributions up to \$350 if they select associate-only coverage or up to \$700 if they cover themselves and dependents. The 2019 maximum contribution to an HSA for an associate only is \$3,500 (\$4,500 if 55+) and for an associate + dependents is \$7,000 (\$8,000 if 55+).
- Associates can use the money in their HSA to help meet their annual deductible. They pay 100 percent of the cost of medical care and prescription drugs out of their own pocket or with money in your HSA until they reach their annual deductible. Some preventive medications are not subject to the HSA annual deductible. In addition, costs of certain preventive over-the-counter medications are covered at 100 percent when they purchase them at retail network pharmacies and they have a prescription from their doctor.
- After associates reach their in-network deductible, they pay 25 percent coinsurance for eligible network expenses; Walmart pays 75 percent.
- Keep in mind that in-network providers charge a negotiated rate for medical services for Walmart associates and their covered dependents. Therefore, providers who are not in the network typically charge more than what an in-network provider would charge for the same service, so associates will save money if they use a provider who is in the network.
- If associates meet their in-network out-of-pocket maximum for the year, Walmart pays 100 percent of any eligible in-network expenses (medical and prescription drugs) they and their covered family members have for the rest of the year.
- Once associates meet their out-of-network deductible, if they use providers who are not in the network, Walmart pays 50 percent of the maximum allowable charge and they pay the rest, even after they've met their network out-of-pocket maximum. (There is no out-of-pocket maximum for out-of-network charges.)

The chart below highlights key features of the HSA Plan:

HSA Plan Features	
Associate Only	Associate + Dependents
<ul style="list-style-type: none"> <li>• \$350 HSA company match</li> <li>• \$3,500 maximum HSA contribution (associate + company)</li> <li>• Annual network deductible: \$3,000</li> <li>• Annual out-of-network deductible: \$6,000</li> <li>• Annual in-network out-of-pocket maximum: \$6,650</li> <li>• Annual out-of-network out-of-pocket maximum: None</li> </ul>	<ul style="list-style-type: none"> <li>• \$700 HSA company match</li> <li>• \$7,000 maximum HSA contribution (associate + company)</li> <li>• Annual in-network deductible: \$6,000</li> <li>• Annual out-of-network deductible: \$12,000</li> <li>• Annual in-network out-of-pocket maximum: \$13,300</li> <li>• Annual out-of-network out-of-pocket maximum: None</li> </ul>

### 23. Does the cost of prescriptions apply to the annual deductible for the HSA Plan?

In general, when associates enroll in the HSA Plan, they pay the full retail/mail-order price for their prescriptions until they meet their HSA Plan network annual deductible. Associates may use their HSA to pay for these medications.

Once they have met their network annual deductible, they pay the copays listed in the chart in the pharmacy/prescription drug benefits section of this document. Note, however, that any prescription drug charges paid with funds to pharmacies by drug manufacturers or any third parties to assist them in purchasing prescription drugs do not count toward their annual deductible or their out-of-pocket maximum.

Certain preventive medications (as defined by our pharmacy plan administrator, Express Scripts) are paid at the appropriate copay before they met their annual deductible. Express Scripts' list of approved preventive medications is available at [Express-scripts.com/Walmart](https://www.express-scripts.com/Walmart)

### 24. Who administers the HSA?

The Health Savings Account is administered by HealthEquity.

### 25. How does an associate pay for expenses with their HSA?

An associate's HSA administrator (HealthEquity) will mail them a debit card. They can then use the debit card to pay for qualified medical expenses with their Health Savings Account. Associates can also pay online through HealthEquity's online service tool at [WalmartOne.com/HSA](https://WalmartOne.com/HSA)

### 26. What expenses can be paid for with an HSA?

Qualified medical expenses generally include medical, dental, and vision expenses, prescription medications, chiropractic care, and acupuncture. Go to IRS.gov to find a list of qualified expenses under the Internal Revenue Code. Over-the-counter medications are considered qualified medical expenses only if they are prescribed by a doctor.

Associates can also find a link to the IRS site on the WIRE at Me@Walmart > My Health > 2018 Benefits Toolkit or [WalmartOne.com/Health](https://WalmartOne.com/Health)

### 27. Can an HSA be used for childcare expenses?

No. Childcare expenses do not qualify under the IRS guidelines to be paid from an associate's Health Savings Account.

### 28. What happens to any money left in an HSA at the end of the year?

Associates don't lose it. Any money in their Health Savings Account is theirs, even if they change medical plans or leave the company. They will receive matching contributions as long as they continue to enroll in a Walmart high-deductible

plan. The money in their Health Savings Account rolls over year-to-year and continues to accumulate.

### 29. What are the primary advantages of contributing to an HSA?

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There are several advantages to contributing to a Health Savings Account:

- Associates have more control over spending because they can choose to pay out of their own pocket or with money in their Health Savings Account.
- Associates set aside money before income taxes are withheld to pay their medical expenses, so their tax bill may be lower.
- Associates receive Walmart's matching contributions in their Health Savings Account when they contribute.
- Associate's Health Savings Account earns interest.
- Associates pay for qualified medical expenses tax-free through their Health Savings Account.
- Associates always own the money in their Health Savings Account, even if they leave the company.

### 30. Can any associate contribute to an HSA?

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No. There are some restrictions regarding who can open and contribute to a Health Savings Account, as follows: Associates must be enrolled in the HSA Plan.

- Associates cannot be covered under any other medical plan that is not a qualified high-deductible plan.
- Associates cannot be enrolled in Medicare or Medicaid, or be receiving benefits under TRICARE.
- Associates cannot be claimed as a dependent on another person's tax return.
- Associates cannot have received services from the U.S. Department of Veterans Affairs within the past three months for anything other than care for a service-related disability or preventive care.

To find additional information about how a Health Savings Account works, you can visit [HealthEquity.com/ed/Walmart](https://HealthEquity.com/ed/Walmart)

### 31. An associate and their spouse are both Walmart associates. What is the maximum they can contribute to the HSA?

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Associate's combined total contribution to the Health Savings Account cannot exceed the family maximum of \$7,000.

## Accountable Care Plan (ACP) options

### 32. How do the ACP options work?

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The ACP options are served by groups of providers (networks) who provide care specifically coordinated to the needs of participants to ensure covered individuals get the right high-quality care at the right time.

For many services, associates pay just a simple copay—\$35 for an office visit for primary care or behavioral health or \$75 for a specialist or urgent care.

The accountable care approach creates a partnership between associates and their doctor, to help them make smart decisions about their health.

This type of health care is designed to improve the quality of care, provide a better experience for associates and their family—and do it while saving you money. The ACP options are available to Walmart associates only in select areas.

Similar to Walmart's other medical plans, eligible in-network preventive care is covered at 100 percent and not subject to copays or deductibles.

The ACP options do not cover the services of doctors, hospitals, or other providers who are not in the Accountable

Care Plan option's network, except in cases of emergency.

### **33. What is a copay?**

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A copay is a fixed amount associates pay for a particular service such as an office visit. The copay amount is normally due at the time of the visit. For some services, they may have both a copay and coinsurance portion of the services. The copay amount is not subject to deductible and does not apply to your deductible. The copay amount does apply to their annual out-of-pocket maximum.

### **34. How are the ACP options different from the other plans?**

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Predictable copays cover office visits, including specialists, with no need to meet an associate's deductible first. The accountable care approach means care is centered around them, and coordinated among everyone who takes care of them. And each plan is built around a local health system that can deliver higher-quality care at a lower cost. Associates can still see a doctor outside the network for medical emergencies, but if they choose to go out-of-network for non-emergency services, they'll pay the full cost.

The Plan offers no out-of-network coverage except in an emergency. If associates see a local provider who isn't in-network, or seek non-emergency care while traveling outside the service area, they won't be covered.

### **35. How can associates find out if a provider is in-network?**

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Online provider directories are available at [WalmartOne.com/Providers](https://WalmartOne.com/Providers) or the WIRE.

### **36. What is an associate's out-of-network benefit?**

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The ACP options do not cover the services of doctors, hospitals, or other providers who are not in-network, except in cases of emergency.

### **37. What happens if an associate goes to a provider who is not in-network?**

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The ACP options offer no out-of-network coverage except in an emergency. If they see a provider who is not in-network, or seek non-emergency care while traveling outside the coverage area, they won't be covered.

### **38. Why are only certain providers included in-network?**

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The ACP options are served by "accountable care organizations," which are special networks of doctors and hospitals who work together to coordinate efficient and effective care for participants in specific service areas. These providers are carefully selected for the highest quality and a commitment to keep costs as low as possible for associates and the Plan. Coverage is limited to providers within this new network only, except in certain emergency situations.

### **39. What is a primary care physician? Why is it important?**

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A primary care physician (PCP) is a doctor that usually specializes in family practice, pediatrics, or internal medicine. A PCP can be an associate's partner in health. They will get to know the associate and their medical history and see them for regular preventive visits. When they get sick, their PCP can treat them and help guide their health decisions. They can direct associates care across all the other ACP network specialists and facilities. PCPs often work collaboratively with nurse practitioners who may assume the role of PCP in managing their care.

#### 40. Do ACP participants have to select a primary care physician?

Selecting a primary care physician (PCP) is not required, but it is highly encouraged. By having this point of contact, associates may receive more personalized care.

#### 41. What is an urgent care visit?

Urgent care visits take place in clinics designated as urgent care clinics, which generally have greater capabilities than a typical doctor's office and treat more serious illnesses and injuries. Urgent care clinics are an alternative to more expensive hospital emergency rooms. The costs at urgent care clinics are generally higher than those at walk-in health clinics but less than hospital emergency rooms.

#### 42. Who is eligible for the ACPs, and where are they available?

ACP options are available to associates at certain work locations in any of the designated regions as listed in the table to the right, along with their covered dependents.

#### 43. Are Walmart-supplied dollars available with the ACP options, as with the HRA plans?

A single copay covers most office visits, as well as routine lab work or X-rays, when done onsite the same day. Because associates don't have to meet the deductible for these services, Walmart-supplied dollars are not available with the Accountable Care Plan options.

#### 44. If an associate enrolls in an ACP, what happens to their HRA balance?

If an associate has an HRA and they enroll in an ACP, they'll forfeit any remaining HRA dollars when their new ACP coverage starts Jan. 1, 2019.

#### 45. Are annual deductibles per person or for the whole family?

The annual deductible can be met by one or any combination of family members.

#### 46. Does the cost of prescriptions apply to the annual deductible?

No. Associates pay copays for their prescription drugs. Their copays do not apply to their deductibles. Associates copays do apply toward their annual out-of-pocket maximum. Note, however, that any prescription drug charges paid with funds received from drug manufacturers or any third parties assisting them in purchasing prescription drugs do not count toward their out-of-pocket maximum.

Plan	Available for associates who work at designated facilities in these areas	Third party administrator
Banner ACP	Phoenix, Arizona metropolitan area	Aetna
Emory ACP	Atlanta, Georgia metropolitan area	HealthSCOPE Benefits
Mercy Arkansas ACP	Portions of Arkansas and McDonald County, Missouri	HealthSCOPE Benefits
Mercy Oklahoma ACP	Oklahoma City metropolitan area, Ada, and Ardmore areas	HealthSCOPE Benefits
Mercy Springfield ACP	Springfield, southwest and east-central Missouri	HealthSCOPE Benefits
Mercy St. Louis ACP	St. Louis metropolitan area and portions of eastern Missouri	HealthSCOPE Benefits
Presbyterian ACP	Albuquerque and Santa Fe, New Mexico metropolitan areas	UnitedHealthcare
St. Luke's ACP	Boise, Idaho metropolitan area	Aetna
UnityPoint ACP	Portions of Iowa, western Illinois and Peoria, Illinois area	HealthSCOPE Benefits
Memorial Hermann ACP	Houston area	HealthSCOPE Benefits
Ochsner ACP	New Orleans, Baton Rouge, and Slidell, LA areas	HealthSCOPE Benefits

#### 47. What kinds of expenses apply to the ACP annual deductible?

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All eligible medical expenses apply toward associate's annual deductibles except their office visit copays, prescription copays and preventive care (and other benefits paid at 100 percent). Associates can find a list of eligible expenses in the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications on the WIRE or at [WalmartOne.com/Benefits](https://WalmartOne.com/Benefits)

#### 48. What kind of expenses apply to an associate's out-of-pocket maximum?

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Office visit copays do not apply toward associate's annual deductibles, but it does apply toward their out-of-pocket maximum. Any amount associates pay toward their annual deductible and the 25 percent coinsurance they pay for eligible expenses count toward their out-of-pocket maximum. Associates' copays for prescription drugs also count toward their out-of-pocket maximum. Note, however, that any prescription drug charges paid with funds provided by drug manufacturers or any third parties assisting associates in purchasing prescription drugs do not count toward their out-of-pocket maximum.

#### 49. Will an associate's annual deductible and out-of-pocket maximum reset if they change coverage during the Plan year due to a status change event?

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If an associate has a status change event and switches from an ACP to another Plan, their annual deductibles and out-of-pocket maximums will reset to zero—even if they've already satisfied a portion (or all) of their annual deductibles and out-of-pocket maximum. They will have to satisfy the full annual deductible amounts of their new Plan before Walmart begins to pay.

#### 50. Will an associate's annual deductible and out-of-pocket maximum reset if they change stores during the Plan year?

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If an associate moves to another facility that doesn't offer the same ACP at any time in 2018, their coverage will default to another Walmart plan to continue medical coverage. Any progress they've made toward their annual deductible and out-of-pocket maximum will not apply to their new Plan; associates will have to satisfy the full annual deductible amounts of their new Plan before it begins to pay benefits.

#### 51. How does an associate reach a health care advisor?

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- **Banner Accountable Care Plan**  
Aetna: [888-252-2734](tel:888-252-2734)  
Monday–Friday: 6:00 a.m.–10:00 p.m. CT  
Saturday: 6:00 a.m.–3:00 p.m. CT
- **Emory Accountable Care Plan**  
HealthSCOPE Benefits: [800-804-1272](tel:800-804-1272)  
Monday–Friday: 7:30 a.m.–6:00 p.m. CT  
Nurse line is available 24/7: [888-546-8463](tel:888-546-8463)
- **Mercy Arkansas Accountable Care Plan**  
HealthSCOPE Benefits: [800-804-1272](tel:800-804-1272)  
Monday–Friday: 7:30 a.m.–6:00 p.m. CT  
Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Mercy Oklahoma Accountable Care Plan**  
HealthSCOPE Benefits: [800-804-1272](tel:800-804-1272)  
Monday–Friday: 7:30 a.m.–6:00 p.m. CT  
Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Ochsner Accountable Care Plan**  
HealthSCOPE Benefits: [800-804-1272](tel:800-804-1272)  
Monday–Friday: 7:30 a.m.–6:00 p.m. CT  
Nurse line is available 24/7: [800-231-5257](tel:800-231-5257)
- **Mercy Springfield Accountable Care Plan**  
HealthSCOPE Benefits: [800-804-1272](tel:800-804-1272)  
Monday–Friday: 7:30 a.m.–6:00 p.m.  
CT Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Mercy St. Louis Accountable Care Plan**  
HealthSCOPE Benefits: 800-804-1272  
Monday–Friday: 7:30 a.m.–6:00 p.m. CT  
Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Presbyterian Accountable Care Plan**  
UnitedHealthcare: [888-285-9255](tel:888-285-9255)  
Monday–Friday: 7:00 a.m.–10:00 p.m. CT  
Saturday: 8:00 a.m.–3:00 p.m. CT  
Nurse line is available 24/7: [888-285-9255](tel:888-285-9255)
- **St. Luke's Accountable Care Plan**  
Aetna: [855-548-2387](tel:855-548-2387)  
Monday–Friday: 6:00 a.m.–10:00 p.m. CT  
Saturday: 6:00 a.m.–3:00 p.m. CT  
Nurse line is available 24/7: [855-548-2387](tel:855-548-2387)

• **UnityPoint Accountable Care Plan**

HealthSCOPE Benefits: [800-804-1272](tel:800-804-1272)  
Monday–Friday: 7:30 a.m.–6:00 p.m. CT

• **Memorial Hermann Accountable Care Plan**

HealthSCOPE Benefits: [800-804-1272](tel:800-804-1272)  
Monday–Friday: 7:30 a.m.–6:00 p.m. CT  
Nurse line is available 24/7: [713-338-4850](tel:713-338-4850)

**52. What are the Plan features of the ACPs?**

The charts on the following pages highlight key features of the ACPs:

<b>Banner Accountable Care Plan</b>	
	<b>In-Network Benefits Only</b> <i>No benefits for services provided outside the network except for emergency services</i>
<b>Annual Deductible</b> Associate only Associate + dependent(s) <i>Does not apply to eligible preventive care</i>	\$3,000 \$6,000
<b>Annual out-of-pocket maximum</b> Associate only Associate + dependent(s)	\$6,850 per person \$13,700 per family
<b>Eligible preventive care</b>	100% <i>No deductible</i>
<b>Doctor visits (Including diagnostic x-rays and tests performed in the doctor's office)</b> Primary care physician (PCP) office visit Specialist office visit Behavioral health office visit Urgent care visit	\$35 copay \$75 copay \$35 copay \$75 copay
<b>Diagnostic tests</b> All nonpreventive tests, except most lab and x-rays performed during an on-site doctor visit	75% <i>After deductible</i>
<b>Hospitalization</b> Inpatient, emergency, outpatient	75% <i>After deductible</i>
<b>Behavioral health</b> <i>See above for doctor visits</i> Inpatient and outpatient	75% <i>After deductible</i>
<b>Telehealth and video visits</b> (Doctor On Demand medical, psychology and psychiatry)	\$4 copay
<b>Pharmacy</b>	See <b>The Pharmacy Benefit</b> chapter of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details
<b>Centers of Excellence</b>	See the <b>Centers of Excellence</b> section of this document for details
<b>Walmart Care Clinic</b>	See the <b>Walmart Care Clinic</b> section of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details

<b>Emory, Mercy Arkansas, Mercy Oklahoma, Mercy St. Louis, St. Luke's and UnityPoint Accountable Care Plans</b>	
	<b>In-Network Benefits Only</b> <i>No benefits for services provided outside the network except for emergency services</i>
<b>Annual Deductible</b> Associate only Associate + dependent(s) <i>Does not apply to eligible preventive care</i>	\$1,750 \$3,500
<b>Annual out-of-pocket maximum</b> Associate only Associate + dependent(s)	\$6,850 per person \$13,700 per family
<b>Eligible preventive care</b>	100% <i>No deductible</i>
<b>Doctor visits (Including diagnostic x-rays and tests performed in the doctor's office)</b> Primary care physician (PCP) office visit Specialist office visit* Behavioral health office visit Urgent care visit	\$35 copay \$75 copay \$35 copay \$75 copay
<b>Diagnostic tests</b> All nonpreventive tests ordered or performed outside a doctor's office	75% <i>After deductible</i>
<b>Hospitalization</b> Inpatient, emergency, outpatient	75% <i>After deductible</i>
<b>Behavioral health</b> <i>See above for doctor visits</i> Inpatient and outpatient	75% <i>After deductible</i>
<b>Telehealth and video visits</b> (Doctor On Demand medical, psychology and psychiatry)	\$4 copay
<b>Pharmacy</b>	See <b>The Pharmacy Benefit</b> chapter of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details
<b>Centers of Excellence</b>	See the <b>Centers of Excellence</b> section of this document for details
<b>Walmart Care Clinic</b>	See the <b>Walmart Care Clinic</b> section of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details

\*The Mercy Accountable Care Plans for Arkansas, Oklahoma, and St. Louis offer limited coverage for chiropractic care office visits. There is a maximum of 10 visits per calendar year.

Mercy Springfield Accountable Care Plan	
	In-Network Benefits Only <i>No benefits for services provided outside the network except for emergency services</i>
<b>Annual Deductible</b> Associate only Associate + dependent(s) <i>Does not apply to eligible preventive care</i>	\$3,000 \$6,000
<b>Annual out-of-pocket maximum</b> Associate only Associate + dependent(s)	\$6,850 per person \$13,700 per family
<b>Eligible preventive care</b>	100% <i>No deductible</i>
<b>Doctor visits (Including diagnostic x-rays and tests performed in the doctor's office)</b> Primary care physician (PCP) office visit Specialist office visit Behavioral health office visit Urgent care visit	\$35 copay \$75 copay \$35 copay \$75 copay
<b>Diagnostic tests</b> All nonpreventive tests, except most lab and x-rays performed during an on-site doctor visit	75% <i>After deductible</i>
<b>Hospitalization</b> Inpatient, emergency, outpatient	75% <i>After deductible</i>
<b>Behavioral health</b> <i>See above for doctor visits</i> Inpatient and outpatient	75% <i>After deductible</i>
<b>Telehealth and video visits</b> (Doctor On Demand medical, psychology and psychiatry)	\$4 copay
<b>Pharmacy</b>	See <b>The Pharmacy Benefit</b> chapter of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details
<b>Centers of Excellence</b>	See the <b>Centers of Excellence</b> section of this document for details
<b>Walmart Care Clinic</b>	See the <b>Walmart Care Clinic</b> section of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details

Presbyterian Accountable Care Plans		
	In-Network Benefits Only <i>No benefits for services provided outside the network except for emergency services</i>	
<b>Annual Deductible</b> Associate only Associate + dependent(s) <i>Does not apply to eligible preventive care</i>	\$3,000 \$6,000	
<b>Annual out-of-pocket maximum</b> Associate only Associate + dependent(s)	\$6,850 per person \$13,700 per family	
<b>Eligible preventive care</b>	100% <i>No deductible</i>	
<b>Doctor visits (Including diagnostic x-rays and tests performed in the doctor's office)</b> Primary care physician (PCP) office visit Specialist office visit* Behavioral health office visit Urgent care visit	<b>Presbyterian TIER 1</b>  \$35 copay \$75 copay \$35 copay \$75 copay	<b>Presbyterian TIER 2</b>  75% <i>After deductible</i>
<b>Diagnostic tests</b> All nonpreventive tests ordered or performed outside a doctor's office	75% <i>After deductible</i>	
<b>Hospitalization</b> Inpatient, emergency, outpatient	75% <i>After deductible</i>	
<b>Behavioral health</b> <i>See above for doctor visits</i> Inpatient and outpatient	75% <i>After deductible</i>	
<b>Telehealth and video visits</b> (Doctor On Demand medical, psychology and psychiatry)	\$4 copay	
<b>Pharmacy</b>	See <b>The Pharmacy Benefit</b> chapter of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details	
<b>Centers of Excellence</b>	See the <b>Centers of Excellence</b> section of this document for details	
<b>Walmart Care Clinic</b>	See the <b>Walmart Care Clinic</b> section of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details	

### 53. What are the advantages to enrolling in an ACP?

The ACP options offer simple copays for office visits, including specialists, with no need to meet a deductible first. That makes getting care easier. The accountable care approach is based on a partnership between associates and their doctor, who coordinates care among everyone who takes care of an associate and monitors their results. And the doctors and other providers in each ACPs network are from a local health system that can deliver higher-quality care at a lower cost. Associates can still see a doctor outside the network for medical emergencies, but if they choose to go out-of-network for non-emergency services, they'll pay the full cost.

### 54. How big are the ACP provider networks?

The provider networks for the ACP options are robust groups inclusive of all types of medical providers. For up-to-date network provider details, please check the online provider directories at [WalmartOne.com/Provider](https://WalmartOne.com/Provider)

## 55. Do the ACP options provide 24/7 access to a nurse line, allowing associates to speak with a nurse about medical conditions, treatment, and care questions?

Yes. For associates looking for resources about their medical conditions, treatment and care, all 11 ACP options offer the option to speak with a nurse. Here are the phone numbers for each nurse line:

- **Banner Accountable Care Plan:**  
Nurse line is available 24/7: [855-548-2387](tel:855-548-2387)
- **Emory Accountable Care Plan:**  
Nurse line is available 24/7: [888-546-8463](tel:888-546-8463)
- **Memorial Hermann Accountable Care Plan:**  
Nurse line is available 24/7: [713-338-4850](tel:713-338-4850)
- **Mercy Arkansas Accountable Care Plan:**  
Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Mercy Oklahoma Accountable Care Plan:**  
Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Mercy Springfield Accountable Care Plan:**  
Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Mercy St. Louis Accountable Care Plan:**  
Nurse line is available 24/7: [844-841-3875](tel:844-841-3875)
- **Ochsner Accountable Care Plan:**  
Nurse line is available 24/7: [800-231-5257](tel:800-231-5257)
- **Presbyterian Accountable Care Plan:**  
Nurse line is available 24/7: [888-285-9255](tel:888-285-9255)
- **St. Luke's Accountable Care Plan:**  
Nurse line is available 24/7: [855-548-2387](tel:855-548-2387)
- **UnityPoint Accountable Care Plan:**  
Nurse line is available 24/7: [844-238-1032](tel:844-238-1032)

## Select Network Plan

### 56. What are the Plan features of the Select Network Plan?

The chart below highlights the key features of the Select Network Plan, which is available in designated locations:

The Select Network Plan	
	In-Network Benefits Only <i>No benefits for services provided outside the network except for emergency services</i>
<b>Annual Deductible</b> Associate only Associate + dependent(s) <i>Does not apply to eligible preventive care</i>	\$2,750 \$5,500
<b>Annual out-of-pocket maximum</b>	\$6,850 per person \$13,700 per family
<b>Eligible preventive care</b>	100% <i>No deductible</i>
<b>Doctor visits (Including diagnostic x-rays and tests performed in the doctor's office)</b> Primary care physician (PCP) office visit Specialist office visit Behavioral health office visit Urgent care visit	\$35 copay \$75 copay \$35 copay \$75 copay
<b>Hospitalization</b>	75% After deductible
<b>Behavioral health</b> <i>See above for doctor visits</i> Inpatient and outpatient	75% After deductible
<b>Telehealth and video visits</b> (Doctor On Demand medical, psychology and psychiatry)	\$4 copay
<b>Pharmacy</b>	See <b>The Pharmacy Benefit</b> chapter of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details
<b>Centers of Excellence</b>	See the <b>Centers of Excellence</b> section of this document for details
<b>Walmart Care Clinic</b>	See the <b>Walmart Care Clinic</b> section of the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications for details

## 57. Which areas of the country have the Select Network Plan?

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The Select Network Plan is available to associates who work in any of the following locations:

- Illinois (Chicago area)
- Texas (Austin, Dallas, El Paso, San Antonio, and portions of southeast Texas)
- Portions of New Jersey/New York

## 58. How can an associate find out if a provider is in-network?

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Online provider directories are available at [WalmartOne.com/Providers](https://WalmartOne.com/Providers) or on the WIRE. Providers can also be found by searching for Grand Rounds. Go to [GrandRounds.com/Walmart](https://GrandRounds.com/Walmart) or download the free mobile app.

## 59. How are providers chosen to participate in the Select Network Plan?

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Doctors and providers have been specially chosen for the Select Network Plan based on quality and performance criteria.

## Individual out-of-pocket maximum

### 60. What is the individual out-of-pocket maximum and how does it work?

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The individual out-of-pocket maximum caps the amount associates pay for medical expenses. Associates and any family member they enroll for coverage have an individual out-of-pocket maximum. This means once any individual participant's share of the cost for covered services adds up to the out-of-pocket maximum, that participant's eligible in-network expenses will be paid at 100 percent for the remainder of the calendar year.

### 61. Which medical plans have an individual out-of-pocket maximum?

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All the medical plans offered by Walmart have an individual out-of-pocket maximum.

### 62. What are each plan's individual out-of-pocket maximums?

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The individual out-of-pocket maximums are:

- HRA, HRA High, Select Network, and Accountable Care Plans: \$6,850 per individual enrolled.
- HSA Plan: \$6,650 per individual enrolled.

### 63. Which medical expenses are credited toward the out-of-pocket maximum?

---

The expenses associates pay that apply toward their network out-of-pocket maximum include:

- Associate's network and out-of-network annual deductibles (including amounts paid using HRA or Health Savings Account funds)
- An associate's coinsurance when using in-network providers
- Pharmacy copays/coinsurance

Associate's network out-of-pocket maximum may be met by any combination of covered medical services. Certain expenses, however, will not count toward the annual out-of-pocket maximum.

#### 64. Which medical expenses are not credited toward the network out-of-pocket maximum?

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The medical expenses that are not credited toward an associate's out-of-pocket maximum vary slightly based on their medical plan. Refer to the medical chapter in the 2018 *Associates' Benefits Book* with the 2019 Summary of Material Modifications for detailed information about the out-of-pocket maximum for each available plan. As an example, here are the expenses that are not credited toward the annual network out-of-pocket maximum under the HRA Plans:

- Charges paid 100 percent by the plan, such as network preventive services and Centers of Excellence services
- Charges for out-of-network preventive services
- An associate's coinsurance when using non-network providers
- Non-network providers' charges above the maximum allowable charge
- Charges for services provided at any Walmart Care Clinic that is not a network provider under an associates plan (however, any tests performed outside the clinic will count toward their out-of-pocket maximum).
- Charges paid directly to pharmacies on the associate's behalf by drug manufacturers, state assistance programs (where permitted by law), pharmacy discount programs or other third parties to assist them in purchasing prescription drugs.
- Charges excluded by the Plan

### Network providers

#### 65. What's a network provider?

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A network is a group of medical providers, including doctors, hospitals and clinics, that have agreed to provide health care services at a discount. Depending on where an associate works, they will have access to the BlueAdvantage Administrators of Arkansas (Blue Cross Blue Shield) PPO or Alt network; the Aetna Network or its Select Network; the UnitedHealthcare network or its Medica Choice network or Harvard Pilgrim network. The Accountable Care Plan options and the HMOs each have their own network of providers.

#### 66. What happens if an associate goes to a provider who is not in the network?

---

If an associate is enrolled in an HRA plan or the HSA Plan, they may choose to use a provider who is not in the network. Walmart will pay 50 percent of the maximum allowable charge after their deductible has been met, and they will be responsible for the other 50 percent, plus any charges above the maximum allowable charge. If an associate is enrolled in an HMO, the HMO will provide guidance on how much of their care is covered if they use a provider who is not an HMO Plan doctor/facility or is not authorized by the HMO. Contact the HMO for details.

The Accountable Care Plans and the Select Network Plan are designed to enable network providers to deliver high-quality care specifically coordinated to participants' needs. As such, the Accountable Care Plans and the Select Network Plan do not cover the service of out-of-network providers except in cases of emergency and when services are specifically determined to be eligible under the Centers of Excellence program. It's a good idea for associates to check whether the doctors they see regularly will be in their network in 2019.

Note that spine surgeries and hip and knee replacements are covered at designated Centers of Excellence (COE) facilities at 100 percent. In 2019, surgeries performed at a non-COE facility will be considered out-of-network and covered at 50 percent.

#### 67. How can an associate find out if a doctor is in the network?

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Associates should contact their medical claims administrator's health care advisor, as listed below or go to the online directory link located under the benefits center.

- **Aetna (includes Select Network Plan, Banner ACP, and St. Luke's ACP): [888-252-2734](tel:888-252-2734)**
- **BlueAdvantage Administrators of Arkansas: [866-823-3790](tel:866-823-3790)**
- **United Healthcare (includes Presbyterian ACP): [888-285-9255](tel:888-285-9255)**
- **HealthSCOPE Benefits (includes all other ACPs): [800-804-1272](tel:800-804-1272)**
- **Grand Rounds: [800-941-1384](tel:800-941-1384)**

## Special Provider Networks

### 68. How does BlueAdvantage Administrators of Arkansas' Alt network work?

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In select markets, associates who have Blue Cross Blue Shield as their medical claims administrator are now part of the Alt network. The Alt network is a subgroup within the Blue Cross Blue Shield network designed to help associates receive greater discounts on medical care in order to save money for associates and Walmart.

Associates who are part of the Alt network should review the network list to determine if their medical provider is part of the Alt network before scheduling an appointment. If associates visit a provider outside of the Alt network, services will be treated as out-of-network and covered accordingly.

### 69. What happens if an associate has BlueAdvantage Administrators of Arkansas and they choose not to use doctors or other providers in the special Alt network?

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If an associate does not use doctors in the Alt network, services will be treated as out-of-network and covered accordingly.

## HMOs

### 70. Will Walmart offer HMOs in 2019?

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Yes. Walmart will offer HMO plans to associates in several states (California, Colorado, Georgia, Hawaii, Maryland, Michigan, Idaho, New York, Oregon, Pennsylvania, Virginia, and Washington) as well as the District of Columbia. Find a list of work locations that will offer HMOs in 2019 on the WIRE or at [WalmartOne.com/Benefits](http://WalmartOne.com/Benefits)

If associates work in a facility that offers HMOs, HMO rates will be included in their personalized Decision Guide. HMO rates are also posted in the Leadership Guide and on the WIRE or at [WalmartOne.com](http://WalmartOne.com). Associates should ask their people partner for information if they'd like to know more about HMOs offered in their area.

### 71. Where can associates find a list of HMOs offered for 2019?

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Associates can find the list of HMOs by work location [WalmartOne.com/Benefits](http://WalmartOne.com/Benefits). They can also ask their people partner for information if they'd like to know more about HMOs offered in their area.

### 72. What changes is Walmart making to HMOs?

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One HMO is going away for 2019, and another will no longer be available for some associates. If currently enrolled in one of these, you'll want to review your options for changing plans.

Health Net of Arizona HMO—if you are currently enrolled in this HMO, your coverage will switch automatically to the HRA Plan if you don't choose one of your other options.

Kaiser Washington HMO in central Washington and western Idaho—if you are currently enrolled in this HMO and live in central Washington or western Idaho, your coverage will switch automatically to the HRA High Plan if you don't choose one of your other options.

New HMO out-of-pocket costs:

HMO	Copay	Coinsurance
Kaiser Washington HMO (for areas outside of central WA and western Idaho)	\$30/\$60	25%
BCN Michigan (east and southeast)	\$35/\$75	25%
BCN Michigan (west)	\$35/\$75	25%

### 73. How do HMO plans work?

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HMO plans typically require associates to pay copays for doctor visits and outpatient hospital care. They may have an annual deductible and out-of-pocket maximum. HMOs usually only pay benefits when their care is provided or authorized by an HMO plan doctor.

### 74. How are decisions made on where Walmart offers HMOs?

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Each year, we carefully evaluate the types of features and plans we offer. We also study demographic data that shows us where associates live and work. In 2019, we will offer HMOs in several states and the District of Columbia. These choices will allow associates to choose the plan that works best for them and to better manage their budgets and needs.

### 75. Which plans will associates default into if their HMO is eliminated in 2019?

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- Health Net of Arizona HMO—if you are currently enrolled in this HMO, your coverage will switch automatically to the HRA Plan if you don't choose one of your other options.
- Kaiser Washington HMO in central Washington and western Idaho—if you are currently enrolled in this HMO and live in Central Washington or western Idaho, your coverage will switch automatically to the HRA High Plan if you don't choose one of your other options.

## Medical pricing

### 76. Why have associates medical plan rates gone up?

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Since the cost of health care continues to rise nationwide, rates for some Plan options have increased. Walmart does its part to keep their costs down.

### 77. How much of associates health care costs does Walmart pay? What do other companies pay?

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Walmart pays the majority (approximately 60 percent) of the cost of health care for associates enrolled in our plans. This is competitive with what other companies pay for their employees' health care costs.

Despite the increasing cost of health care in the U.S., Walmart is proud that, on average, associates pay about 14 percent less than other retail employees and about 22 percent less than employees in other industries.

# Expanded Medical Programs

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## Centers of Excellence program

1. What is the Centers of Excellence program?
2. What are Centers of Excellence?
3. What procedures and services are included in the Centers of Excellence program?
4. What are the Plan features of the Centers of Excellence program?
5. If an associate participates in the Centers of Excellence program, where could they be traveling?
6. How do associates enroll in the Centers of Excellence program?
7. Is there a waiting period before the Centers of Excellence program is available?
8. Does the Centers of Excellence program cover additional costs like travel and lodging?
9. Is there an age requirement for the Centers of Excellence program?
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## Centers of Excellence program

### 1. What is the Centers of Excellence program?

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Is an associate facing major surgery or cancer? They should get the very best, most appropriate care possible. Walmart's Centers of Excellence program gives associates access to world-class specialists for:

- Certain heart surgeries, like cardiac bypass and valve replacements
- Certain spine surgeries, like spinal fusions and removal of spinal discs (discectomy)\*
- Hip and knee replacements\*
- Medical record review for breast, lung, prostate, blood and colorectal cancer to determine if it would be beneficial to travel to a Centers of Excellence hospital—and an onsite visit, if recommended
- Certain weight loss surgeries, specifically gastric bypass and gastric sleeve procedures\*\*
- Organ and tissue transplants (except kidney, cornea and intestinal), which also include lung volume reductions, ventricular assist devices (VADs) and total artificial hearts, and CAR-T cell therapy\*\*.

Most of these conditions are covered at 100 percent before meeting the deductible. Preauthorized services performed at the Centers of Excellence facility, such as the in-person evaluation, actual surgical procedure or any physical therapy needed before being released from the program, will be covered at 100 percent. Excluded from the Centers of Excellence benefit are any services, visits or tests received prior to the evaluation at the Centers of Excellence, and any services received once they're released from the program and return home. If an associate is enrolled in the HSA Plan, they must first meet their annual deductible. Travel benefits are also provided for the patient and a companion caregiver.

\*Spine surgeries and hip and knee replacements are only covered at designated Centers of Excellence at 100 percent. If performed at a non-COE facility, these procedures will be considered out-of-network and covered at 50 percent.

\*\*Weight loss surgeries and transplant care are covered only at designated Centers of Excellence hospitals. Also, weight loss surgeries are covered at the regular benefit level of 75 percent after associates meet their annual deductible, and no travel benefits are provided.

### 2. What are Centers of Excellence?

---

The Centers of Excellence hospitals are select facilities chosen to provide certain services for Walmart Plan participants because they provide the highest quality care while saving money for both the associate and the Plan. In many plans, travel, lodging and an expense allowance are provided for the Plan member and a caregiver for all services except weight loss surgery. If associates are enrolled in the HSA Plan, they will receive the same coverage after they have met their annual deductible.

### 3. What procedures and services are included in the Centers of Excellence program?

---

#### Heart procedures:

- Open heart surgery for coronary artery bypass grafting (CABG)
- Heart valve replacement/repair (inpatient procedures)
- Closures of heart defects (inpatient procedures)
- Aneurysm repair—thoracic and aortic
- Other inpatient complex cardiac surgeries

**Spine procedures:**

- Spinal fusion (cervical and lumbar)
- Total disk arthroplasty (artificial disk)
- Removal of vertebral body
- Laminectomy
- Discectomy
- Spine surgery revisions
- Other inpatient complex spine surgeries

**Hip and knee replacement:**

- Total hip replacement
- Partial hip replacement
- Total knee replacement
- Partial knee replacement

**Weight loss surgery:**

Associates and their spouse/partners enrolled in one of the HRA plans, the Select Network Plan, the HSA Plan or an ACP may have specific surgery for weight loss covered when Plan eligibility requirements and medical criteria are met.

**Cancer services:**

Participants diagnosed with certain cancers may have their medical records reviewed by Mayo Clinic specialists to evaluate the benefit of an on-site visit. If an on-site visit at Mayo Clinic is recommended, the visit will be covered at 100 percent and will include a travel allowance. At this time, the following types of cancer will be included in this program:

- Breast cancer
- Lung cancer
- Colorectal cancer
- Prostate cancer
- Blood cancer (including multiple myeloma, leukemia, and lymphoma)

**Transplants:**

All organ and tissue transplants (except kidney, cornea and intestinal) are covered when Plan eligibility requirements and medical criteria are met. This benefit also applies to lung volume reductions, ventricular assist devices (VADs), total artificial hearts, and CAR-T cell therapy.

#### 4. What are the Plan features of the Centers of Excellence program?

The chart below summarizes the benefits available under the Centers of Excellence program, alongside the comparable benefits that may be available under the associates medical plan.

	Centers of Excellence		
	Centers Of Excellence Providers	Your Medical Plan Network	Out-of-Network <i>Out-of-network benefits not available under Accountable Care Plans and Select Network Plan</i>
<b>Heart surgery</b>	100% <i>No deductible*</i>	75% <i>After deductible</i>	50% <i>After deductible</i>
<b>Breast, lung, blood, prostate, and colorectal cancer medical record review</b> (Onsite evaluation when recommended)			
<b>Spine surgery</b>	100% <i>No deductible*</i>	50% <i>After deductible</i>	50% <i>After deductible</i>
<b>Hip and knee replacement</b>		<i>(Subject to out-of-network deductible for HRA Plan, HRA High Plan, and HSA Plan; network deductible for Accountable Care Plan and Select Network Plan)</i>	
<b>Transplant</b> (Mayo Clinic only; excludes kidney, cornea and intestinal transplant)	100% <i>No deductible*</i>	No coverage	No coverage
<b>Weight loss surgery</b> (Gastric bypass and gastric sleeve)	75% <i>After deductible</i>	No coverage	No coverage

\*Due to federal tax laws, participants in the HSA Plan must meet their annual deductible before 100% benefits can be provided.

Additional program conditions and restrictions are described in the adjacent Centers of Excellence text.

#### 5. If an associate participates in the Centers of Excellence program, where could they be traveling?

Participants do not choose their Centers of Excellence hospital within this program. The medical center in which the participant receives services is determined by where the participant lives, medical plan type and the indicated surgery or service. The facilities included in this program are as follows:

##### Heart procedures:

- Cleveland Clinic (Cleveland, Ohio)
- Geisinger Medical Center (Danville, Pennsylvania)
- Virginia Mason Medical Center (Seattle, Washington)

*Note: If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.*

##### Spine procedures:

- Emory University Hospital (Atlanta, Georgia)
- Geisinger Medical Center (Danville, Pennsylvania)
- Mayo Clinic Arizona (Scottsdale, Arizona)
- Mayo Clinic Florida (Jacksonville, Florida)
- Mayo Clinic Minnesota (Rochester, Minnesota)

- Mercy Springfield (Springfield, Missouri)
- Memorial Hermann-Texas Medical Center (Houston, Texas)
- Virginia Mason Medical Center (Seattle, Washington)

*NOTE: If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.*

**Hip and knee replacements:**

- Emory University Hospital (Atlanta, Georgia)
- Johns Hopkins Bayview Medical Center (Baltimore, Maryland)
- Kaiser Permanente Irvine Medical Center (Irvine, California)
- Mayo Clinic Florida (Jacksonville, Florida)
- Mayo Clinic Minnesota (Rochester, Minnesota)
- Mercy Springfield (Springfield, Missouri)
- New England Baptist (Boston, Massachusetts)
- Northeast Baptist (San Antonio, Texas)
- Scripps Mercy Hospital (San Diego, California)
- University Hospital (Cleveland, Ohio)
- Virginia Mason Medical Center (Seattle, Washington)

*NOTE: Additional features will be added by January 1, 2019. If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.*

**Weight loss surgery:**

- Geisinger Medical Center (Danville, Pennsylvania)
- Scripps Mercy Hospital (San Diego, California)
- Northeast Baptist (San Antonio, Texas)

*NOTE: If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.*

**Cancer services:**

- Mayo Clinic Arizona (Scottsdale, Arizona)
- Mayo Clinic Florida (Jacksonville, Florida)
- Mayo Clinic Minnesota (Rochester, Minnesota)

**Organ and tissue transplants**

*(except kidney, cornea and intestinal):*

- Mayo Clinic Arizona (Scottsdale, Arizona)
- Mayo Clinic Florida (Jacksonville, Florida)
- Mayo Clinic Minnesota (Rochester, Minnesota)

## 6. How do associates enroll in the Centers of Excellence program?

---

The Centers of Excellence program is part of Walmart's medical coverage. If an associate is enrolled in one of Walmart's HRA plans, ACPs, the HSA Plan, or the Select Network Plan, they are automatically eligible for the Centers of Excellence program if they meet program requirements. To participate in the program, call a health care advisor at the number on the plan ID card.

## 7. Is there a waiting period before the Centers of Excellence program is available?

---

If an associate is enrolled in one of Walmart's HRA plans, ACPs, HSA Plan, or the Select Network Plan, they are generally eligible for coverage. Note, however, that they must be enrolled in coverage for one year before becoming eligible for the weight loss surgery and transplant benefits.

## 8. Does the Centers of Excellence program cover additional costs like travel and lodging?

---

For most eligible services, yes. This benefit includes travel, lodging, and an expense allowance for the patient and a caregiver. For the cancer services, medical records are reviewed and if an on-site visit at Mayo Clinic is recommended, the visit will be covered at 100 percent and will include a travel allowance (subject to annual deductible for associates covered by the HSA Plan). No travel benefit is available for weight loss surgery or for members obtaining certain Centers of Excellence services through their Accountable Care Plan. Associates should contact their health care advisor for more information.

## 9. Is there an age requirement for the Centers of Excellence program?

---

Participants must be 18 years of age or older for all heart procedures, hip and knee replacement procedures, and weight loss surgery. For some (but not all) spine procedures, the participant must be 18 years of age. For cancer and transplants, the Centers of Excellence program is open to all ages.

## 10. How does an associate coordinate their benefits to pay for treatment received at a Centers of Excellence facility?

---

For most Centers of Excellence services, an associate's care for eligible services at a Centers of Excellence facility is covered at 100 percent, which means they don't have to use their other benefits to cover their medical costs. Weight loss surgery is covered at 75 percent, after they meet their medical plan deductible; their claims will be handled for weight loss surgery the same as other medical services. Due to federal tax law, if they are enrolled in the HSA Plan, they will receive the benefit coverage available under the Centers of Excellence program after they meet their deductible.

## 11. When procedures are covered at 100 percent, does that include only procedures or visits?

---

No. All eligible expenses associated with the procedure or visit performed at a Centers of Excellence facility are covered at 100 percent. For specific questions about what is covered, associates should call their health care advisor using the number on their plan ID card.

## 12. Do associates have to preauthorize anything to participate in the Centers of Excellence program?

---

Yes. Services must be scheduled and preauthorized in order to be covered under the Plan. The particular administrators from whom preauthorization must be secured will vary, depending on the specific Centers of Excellence service to be undertaken and "in certain cases" the associate's medical coverage, as listed in the Centers of Excellence administration chart in next column.

### **13. What happens if a doctor recommends surgery and the Centers of Excellence facility does not?**

---

If a Centers of Excellence doctor recommends against surgery and an associate decides to follow a different doctor's treatment plan, they may have to pre-certify the surgery with your medical claims administrator, and their surgery will be subject to regular coverage limits under their medical plan.

In the case of spine surgery, hip or knee replacements, transplant and bariatric surgery, if associates are eligible for Centers of Excellence benefits and they choose to receive treatment at a facility outside the program, they will not be eligible for in-network coinsurance benefits from their medical plan network. For hip and knee replacements only, the Plan will pay 50% of eligible covered expenses and they will be responsible for the remaining 50%. If they have coverage under the HRA High Plan, HRA Plan or the HSA Plan, they will be subject to the out-of-network deductible before benefits are payable, and will not be eligible for an annual out-of-pocket maximum, thus creating no limit to how much the 50% out-of-pocket expense could cost them. If they have coverage under any of the ACP options or the Select Network Plan and have their procedure performed by a network provider, they will be subject to their plan's annual deductible, and this expense will count toward their annual out-of-pocket maximum. If they have coverage under any of the ACP options or the Select Network Plan and have their procedure performed by an out-of-network provider, no benefits will be payable.

For spine surgery, transplant and bariatric surgery, the only coverage you have available is at a Center of Excellence facility. Non-emergency services performed anywhere else are not covered under the Plan.

Remember that Centers of Excellence facilities are established/accredited programs for spine and/or cardiac care, hip and knee replacements and cancer treatment. They make recommendations that are in an associate's best interest, and they have established plans for performance improvement specific to spine and/or cardiac care, hip and knee replacements, and cancer treatment.

### **14. If an associate has a condition eligible for services at a Centers of Excellence facility, how do they get recommended to receive care through the program?**

---

If an associate's physician indicates that they need heart or spine surgery, a hip or knee replacement, or that they have breast, lung, prostate, blood, or colorectal cancer, they, their physician or health care advisor can initiate the process by calling the number on their plan ID card.

### **15. If an associate has to travel to a Centers of Excellence facility for a consultation as well as treatment, will the Plan pay for both trips?**

---

A physician at the Centers of Excellence facility will review an associate's medical records. If he or she determines that they need a procedure or that they need to be evaluated in person, the evaluation may be scheduled. In many instances, the evaluation and the procedure will be completed in the same trip.

### **16. Why did Walmart create this benefit for its associates?**

---

Walmart initiated this program to ensure that our associates and their covered family members have the opportunity to receive the highest-quality care at some of the premier hospitals in the U.S.

We selected multiple medical facilities to participate in this program because of the volume of covered associates and dependents enrolled in our plans across the country. We are focused on helping Plan participants to access high-quality medical care with above-average positive patient outcomes to ensure they have the best chances of regaining a high quality of life.

## **17. What does an associate do if they can't find a doctor to treat them after their surgery at a Centers of Excellence facility?**

---

One of the criteria the participant has to satisfy before they can participate with the program is identification of a doctor that will manage their follow-up care after they complete their procedure at the Centers of Excellence facility. If the participant is unable to locate a doctor at home to manage their follow-up care, they should contact their medical health care advisor and obtain assistance with locating other in-network providers in the participant's area that may be able to accept them as a patient. The participant can also reach out and speak with their health care advisor at the number on the back of the plan ID card. Once all possible avenues have been exhausted, the participant would need to pursue the surgical procedure under their regular medical benefits, since they would not be eligible to participate in the Centers of Excellence program.

## **18. How are the participating hospitals chosen?**

---

To assure that the highest quality care is available to participants nationwide who are enrolled in one of Walmart's HRA plans, the Select Network Plan, the HSA Plan, or the ACPs, the company considers many factors, including medical expertise and each facility's geographic location. The main criteria used to select participating hospitals are that each facility must:

- Possess very high-quality indicators
- Foster a culture of following evidence-based guidelines and, as a result, perform surgeries only when necessary, and
- Structure their surgeons' compensation so that they are not incentivized to do surgery strictly based on money, but rather what's the most appropriate care for each individual patient.

## **19. How are hip and knee replacements defined?**

---

Hip replacement, also referred to as total hip replacement (THR) or total hip arthroplasty (THA), is a surgical procedure where worn, diseased, or damaged surfaces of a hip joint are removed and replaced with artificial surfaces.

Knee replacement, also referred to as total knee replacement (TKR) or total knee arthroplasty (TKA), is a surgical procedure where worn, diseased or damaged surfaces of a knee joint are removed and replaced with artificial surfaces.

## **20. If an associate needs two knee replacements, do they both have to be done at the same time for the procedures to be covered?**

---

No. These surgeries are required to be performed on separate visits to the Centers of Excellence facility.

## **21. Is physical therapy (rehabilitation) included in the Centers of Excellence program?**

---

Physical therapy (rehabilitation) is included while the participant is in the Centers of Excellence location, if needed. When the participant returns home after a surgery, this service is covered under the standard medical benefit.

## **22. What if an associate is unable to travel for spine surgery or hip or knee replacement?**

---

The Centers of Excellence physicians will evaluate the participant's situation to determine if he or she is safe to travel. Participants deemed unfit to travel will be encouraged to file for an exception.

### **23. Are there any exceptions where associates can receive normal benefits under their medical plans if they don't travel to a Centers of Excellence facility for spine surgery or hip or knee replacement?**

---

Yes. The participant may request an exception if travel to the Centers of Excellence facility could result in loss of life, paralysis, or further injury. If the exception is approved, services would be considered under the associate's regular medical plan benefits. These exceptions can be requested prior to surgery by writing:

#### **Centers of Excellence: Walmart**

Attention: Appeals Coordinator  
1755 Georgetown  
Hudson, Ohio 44236

### **24. What if an associate doesn't have anyone to accompany them to the Centers of Excellence facility for spine surgery or hip or knee replacement?**

---

Associates must be accompanied by a caregiver at clinics where procedures are performed, as part of the program's standards for overall patient safety. If they are unable to find a caregiver to travel with them, they will not be able to use the Centers of Excellence benefit. If they have surgery at a non-Centers of Excellence facility, it will be considered out-of-network and paid at 50 percent for most plan enrollees.

### **25. If an associate has hip or knee replacement at a non-Centers of Excellence facility, not under the Centers of Excellence benefit, what part of their care is reduced to the 50 percent out-of-network benefit?**

---

The Plan will pay 50%, subject to the limitations detailed below, for services rendered on the day of their surgery. This would include the facility, surgeon, anesthesia, and any other charges you incur related to the surgical procedure. This would not include any preoperative or postoperative care.

The following limitations apply:

- If associates have coverage under the HRA High Plan, HRA Plan, or the HSA Plan and have their procedure performed by a network provider, they will be subject to the out-of-network deductible before benefits are payable.
- If they have coverage under any of the Accountable Care Plan options or the Select Network Plan and have their procedure performed by a network provider, they will be subject to their plan's annual deductible.
- If they have coverage under any of the Accountable Care Plan options or the Select Network Plan and have their procedure performed by an out-of-network provider, no benefits will be payable.

### **26. How will spine surgeries or hip or knee replacements be handled when they are emergencies?**

---

The Centers of Excellence program is for non-urgent surgeries only. Surgeries that are necessary as a result of trauma, or otherwise urgent situations, would not be subject to a reduction in benefits and would be allowed at regular benefit levels.

### **27. If one Centers of Excellence facility tells an associate they do not need surgery, can they go to another Centers of Excellence facility to be evaluated?**

---

No. All Centers of Excellence facilities work closely together to align treatment plans; the overall care will not be different by facility. Generally, a request to go to another Centers of Excellence facility will be denied.

## 28. What is the weight loss surgery benefit?

---

The weight loss surgery benefit covers gastric bypass surgery and gastric sleeve surgery at their regular medical benefits. As a Plan participant, associates must meet all requirements to qualify for coverage and their surgery must be performed by a designated physician and facility.

## 29. How does an associate learn more about the weight loss surgery benefit?

---

To learn more about this benefit, associates should contact their health care advisor. For most associates, their health care advisor will work with another vendor partner, Health Design Plus, to manage the intake and approval process, as certain qualifications are required in order to be eligible for weight loss surgery. Health Design Plus will also manage the processing of claims from the surgical facility.

If they are covered under any of the ACPs, contact a health care advisor, who will manage the approval process.

## 30. What are the eligibility requirements to qualify for weight loss surgery coverage?

---

They must be an associate, spouse, or domestic partner enrolled in a Walmart Medical plan for at least one year. Dependent children are not eligible for this benefit.

## 31. What are the clinical requirements for weight loss surgery coverage?

---

An associate's physician must verify that they have either:

1. Body Mass Index (BMI) of at least 35 with at least one obesity-related comorbid condition, such as high blood pressure, diabetes or sleep apnea, OR
2. A BMI of at least 40 with no comorbidities.

## 32. Which providers can an associate use for their weight loss surgery in order to have coverage?

---

Additional providers are being evaluated and will be announced soon, but as of now, the current list of eligible providers include:

- Geisinger Medical Center (Danville, Pennsylvania)
- Northeast Baptist Hospital (San Antonio, Texas)
- Scripps Mercy Hospital (San Diego, California)

*NOTE: If an associate is enrolled in an Accountable Care Plan, please contact a health care advisor for the Centers of Excellence providers for their plan.*

## 33. Will an associate need anything from their provider showing that they qualify to receive the weight loss surgery benefit?

---

After their eligibility with the Plan is confirmed, an associate's physician must verify that they meet the clinical requirements before they can be approved for the benefit. A provider verification form will be sent to them for completion in order to verify that they meet clinical requirements.

## 34. Is follow-up care covered under the weight loss surgery benefit?

---

If they are eligible in the Plan, meet the requirements for weight loss surgery, and have the weight loss surgery at a designated provider, an associate's follow-up care to the surgery will be covered under their medical plan, subject to deductible and coinsurance.

### **35. What if an associate qualifies for the weight loss surgery benefit but choose to have the surgery at their local provider?**

---

If they choose to have weight loss surgery at a non-designated provider and service location, the surgery will not be considered a covered benefit and the associate will be responsible for all charges.

### **36. How did you choose the facilities and surgeons who will provide the weight loss surgery?**

---

The designated facilities and physicians have been selected because of their high level of experience providing weight loss surgery and the quality care and service they provide to patients.

### **37. What surgeries are included in the weight loss surgery benefit?**

---

The surgeries included in the weight loss surgery benefit include gastric bypass surgery and gastric sleeve surgery. No other weight loss surgeries, including lap band surgery, are included in this benefit.

### **38. Is there a waiting period for the weight loss surgery benefit?**

---

Yes. Associates must be enrolled for medical benefits in the Plan for one continuous year before becoming eligible for this benefit.

### **39. Are travel benefits provided for the weight loss surgery benefit?**

---

No. Travel benefits are not provided for the weight loss surgery benefit. Plan participants are responsible for their travel expenses, along with the expenses of any caregivers or companions, to and from the designated provider's facility.

### **40. How can associates learn more about the organ and tissue transplant benefits offered by Walmart?**

---

Call HealthSCOPE Benefits at [479-621-2830](tel:479-621-2830) or toll-free at [800-421-1362](tel:800-421-1362).

## **Doctor On Demand™**

### **41. What is a video-chat?**

---

Doctor On Demand video chats allow physicians, behavioral health providers and lactation consultants to provide focused care—without associates having to leave their home. With video, they can look, listen, examine, and engage with an associate to diagnose their issues and provide an effective treatment plan.

### **42. What are common medical conditions that Doctor On Demand can treat?**

---

Doctor On Demand can generally treat common medical conditions including cough, cold, flu, allergies, sore throat, skin issues and rashes, and some eye issues. Visit [www.doctorondemand.com/walmart](http://www.doctorondemand.com/walmart) for the full treatment list.

### **43. What medical conditions does Doctor On Demand not treat?**

---

Doctor On Demand does not treat complex medical issues or chronic conditions. For the most effective treatment of chronic conditions, see a primary care physician. Doctor On Demand is not intended to replace the care associates receive from their primary care physician.

#### 44. Is the Doctor On Demand service available across the U.S.?

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Yes. Doctor On Demand is available in all 50 states for basic medical care as well as behavioral health care.

#### 45. What are the hours of operation for Doctor On Demand?

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Doctor On Demand is available 24/7, 365 days a year, or associates can set an appointment with a physician for a time that will work best for them. When using Doctor On Demand psychology and/or psychiatry services, associates will need to set up an appointment in advance.

#### 46. How do associates use the Doctor On Demand service?

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Although it is recommended that they use Wi-Fi for the best possible experience, it is not required. As long as their connection is 4G or LTE, they should be fine. If they have connection issues, they can simply switch to audio-only when connected to a doctor, and their connection will improve.

#### 47. How much will Doctor On Demand cost?

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Video-chat with a doctor, psychologist, or psychiatrist on your smartphone, PC, or tablet anytime. It's easy, fast, and now just a \$4 copay if you're on one of these medical plans: HRA, HRA High, ACP, or Select Network.

- For the eCommerce PPO plan, there's a similar service through Teladoc and a \$15 copay per medical visit and \$25 copay per behavior health visit.
- Covered by an HMO? Check with your HMO for telehealth options.
- Covered by the HSA? You can video-chat with a doctor or behavior health specialist for \$4 after your deductible is met. Before your deductible is met, the cost is \$49 for medical visits, \$79/\$119 for 25/50 minute sessions with a psychologist and \$229 for a 45 minute psychiatry visit.

#### 48. Will Doctor On Demand file medical claims to an associate's insurance?

---

Yes. If they are enrolled in an HRA Plan, the Select Network Plan, the HSA Plan, or an ACP, Doctor On Demand will charge copay up-front, as applicable.

#### 49. Can the physicians prescribe medication?

---

Yes. The physicians with Doctor On Demand are able to prescribe a wide range of drugs, which can be useful for infections, allergies, skin conditions, travel, and sports injuries. They do not, however, prescribe narcotics or pain medications designated as U.S. controlled substances as a Schedule I, II, III, or IV drug. Otherwise, many of the prescriptions available in an office setting or urgent care can be prescribed.

#### 50. Can the physicians complete paperwork, such as leave of absence paperwork and work notes?

---

Generally speaking, no. While Doctor On Demand's clinicians may be able to provide simple forms such as work/school excuses or return to work/school documents in limited circumstances, associates should always visit a doctor in person if they have paperwork to be completed.

#### 51. How is a doctor selected for associates?

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All physicians are well trained and licensed in an associates state. They're all qualified to see either the associate or their child.

## 52. What happens if an associate goes over the time limit for a consultation?

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When an associate is near the time limit for a consultation, Doctor On Demand will ask them if they'd like to extend the call for a specified amount of time, for an additional charge.

## 53. How is personal information and medical history stored? Is it safe?

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Associate's information is stored on the Doctor On Demand's encrypted servers inside encrypted databases, which are HIPAA-compliant.

## 54. What payment methods does Doctor On Demand accept?

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Doctor On Demand accepts all major credit cards, such as VISA, MasterCard, American Express, and Discover. Associates can also pay using their Health Savings Account debit card, if they have an account.

## 55. Why does Doctor On Demand ask for an associate's child's Social Security number?

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In order to set up a consultation between their child and a licensed physician, Doctor On Demand will need their child's Social Security number to create a custodial account. Doctor On Demand is required to do this because minors cannot have their own accounts and a Social Security number is the only way Doctor On Demand can identify them.

## Grand Rounds

### 56. What is Grand Rounds?

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Grand Rounds is a service offered by Walmart enabling associates to get a second opinion from a doctor quickly and easily. When associates use this service, they can get a written opinion from a top-quality physician based on their medical records or schedule an in-person visit, plus optional recommendations for their care. Grand Rounds can assist them in finding high-quality network doctors who can help them get the best possible diagnosis or treatment plan.

### 57. When should associates use Grand Rounds?

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Use Grand Rounds when:

- They received a diagnosis or have been recommended for surgery or a certain treatment. Grand Rounds can provide a medical second opinion from a leading specialist in their area of need.
- They need a PCP or specialist for an in-person visit. Grand Rounds can even schedule the appointment.
- If they would like to see how their doctor stacks up.
- If they would like to double-check that their doctor is charging reasonable rates.

### 58. Who can use Grand Rounds?

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Grand Rounds is not available to associates covered under any of the ACP options, eComm PPO, or HMO plans. Otherwise, the service is available to associates enrolled in a Walmart medical plan, and their covered dependents.

### 59. How much does it cost?

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Grand Rounds is available at no cost to the associate. Note, however, that if an in-person doctor visit results from the use of Grand Rounds services, that in-person doctor visit is subject to the associate's regular insurance cost-sharing terms.

## 60. How do associates get started with Grand Rounds?

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It's easy:

- Visit the Grand Rounds website at [Grandrounds.com/Walmart](https://Grandrounds.com/Walmart)
- Download the mobile app from the Apple or Android App Store
- Call [800-941-1384](tel:800-941-1384)

A Grand Rounds expert will guide them through the process, and the service will collect all relevant medical records and digitize them if necessary. Within fourteen days, in most cases, they'll receive a written opinion from a highly-qualified physician. A Grand Rounds staff physician will explain the recommendations and answer any questions.

## 61. What areas does Grand Rounds specialize in?

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Grand Rounds physicians span all conditions and specialties, including: orthopedics, general surgery, gastroenterology, cardiology/cardiac surgery, neurology, obstetrics/gynecology, pediatrics, rheumatology, urology, pain management, oncology, and more.

## 62. How does Grand Rounds select physicians?

---

Grand Rounds physicians are carefully selected based on their training and the quality of care they provide. Grand Rounds can connect associates with top-notch doctors who specialize in their exact area of need.

## Health Care Advisor

### 63. What is a health care advisor?

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All of our medical claims administrators have provided a health care advisor, who serves as an associate's medical plan's primary health care contact for them and their family. The health care advisor is a trained professional who can help them and their covered dependent(s) have a better overall experience when using their health care benefits.

Associate's coverage questions and administrative issues can be addressed quickly and efficiently, and handled in a consistent manner. The health care advisor makes sure an associate's medical questions or non-emergency medical needs are routed correctly.

### 64. Is the health care advisor a nurse? Do we have access to speak with a nurse?

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The health care advisor is not a nurse, but associates do have options for speaking with health care providers:

- **Custom Care Management**—This program helps associates get personalized care from a dedicated nurse care manager. Associates can access this program by calling the health care advisor on their plan ID card.
- **Doctor On Demand**—An online and mobile service that's an easy way to talk to a doctor using video on an associate's smartphone, tablet, or computer. Their costs to use Doctor On Demand are typically lower than for traditional doctor visits. Access this program by going to [DoctorOnDemand.com/walmart](https://DoctorOnDemand.com/walmart) or downloading the Doctor on Demand App on your smartphone.
- **24-hour nurse line**—BlueAdvantage, Aetna, the Accountable Care Plans, and United Healthcare all offer a 24-hour nurse line to help associates when they have questions about illnesses, injuries, or medical concerns. If an associate is not sure whether their symptoms mean they should seek care immediately or wait and call their doctor in the morning, a call to the nurse line may help them decide. The nurse line can assist with issues that are urgent, short-term or after-hours. The nurse line can be reached at the number on your plan ID card.

## 65. Why do associates have a health care advisor?

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The health care advisor brings a consistent and personal touch to an associate's health care benefits, administrative issues, and questions. The health care advisor is there for them and their dependents and will work with them to find the appropriate solution to their needs.

## 66. What is the phone number for an associate's health care advisor?

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The health care advisor's phone number is listed on the associate's plan ID card. For associate's convenience, those numbers are:

- **Aetna:** [855-548-2387](tel:855-548-2387)
- **BlueAdvantage Administrators of Arkansas:** [866-823-3790](tel:866-823-3790)
- **HealthSCOPE Benefits:** [800-804-1272](tel:800-804-1272)
- **UnitedHealthcare:** [888-285-9255](tel:888-285-9255)

## 67. What are the hours of operation of the health care advisors?

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- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• <b>Aetna:</b><br/>Monday–Friday: 6:00 a.m.–10:00 p.m. CT<br/>Saturday: 6:00 a.m.–3:00 p.m. CT<br/>(Nurse line is available 24/7) <a href="tel:855-548-2387">855-548-2387</a></li><li>• <b>BlueAdvantage Administrators of Arkansas:</b><br/>Monday–Friday: 6:00 a.m.–10:00 p.m. CT<br/>Saturday: 6:00 a.m.–3:00 p.m. CT<br/>(Nurse line is available 24/7) <a href="tel:866-823-3790">866-823-3790</a></li></ul> | <ul style="list-style-type: none"><li>• <b>HealthSCOPE Benefits:</b><br/>Monday–Friday 7:30 a.m.–6:00 p.m.<br/>(Nurse line is available 24/7)<br/><i>Check the back of your ID card for nurse line phone number</i></li><li>• <b>UnitedHealthcare:</b><br/>Monday–Friday: 7:00 a.m.–10:00 p.m. CT<br/>Saturday: 7:00 a.m.–4:00 p.m. CT<br/>(Nurse line is available 24/7) <a href="tel:888-285-9255">888-285-9255</a></li></ul> |
|--|---|

## 68. If an associate has questions when enrolling for benefits, should they call People Services or the health care advisor?

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Associates should call People Services at [800-421-1362](tel:800-421-1362) if they have questions about benefits during enrollment.

They should contact the health care advisor if they are enrolled in an HRA plan, the HSA Plan, the Select Network Plan, or ACP and have questions specific to their plan's benefits, network doctors, preauthorization requirements, or general questions about their family's medical needs.

## Care Management Services

### 69. Why are care management services being provided?

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Care management services ensure that associates and their family receive the most appropriate care. Through their medical plan, they will have the benefit of care management services, including their own personal nurse care manager.

### 70. What do care management services provide?

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Successful care management looks at the whole individual rather than just the symptoms or conditions being diagnosed, so it can result in higher quality of care and an improvement in an associate's experience with their providers and administrator, as well as potentially lower out-of-pocket medical expenses.

## 71. Who provides care management services?

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A specially trained, registered nurse care manager provides this service. He or she will help associates and their covered dependents deal with the difficulties associated with an illness or injury and can help with routine questions and interactions with medical providers.

## 72. How can associates contact care management services?

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To reach a nurse care manager, call the telephone number on the plan ID card. For associate's convenience, those numbers are:

- **Aetna:** [855-548-2387](tel:855-548-2387)
- **BlueAdvantage Administrators of Arkansas:** [866-823-3790](tel:866-823-3790)
- **HealthSCOPE Benefits:** [800-804-1272](tel:800-804-1272)
- **UnitedHealthcare:** [888-285-9255](tel:888-285-9255)

## 73. Why would an associated be contacted about care management services?

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Based on an associate's medical claim history, the nurse care manager may reach out to them; for example, to invite them to participate in a health management program that may be appropriate for them or a covered family member.

## 74. Are care management services confidential?

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Yes. Under the Health Information Portability and Accountability Act of 1996 (HIPAA), an associate's medical plan administrator (which provides care management services) is required to protect the confidentiality of their private health information. For details about privacy rights, refer to the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications.

## Life with Baby program

### 75. What is the Life with Baby program?

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If an associate is pregnant, or thinks they might want to be someday, Walmart's Life with Baby program is for them. It's designed to promote healthy pregnancies and babies by giving associates one-on-one attention, information and services through their pregnancies and beyond. Premature babies often have a lifetime of health issues that take an emotional and financial toll on families, which is why we want to support associates to decrease their likelihood of having a premature baby. When they enroll in Life with Baby, they'll receive the following at no cost:

- A personal registered nurse to talk with before, during, and after their pregnancy
- Email information timed to their pregnancy progress
- Gifts for them and their baby

### 76. Who is eligible for the Life with Baby program?

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Any associate, spouse or dependent who is pregnant, or thinking about becoming pregnant, and enrolled in one of Walmart's HRA plans, the HSA Plan, the Select Network Plan, Banner ACP, or Presbyterian ACP is eligible for the Life with Baby program. If they are covered under one of the Mercy ACP options, they will have access to Mercy's maternity program. Emory ACP, Ochsner ACP, Memorial Hermann ACP, and UnityPoint ACP members will have access to support from a maternity care manager.

## 77. How does an associate enroll in the Life with Baby program?

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To enroll in Life with Baby or Mercy's maternity program, call the telephone number on the plan ID card. If an associate is already pregnant when they enroll, they'll be assigned a registered nurse who will contact them throughout their pregnancy. The assigned nurse will answer their questions or address any concerns.

## Preventive care

### 78. What is preventive care?

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Preventive care includes things like immunizations for children (through age 18), annual checkups for all covered family members, Pap tests and mammograms for women, colonoscopies, flu and pneumonia vaccines and more. For a complete list of eligible preventive care, please contact a health care advisor.

### 79. Are mammograms covered before age 40, with or without a history of cancer?

---

Mammograms are covered once a year beginning at the age of 40, but screening may begin earlier if there is a personal or family history of breast cancer. For additional information, please see the list of Preventive Care Coverage on the WIRE or [WalmartOne.com](http://WalmartOne.com), or in the medical plan chapter of the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications.

### 80. Is PSA (prostate-specific antigen) testing covered by the preventive benefit?

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No. In accordance with the recommendations of the United States Preventive Services Task Force, Walmart does not include prostate-specific antigen (PSA) testing in our preventive care program. Please note that routine PSA tests are not covered under the Associates' Medical Plan.

A list of services covered under the preventive care program, and a list of services not covered under the Plan, can be found in the medical Plan chapter of the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications.

## Preauthorization

### 81. What is preauthorization?

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Preauthorization, also known as or "prior authorization" or "precertification," verifies whether a service, supply, therapy, or medical procedure is a covered expense before services are rendered. It may also specify conditions or limitations of coverage. Under the terms of the Associates' Medical Plan, network providers may be required by the Plan's Third Party Administrators to obtain prior authorization of services such as inpatient admissions, home health care, outpatient mental health treatment, all services covered under the Centers of Excellence program and others.

### 82. How does an associate know if they need to have a service or procedure preauthorized?

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Each medical plan administrator has its own requirements and handles the process differently; review the preauthorization section in the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications for more information.

An associate's medical plan's health care advisor will guide them through the preauthorization process. The network administrator should be notified at least 24 hours before all scheduled medical and behavioral health admissions. For all emergency medical and behavioral health admissions, network administrators should be notified as soon as possible, but no later than 24 hours after admission.

### 83. Who do I call if I need preauthorization?

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Coverage for medical services may be preapproved by calling the number on the plan ID card or at one of the following numbers, applicable to your medical plan:

- **Aetna (includes Select Network Plan, Banner ACP, and St. Luke's ACP): [888-252-2734](tel:888-252-2734)**
- **BlueAdvantage Administrators of Arkansas: [866-823-3790](tel:866-823-3790)**
- **United Healthcare (includes Presbyterian ACP): [888-285-9255](tel:888-285-9255)**
- **HealthSCOPE Benefits (includes all other ACPs): [800-804-1272](tel:800-804-1272)**

### 84. Is it possible that a claim could be denied or that a service or procedure could fail to be preapproved?

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Yes, to both questions. Coverage under an associate's medical plan may be limited or denied if, when the claims for the services are received, a review shows that a benefit exclusion or limitation applies, the covered participant was not eligible for benefits on the date services were provided, coverage lapsed for nonpayment of premiums, out-of-network limitations apply, or that any other basis exists for denial of the claim under the terms of the Plan.

For preapproval, the associate should have their provider call the number on their plan ID card. The preapproval process helps associates and their provider determine whether the services being recommended are covered expenses under the Plan.

# Disability

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## Short-term disability

### *Hourly associates*

1. What short-term disability coverage is available for full-time hourly associates?
2. How much does short-term disability coverage cost?
3. Do associates need to enroll in the short-term disability plan?
4. Can associates still enroll in the short-term disability enhanced plan if they don't enroll when they're newly eligible?
5. Who is the administrator for the short-term disability basic and enhanced plans?
6. If associates enroll in the short-term disability enhanced plan, does it pay 60 percent on top of the short-term disability basic plan's 50 percent benefit?
7. When may associates enroll in short-term disability coverage?

### *Salaried associates*

8. What short-term disability coverage is available for salaried associates?
9. How much does salaried short-term disability coverage cost?
10. Do associates need to enroll in the salaried short-term disability plan?
11. Who is the administrator for the salaried short-term disability plan?

### *Truck drivers*

12. What short-term disability coverage is available for truck drivers?
13. How much does truck driver short-term disability coverage cost?
14. Do associates need to enroll in the truck driver short-term disability plan?
15. Who is the administrator for the truck driver short-term disability plan?

## Long-term disability (LTD)

16. What LTD coverage is available for associates?
17. Do associates need to enroll in LTD coverage?
18. Who insures the LTD plan?
19. What are the LTD options for truck drivers?
20. When may associates enroll in LTD coverage?



## Short-term disability

### Hourly associates

#### 1. What short-term disability coverage is available for full-time hourly associates?

---

Two short-term disability plans are available for all full-time hourly eligible associates (except those associates who work in CA, HI, NJ, and RI):

- Short-term disability basic plan—all full-time hourly associates are provided Walmart's short-term disability basic plan, at no cost to the associate. The short-term disability basic plan provides you coverage if associates are unable to work for more than seven calendar days due to their own eligible medical condition, such as an illness, injury, or having a baby. If an associate's short-term disability claim is approved, they will receive up to 50 percent of their average weekly wage for up to 25 weeks after a waiting period of seven calendar days. The weekly maximum is \$200.
- Short-term disability enhanced plan—the enhanced plan allows full-time hourly associates the option to choose to buy additional short-term disability coverage. The enhanced plan pays up to 60 percent of your average weekly wage, with no weekly maximum.

In addition, associates who work in New York are eligible for the short-term disability basic plan and New York short-term disability enhanced plan coverages. The New York short-term disability enhanced plan allows full-time hourly associates who work in New York the option to choose to buy additional short-term disability coverage. The New York enhanced plan pays up to 60 percent of your average weekly wage. The maximum weekly benefit is \$6,000. If their disability is due to pregnancy, the hourly short-term disability plan replaces 100 percent of their base pay for up to nine weeks, after an initial waiting period of seven calendar days.

#### 2. How much does short-term disability coverage cost?

---

Walmart provides the short-term disability basic plan at no cost to associates. For the short-term disability enhanced benefit (and the New York short-term disability enhanced benefit), cost is based on age and income. To find cost, associates can go to [WalmartOne.com/ShortTermDisability](https://WalmartOne.com/ShortTermDisability)

#### 3. Do associates need to enroll in the short-term disability plan?

---

All full-time hourly eligible associates will be automatically enrolled in the short-term disability basic plan as soon as eligible. If they want short-term disability enhanced coverage, they must enroll in the plan and pay the premium. Eligible full-time hourly associates may elect coverage when they initially become eligible, during Annual Enrollment or after a qualified status change event. Coverage can be dropped at any time during the year. To elect coverage, associates can go online to the WIRE or [WalmartOne.com/Benefits](https://WalmartOne.com/Benefits). If they enroll at any time after their initial enrollment period (that is, as a late enrollee), a 12-month waiting period will be required before coverage becomes effective.

#### 4. Can associates still enroll in the short-term disability enhanced plan if they don't enroll when they're newly eligible?

---

Yes. But if they enroll after their initial eligibility period, their short-term disability enhanced coverage will not begin until they complete a 12-month waiting period.

#### 5. Who is the administrator for the short-term disability basic and enhanced plans?

---

Sedgwick is the plan administrator for Walmart's short-term disability plans, except for states with statutory short-term disability plans (California, Hawaii, New Jersey, New York, and Rhode Island). Lincoln is the administrator for the plans in Hawaii, New Jersey and New York. The plans for California and Rhode Island are administered by the respective states.

## **6. If associates enroll in the short-term disability enhanced plan, does it pay 60 percent on top of the short-term disability basic plan's 50 percent benefit?**

No. The short-term disability enhanced plan allows them to be paid in total up to 60 percent of their average weekly wage, rather than 50 percent. In addition, it removes the weekly maximum that applies under the short-term disability basic plan.

## **7. When may associates enroll in short-term disability coverage?**

---

All eligible hourly full-time associates are eligible for the short-term disability basic plan and are automatically enrolled after one year of employment. Enrollment for short-term disability enhanced coverage is available during Annual Enrollment, when they are newly eligible for benefits, or if they have a qualified status change event.

### *Salaried associates*

## **8. What short-term disability coverage is available for salaried associates?**

---

All salaried associates, management trainees, associates classified as California pharmacists, and professional non-exempt associates are provided Walmart's salaried short-term disability coverage, at no cost to them. The salaried short-term disability plan provides them coverage if they are unable to work for more than seven calendar days due to an eligible medical condition, such as an illness, injury, or having a baby. If their short-term disability claim is approved, the salaried short-term disability plan replaces 100 percent of their base pay for up to six weeks and 75 percent of their base pay for up to 19 additional weeks, after an initial waiting period of seven calendar days. If their disability is due to pregnancy, the salaried short-term disability plan replaces 100 percent of their base pay for up to nine weeks, after an initial waiting period of seven calendar days.

## **9. How much does salaried short-term disability coverage cost?**

---

Walmart provides salaried short-term disability coverage at no cost to them.

## **10. Do associates need to enroll in the salaried short-term disability plan?**

---

They are automatically enrolled in the salaried short-term disability plan if they are a salaried associate, management trainee, a professional non-exempt associate, or an associate classified as a California pharmacist.

## **11. Who is the administrator for the salaried short-term disability plan?**

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Salaried short-term disability coverage is administered by Sedgwick Claims Management Services, Inc. (Sedgwick).

### *Truck drivers*

## **12. What short-term disability coverage is available for truck drivers?**

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All full-time truck drivers are provided Walmart's truck driver short-term disability coverage, at no cost to them. The truck driver short-term disability plan provides them coverage if they are unable to work for more than seven calendar days due to an eligible medical condition, such as an illness, injury, or having a baby. If their short-term disability claim is approved, the truck driver short-term disability plan replaces 75 percent of your average day's pay for up to 25 weeks, after an initial waiting period of seven calendar days. If their disability is due to pregnancy, the truck driver short-term disability plan replaces 100 percent of their average day's pay for up to nine weeks, after an initial waiting period of seven calendar days.

### 13. How much does truck driver short-term disability coverage cost?

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Walmart provides truck driver short-term disability at no cost to them.

### 14. Do associates need to enroll in the truck driver short-term disability plan?

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They are automatically enrolled in the truck driver short-term disability plan if they are a full-time truck driver.

### 15. Who is the administrator for the truck driver short-term disability plan?

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Truck driver short-term disability coverage is administered by Sedgwick Claims Management Services, Inc. (Sedgwick).

## Long-term disability (LTD)

### 16. What LTD coverage is available for associates?

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The LTD plan can pick up where their short-term disability coverage ends, replacing part of their income when they're out due to an eligible lengthy illness or injury. LTD provides up to 50 percent of their average monthly wage, generally for up to Social Security-normal retirement age or when they are no longer disabled. The maximum monthly benefit for the LTD plan is \$15,000 and for the LTD Enhanced is \$18,000. Certain conditions apply, and other benefits or income may reduce their payment.

A long-term disability enhanced plan is available to boost their coverage from 50 percent to 60 percent, up to a monthly maximum of \$18,000. *Note: A five-year coverage plan is available for truck drivers, in addition to full-duration coverage.*

### 17. Do associates need to enroll in LTD coverage?

---

Yes, if they want to have LTD coverage they must actively enroll in the LTD plan. LTD and LTD enhanced plans are voluntary, which means they must enroll in coverage and pay a premium in order to be covered. Eligible full-time hourly associates and management associates may elect coverage when they become newly eligible, during Annual Enrollment or if they have a qualified status change event by going online through the WIRE or [WalmartOne.com/Benefits](https://WalmartOne.com/Benefits)

Coverage can be dropped at any time during the year. There may be a waiting period before coverage becomes effective.

Truck drivers have separate truck driver LTD plans. They may also enroll when they become newly eligible, during Annual Enrollment or if they have a qualified status change event by going online through the WIRE or [WalmartOne.com/Benefits](https://WalmartOne.com/Benefits).

Coverage can be dropped at any time during the year. If coverage is not chosen when the associate becomes newly eligible, coverage will not become effective until People Services receives approval from Lincoln. Evidence of Insurability will be required.

### 18. Who insures the LTD plan?

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The LTD plan is insured by Lincoln Financial Group.

### 19. What are the LTD options for truck drivers?

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Truck driver LTD offers two coverage plans, each of which can be chosen in either of two options:

- **LTD plan**

- Five-year coverage
- Full-duration coverage

- **LTD enhanced plan**

- Five-year coverage
- Full-duration coverage

The truck driver LTD plan options pay benefits as described in the following chart.

## 20. When may associates enroll in LTD coverage?

Enrollment for LTD coverage is available when they are newly eligible for benefits, during Annual Enrollment and if they have a qualified status change event. If they enroll at any time after their initial eligibility period, certain conditions will govern when their coverage will be effective:

- Under the LTD plans for full-time hourly and management associates, their coverage as a late enrollee will not begin until they complete a 12-month waiting period.
- Under the truck driver LTD plans, their coverage as a late enrollee will not begin until Walmart People Services receives approval from Lincoln. In addition, they will be required to provide Evidence of Insurability.

Truck Driver LTD		
	LTD Plan	LTD Enhanced Plan
<b>Five-year coverage</b>	Pays 50% of average monthly wage	Pays 60% of average monthly wage
	Both plans pay benefits for 60 months, unless the longer of the following time periods is less than 60 months, in which case the monthly benefit will be payable for the longer period: <ul style="list-style-type: none"> <li>• The amount of time shown in the <b>Maximum duration of truck driver LTD</b> chart in the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications;</li> <li>or</li> <li>• The amount of time between the date you become disabled and your Social Security normal retirement age.</li> </ul>	
<b>Full-duration coverage</b>	Pays 50% of average monthly wage	Pays 60% of average monthly wage
	Both plan options pay benefits for the longer of: <ul style="list-style-type: none"> <li>• The amount of time shown in the <b>Maximum duration of truck driver LTD</b> chart in the 2018 <i>Associate Benefits Book</i> with the 2019 Summary of Material Modifications;</li> <li>or</li> <li>• The amount of time between the date you become disabled and your Social Security normal retirement age.</li> </ul>	

# Vision Plan

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1. Are there any changes in the vision plan for 2019?
2. What happens if an associate does not enroll in the vision plan?
3. Can associates enroll in the vision plan without enrolling in any other plan?
4. Is routine vision care covered under any of the Walmart medical plans?
5. What kinds of exams are covered by the vision plan?
6. What happens if an associate breaks their glasses or loses them before they are eligible for a new pair?
7. If associates enroll in the vision plan, do they still get the discount at Walmart Vision Centers and Sam's Club Optical?
8. What if associates want a second pair of glasses or prescription sunglasses?
9. What are the guidelines for where associates can get vision care under the vision plan?
10. How can associates find out which network providers they can use?
11. Can associates use their HRA dollars to pay their share of the vision expenses?
12. Can associates use their Health Savings Account dollars to pay their share of the vision expenses?
13. When can associates enroll in or drop the vision plan?
14. Are vision plan premiums paid with pretax or after-tax dollars?
15. Who is eligible for the vision plan?
16. Does the company contribute to the cost of the vision plan?
17. Are there tobacco-user rates for the vision plan?
18. Will associates get a vision ID card?
19. Will the Walmart vision plan coordinate with other vision plans?
20. If an associate is enrolled in an HMO with a vision plan, can they still enroll in this vision plan?
21. Will the \$4 lens material copay apply to single vision, bifocal and trifocal lenticular lenses or will there be additional costs?
22. Does the \$4 eye exam copay include dilation for someone with diabetes?
23. Are all Walmart Vision Centers and Sam's Club Optical part of the VSP network?
24. Can associates purchase contact lenses online through this vision plan?
25. How often may associates receive new frames for their glasses?



## 1. Are there any changes in the vision plan for 2019?

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No. There are no changes to the vision plan in 2019.

## 2. What happens if an associate does not enroll in the vision plan?

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Associates who choose not to enroll in the vision plan will continue to have eyewear discounts at Walmart Vision Centers. Here is how the discounts work:

- They can receive a 20 percent discount at Walmart Vision Centers on eyeglasses, contacts, sunglasses, and accessories for themselves and any covered family member.
- Walmart associates must use their Associate Discount Card to receive their discount.

## 3. Can associates enroll in the vision plan without enrolling in any other plan?

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Yes. The vision plan is a separate plan, so eligible associates can enroll in it without enrolling in any other benefit plan.

## 4. Is routine vision care covered under any of the Walmart medical plans?

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No. However, routine vision care is considered a qualified medical expense for associates who are enrolled in the HSA Plan and have a Health Savings Account.

## 5. What kinds of exams are covered by the vision plan?

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Routine exams for refractive error are covered once every calendar year.

## 6. What happens if an associate breaks their glasses or loses them before they are eligible for a new pair?

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If they break or damage eyewear within the first year of purchase, they can return to Walmart, Sam's Club, or their VSP provider for replacement or repair. Some warranties on eyewear are longer than one year. Associates should check with their eyewear provider for specific warranties.

Lost eyewear is the responsibility of the associate and cannot be replaced under the vision plan.

## 7. If associates enroll in the vision plan, do they still get the discount at Walmart Vision Centers and Sam's Club Optical?

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They cannot use their discount card to reduce the cost of eyewear after the vision plan reimbursement. However, they can use it for certain expenses not covered under the vision plan, such as a second pair of glasses. The associate discount is not available at Sam's Club Optical.

## 8. What if associates want a second pair of glasses or prescription sunglasses?

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These are not covered expenses under the vision plan—they will need to pay for these glasses with their own funds. However, they can still get the discount if they use a Walmart Vision Center.

## 9. What are the guidelines for where associates can get vision care under the vision plan?

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They can go to any VSP network provider under the vision plan, including a Walmart Vision Center or Sam's Club Optical, and receive the same reimbursement rate. Non-VSP providers are not covered under the vision plan.

## 10. How can associates find out which network providers they can use?

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To find a list of VSP network providers, log on to [VSP.com](https://www.vsp.com) or [VSP.com/go/Walmart](https://www.vsp.com/go/Walmart) and type in your Benefit Identification Number (BID). Find your BID on the back of your plan ID card.

## 11. Can associates use their HRA dollars to pay their share of the vision expenses?

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No. HRA dollars may not be used toward out-of-pocket vision expenses.

## 12. Can associates use their Health Savings Account dollars to pay their share of the vision expenses?

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Yes. They can use Health Savings Account dollars to pay their share of expenses covered under the vision plan.

## 13. When can associates enroll in or drop the vision plan?

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The rules are the same as for the medical plan—during Annual Enrollment or if they have a qualifying status change event.

## 14. Are vision plan premiums paid with pretax or after-tax dollars?

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Vision plan premiums are paid with pretax dollars.

## 15. Who is eligible for the vision plan?

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All associates are eligible for the vision plan, regardless of hours worked. Part-time and temporary associates are eligible following 12 months of employment.

## 16. Does the company contribute to the cost of the vision plan?

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No. Associates pay the full cost of the vision plan.

## 17. Are there tobacco-user rates for the vision plan?

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No. Tobacco-user rates apply to Walmart's medical coverage, optional associate life insurance, optional dependent life insurance for a spouse, and critical illness insurance.

## 18. Will associates get a vision ID card?

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Associates who are enrolled in an HRA Plan, HSA Plan, the Select Network Plan, or an ACP can use their plan ID card if they are enrolled in the vision plan.

If they are not enrolled in an HRA Plan, HSA Plan, the Select Network Plan, or an ACP, or if they are enrolled in an HMO Plan, they will receive a vision plan ID card.

## 19. Will the Walmart vision plan coordinate with other vision plans?

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Yes. VSP will coordinate with other plans that are administered by VSP. Our vision plan does not have out-of-network coverage, so if a vision provider is not in the VSP network, we cannot coordinate with that provider.

## **20. If an associate is enrolled in an HMO with a vision plan, can they still enroll in this vision plan?**

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Yes. Associates should review the vision coverage under their HMO Plan to see if they need the additional coverage provided through the vision plan.

## **21. Will the \$4 lens material copay apply to single vision, bifocal and trifocal lenticular lenses or will there be additional costs?**

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Yes, it does apply. Additional costs for the associate are for extras like optional cosmetic processes; specialty coatings; blended, cosmetic, laminated, oversized, photochromic, progressive multifocal, and tinted lenses (except pink #1 and pink #2).

## **22. Does the \$4 eye exam copay include dilation for someone with diabetes?**

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The vision plan only covers routine refractive error exams. Exams for diseases of the eye or other medical diagnoses may be covered under the medical plan.

## **23. Are all Walmart Vision Centers and Sam's Club Optical part of the VSP network?**

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No. Some optometrists are not participating. To find participating vision centers in the VSP network, go to [WalmartOne.com/Benefits](https://WalmartOne.com/Benefits)

## **24. Can associates purchase contact lenses online through this vision plan?**

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Yes. They can go to [WalmartContacts.com](https://WalmartContacts.com) or [SamsClubContacts.com](https://SamsClubContacts.com)

## **25. How often may associates receive new frames for their glasses?**

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They can order new frames once every calendar year.

# Dental Plan

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1. Why do associates have to keep dental coverage for two full calendar years?
2. If an associate drops dental coverage, what happens if they want to re-enroll next year?
3. What if an associate or family member has coverage under more than one dental plan?
4. How can associates find a network provider?



## 1. Why do associates have to keep dental coverage for two full calendar years?

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In order to keep the premium costs low for all eligible associates, we require associates to stay enrolled for two full calendar years to avoid having participants join the dental plan and have high-priced services, and then drop coverage during the next Annual Enrollment period.

## 2. If an associate drops dental coverage, what happens if they want to re-enroll next year?

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They are free to re-enroll in dental coverage if they have dropped coverage in the past. Note, however, that orthodontia coverage under the Plan begins only after they have participated in the dental plan for 12 months. If they drop coverage and then re-enroll (due to a qualified status change event or during the next Annual Enrollment period), their waiting period would restart for orthodontia, and they would have to wait for one full year after re-enrolling for dental coverage before their care is covered.

## 3. What if an associate or family member has coverage under more than one dental plan?

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If they have coverage under more than one dental plan—for example, they have coverage under both the Walmart Plan and their spouse/partner’s employer-sponsored dental plan, the coordination of benefits provision will apply. The dental plan has the right to coordinate with other plans under which they are covered so the total dental benefits payable will not exceed the level of benefits otherwise payable under the dental plan. “Other plans” are fully described in the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications. Dental benefits will not exceed annual or lifetime maximums.

## 4. How can associates find a network provider?

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Associates can call Delta Dental at [800-462-5410](tel:800-462-5410) or go to the dental directory and look up their dental provider. Associates can also find a directory on the WIRE > Me@Walmart > 2019 Associate Benefits Toolkit > Tools and Resources > Network Directories > Dental Network Directory, or [WalmartOne.com/Dental](https://WalmartOne.com/Dental)

Because the list changes frequently, the most up-to-date list is on Delta Dental’s website. They can also ask their provider if he or she is a Delta Dental PPO provider.

# Pharmacy/Prescription Drug Benefits

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1. How does the pharmacy benefit work?
2. Does it matter where associates fill their prescriptions?
3. What is a formulary, and where can associates find their formulary?
4. Will the formulary change in 2019?
5. What will the pharmacy benefit cover if generic drugs are not effective for an associate?
6. What is step therapy?
7. How do associates get a non-covered drug covered by my plan?
8. The brand-name drug an associate has a prescription for is now available as a generic drug. Will they have to switch?
9. If a doctor gives an associate samples, will it count toward step therapy?
10. What is the duration of step therapy?
11. If associates are not currently enrolled in the medical Plan, and they enroll for 2019, will their past record of trying generics count toward the step therapy beginning in 2019, or will they have to start over with generics again?
12. How do associates transfer a mail-order prescription to a retail pharmacy? And vice versa?
13. Has Walmart considered promoting the use of mail-order for maintenance drugs?
14. What happens if the discounted pharmacy price is lower than the copay amount?
15. Where can associates find a list of the prescription drugs that are covered?
16. Where can associates find a list of the prescription drugs that are not covered?
17. Is there a comprehensive list of preventive prescriptions that associates can use?
18. Does the pharmacy copay apply to their out-of-pocket maximum?
19. Does the pharmacy copay apply to their deductible?
20. How will specialty prescriptions that cannot be obtained at a Walmart or Accredo specialty pharmacy be handled?
21. What are the mail-order copays if associates use the Walmart or Sam's Club mail-order services?
22. If associates use copay assistance to purchase their specialty drugs, will the value of the copay assistance count toward their out-of-pocket maximum?



## 1. How does the pharmacy benefit work?

The pharmacy benefit offers discounted prescription drugs, including generic, eligible brand-name and specialty drugs, at retail pharmacies and through mail-order services. This benefit comes automatically with their medical Plan election. In general, covered medications are part of a formulary, or list, of prescription drugs covered by the pharmacy benefit. Express Scripts is the pharmacy benefit manager for the HRA Plans, the Select Network Plan, the HSA Plan, and the ACPs. HMO Plans have their own pharmacy benefit plans.

## 2. Does it matter where associates fill their prescriptions?

Yes. Where associates fill their prescription will generally determine whether benefits are payable under the Plan. If their work location is within five miles of a Walmart or Sam's Club pharmacy, they must use a Walmart or Sam's Club pharmacy for pharmacy benefits to be paid. Benefits are generally not payable if they use another pharmacy. If their work location is more than five miles from a Walmart or Sam's Club pharmacy and they have medical coverage under the HRA High Plan, HRA Plan, or the HSA Plan, they have the option to have their prescriptions filled at an Express Scripts network pharmacy, in addition to a Walmart or Sam's Club pharmacy. Specialty drugs must be purchased from Walmart Specialty or Accredo Specialty pharmacy (a subsidiary of Express Scripts).

The chart below highlights key features of the pharmacy benefits:

Pharmacy Benefits		
<b>Generic drugs</b> Up to 30-day supply 31- to 60-day supply 61- to 90-day supply	\$4 copay \$8 copay \$12 copay	<b>Filling Your Prescriptions</b> <ul style="list-style-type: none"> <li>Simply present your plan ID card at a Walmart or Sam's Club pharmacy.</li> <li>If you are covered under the HRA High Plan, HRA Plan or HSA Plan and your work location is more than 5 miles from a Walmart or Sam's Club pharmacy, you may also purchase drugs at an Express Scripts network retail pharmacy. (Limited exceptions may apply.)</li> </ul>
<b>Brand-name drugs</b>	Greater of \$50 or 25% of allowed cost	
<b>Specialty drugs</b> Available only at Walmart Specialty Pharmacy or ESI/Accredo Specialty Pharmacies	Greater of \$50 or 20% of allowed cost	
<b>Under the HSA Plan:</b> The copays listed above apply after the HSA Plan's network annual deductible has been met, with the exception of medications that are on the Express Scripts list of approved preventive medications, which are not subject to the deductible. See <b>Preventive medications not subject to the HSA Plan's network annual deductible</b> later in this chapter for details.		
<b>Mail order drugs:</b> <ul style="list-style-type: none"> <li>Your cost for a 90-day supply is three times the cost of a 30-day supply purchased at a Walmart or Sam's Club pharmacy, as listed above.</li> <li>For brand-name drugs, 31-day supplies or greater must be purchased through mail order, through Walmart or Express Scripts Mail Order.</li> </ul>		

## 3. What is a formulary, and where can associates find their formulary?

The formulary is the list of prescription drugs covered by the pharmacy benefit. More specifically, formularies are developed to provide the best care to patients (our associates and their families) through the safe, appropriate, effective, and economic use of prescription medications.

Because new drugs become available throughout the year, the formulary undergoes regular clinical reviews. The formulary is reviewed four times a year by a group of physicians and pharmacists to ensure the most clinically effective medications are available to associates.

Associates can visit the [Express Scripts website](#) to look up prescription drugs that are covered under the formulary.

## 4. Will the formulary change in 2019?

Our formulary changes on a regular basis. While the formulary we use today and the one we will implement in 2019 are similar, associates should check the list of formulary drugs or call Express Scripts to ensure their prescription drugs are covered.

They can always find an updated formulary on the Express Scripts website or by calling Express Scripts at [800-887-6194](tel:800-887-6194).

## 5. What will the pharmacy benefit cover if generic drugs are not effective for an associate?

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In most cases, generic drugs are just as effective as brand-name drugs. If a generic is not effective in particular circumstances, step therapy will be available and a brand-name drug may be approved. Contact Express Scripts for more information. Associates should also discuss alternative drug therapy with their physician.

## 6. What is step therapy?

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Step therapy is when brand-name drugs are covered only after associates:

- Have tried the similar generic drugs covered on the formulary
- Have established that they can't take a generic drug (for example, because of an allergy)
- Received instructions from their physician that they need a brand-name medication for medical reasons

## 7. How do associates get a non-covered drug covered by their plan?

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If their drug is not covered, they can request clinical review or appeal with Express Scripts for the medication they have been prescribed.

## 8. The brand-name drug an associate has a prescription for is now available as a generic drug. Will they have to switch?

---

Yes. If the generic drug does not work for their needs, they may be able to switch back to the brand-name drug after a clinical review by Express Scripts.

## 9. If a doctor gives an associate samples, will it count toward step therapy?

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No.

## 10. What is the duration of step therapy?

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There is no set time limit. Associates need to try the preferred therapy first and should it fail to work, they may be eligible for other prescription options.

## 11. If associates are not currently enrolled in the medical Plan, and they enroll for 2019, will their past record of trying generics count toward the step therapy beginning in 2019, or will they have to start over with generics again?

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That information will not be in the system, but their physician can provide information to Express Scripts that may result in approval.

## 12. How do associates transfer a mail-order prescription to a retail pharmacy? And vice versa?

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Go to the [Pharmacy section on WalmartOne](#) to find out how to transfer prescriptions.

If they would like to transfer their prescriptions to the Walmart mail-order pharmacy, call Walmart Home Delivery at 800-2REFILL ([800-273-3455](tel:800-273-3455)) between 7:00 a.m. and 7:00 p.m. CT Monday through Friday, or 9:00 a.m. to 1:00 p.m. CT Saturday and Sunday.

### 13. Has Walmart considered promoting the use of mail-order for maintenance drugs?

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We remind associates that they have the mail-order option and that it can be a convenient alternative to retail. This is particularly true in the case of maintenance drugs, which are typically used on a long-term basis for conditions such as high blood pressure, asthma, diabetes, and arthritis. Using the mail-order method for these medications can help associates keep their medical conditions in check and under control, while ensuring they do not run out of prescriptions that they require to manage their medical condition.

### 14. What happens if the discounted pharmacy price is lower than the copay amount?

---

If the discounted price available at the time their prescription is filled is lower than the copay, they will be charged the lower amount. They will never be charged more than the retail cost of any prescription.

### 15. Where can associates find a list of the prescription drugs that are covered?

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An abbreviated list of the most commonly prescribed medications (our formulary) can be found on the WIRE or at [WalmartOne.com/Prescriptions](https://WalmartOne.com/Prescriptions). Information about covered prescriptions and prices will also be found on the Express Scripts website at [Express-Scripts.com/Walmart](https://Express-Scripts.com/Walmart)

### 16. Where can associates find a list of the prescription drugs that are not covered?

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A list of the prescription drugs that are not covered can be found on the WIRE or [WalmartOne.com/Prescriptions](https://WalmartOne.com/Prescriptions). They can also contact Express Scripts if they are unsure whether a prescription is covered.

### 17. Is there a comprehensive list of preventive prescriptions that associates can use?

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Yes. For the most up-to-date list of covered preventive prescriptions, they can go to the WIRE or [WalmartOne.com/Prescriptions](https://WalmartOne.com/Prescriptions), or call Express Scripts at [800-887-6194](tel:800-887-6194).

### 18. Does the pharmacy copay apply to their out-of-pocket maximum?

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Yes. Pharmacy copays apply to the associate's out-of-pocket maximum.

### 19. Does the pharmacy copay apply to their deductible?

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If associates are enrolled in one of the HRA Plans, the Select Network Plan, or one of the ACP options, the pharmacy copay does not apply toward meeting their deductible. If they are enrolled in the HSA Plan, they generally must pay full cost for prescriptions until they meet their annual deductible (with the exception of approved preventive medications, which are not subject to the HSA Plan's annual deductible). With the exception of these charges for approved preventive drugs, their pharmacy charges under the HSA Plan do count toward their network annual deductible.

However, pharmacy expenses paid directly to pharmacists on their behalf by drug manufacturers, state assistance programs (where permitted by law) or other third parties to assist them in purchasing prescription drugs will not count toward the HSA Plan's deductible and out-of-pocket maximum.

### 20. How will specialty prescriptions that cannot be obtained at a Walmart or Accredo specialty pharmacy be handled?

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Call Express Scripts at [800-887-6194](tel:800-887-6194) if associates have questions about a specialty prescription and whether it's covered under the Plan's formulary.

## **21. What are the mail-order copays if associates use the Walmart or Sam's Club mail-order services?**

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If they use either Walmart or Sam's Club mail-order services or Express Scripts mail-order services, their copays are the same. Refer to the chart in this section for a listing of all prescription drug charges.

## **22. If associates use copay assistance to purchase their specialty drugs, will the value of the copay assistance count toward their out-of-pocket maximum?**

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Expenses paid directly to pharmacists on your behalf by drug manufacturers, state assistance programs (where permitted by law) or other third parties to assist you in purchasing prescription drugs will not count toward the medical plan's annual out-of-pocket maximum.

# Tobacco-User Rates and Tools for Quitting

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1. How much more do tobacco users pay for medical coverage than non-tobacco users?
2. There are a number of other health issues, like obesity and alcohol use. Why are we just charging for tobacco use?
3. When do associates have to enroll in and complete a Quit Tobacco program in order to qualify for the non-tobacco-user rates?
4. What does it mean to complete a program?
5. How long does it take to complete a program?
6. What if an associate completes the program but still uses tobacco products?
7. What happens if an associate is a tobacco user and quits in the middle of the year?
8. What if an associate signs up for a Quit Tobacco program and doesn't complete the program?
9. For associates who cover spouses or partners, do the rates differ if only one uses tobacco or if both do?
10. Are associates asked the tobacco-status question if they do not select medical coverage?
11. If an associate answers that he or she doesn't use tobacco, but that is not the truth, and then the associate develops an illness related to tobacco use, does Walmart pay the claims?
12. Does the pretax status apply to the extra charges for those who use tobacco?
13. If an associate transfers from an HMO to another medical plan during the year after a status change event, does he or she have to answer the tobacco question?
14. If someone is reported to Ethics because they provided false information regarding their tobacco use, what happens next?
15. If an associate leaves the company and is rehired after 30 days, does he or she have to answer the tobacco question again?
16. What if an associate only uses tobacco products on occasion (like a celebratory cigar on New Year's Eve)?
17. What programs are available to help spouses and dependents quit tobacco?



18. Is chewing tobacco or smokeless tobacco considered a tobacco product?
19. Is nonmedical or medical marijuana considered a tobacco product?
20. Are e-cigarettes considered a tobacco product?
21. Why are e-cigarettes considered a tobacco product?
22. Some people use e-cigarettes to quit smoking. How can they be used to quit smoking if they are considered a tobacco product?
23. Is a hookah considered a tobacco-user product?
24. Are herbal cigarettes considered a tobacco product? Do they actually have tobacco in the product?
25. What about clove cigarettes and bidis?
26. What does it mean to be tobacco-free?
27. Do Hawaii associates pay the tobacco/non-tobacco-user rates?
28. Is tobacco information in the Decision Guide personalized to the associate?
29. Do associates have to enroll in and complete a formal Quit Tobacco program or can they utilize tools and resources, like the e-cigarette, independently to qualify for the non-tobacco-user rates?
30. Do we allow all new associates hired next year to quit smoking before requiring them to pay the tobacco-user rate?
31. Why aren't tobacco-free rates offered for dental coverage?
32. How do associates receive nicotine replacement therapy (NRT) through the Quit Tobacco program?
33. What if an associate is "medically incapable" of quitting smoking?
34. Does an associate's physician have to inform People Services of the Quit Tobacco program that was selected?



## 1. How much more do tobacco users pay for medical coverage than non-tobacco users?

---

They can find the tobacco-user and non-tobacco-user rates for medical coverage in their personalized Decision Guides as well as on [WalmartOne.com/Benefits](https://WalmartOne.com/Benefits)

## 2. There are a number of other health issues, like obesity and alcohol use. Why are we just charging for tobacco use?

---

According to the American Cancer Society, tobacco use is one of the most serious health issues in the U.S. Tobacco use is the leading cause of preventable disease and death in the U.S., causing 443,000 deaths annually. And tobacco-related deaths also affect non-smokers. The Centers for Disease Control and Prevention reports 46,000 heart attack deaths and 3,400 lung cancer deaths among nonsmokers who are exposed to secondhand smoke. To help associates who want to quit tobacco, Walmart offers the Quit Tobacco program at no cost. More than 25,000 associates and their family members have already taken advantage of this valuable program. According to the Centers for Disease Control and Prevention, tobacco use causes nearly six million deaths globally per year, and current trends show that tobacco use will cause more than eight million deaths annually by 2030.

If associates need help quitting at no cost, they should check out Walmart's Quit Tobacco programs (QuitNet or Kick Buts) at [WalmartOne.com/WellBeing](https://WalmartOne.com/WellBeing) and click on Quit Tobacco.

## 3. When do associates have to enroll in and complete a Quit Tobacco program in order to qualify for the non-tobacco-user rates?

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Associates need to enroll in and complete a Quit Tobacco program any time from Annual Enrollment through the end of 2019.

## 4. What does it mean to complete a program?

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It means that they have finished the requirements of the program.

## 5. How long does it take to complete a program?

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This varies, depending on the program, their commitment to quit, how much tobacco they use and their personal support system.

## 6. What if an associate completes the program but still uses tobacco products?

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The associate can enroll in another program. The associate will also have to attest to his or her smoking status during the next Annual Enrollment.

## 7. What happens if an associate is a tobacco user and quits in the middle of the year?

---

Associates who do not agree to enroll in and complete a Quit Tobacco program during the benefits enrollment session will continue to pay tobacco rates until the next Annual Enrollment. However, if an associate agrees to enroll in and complete a Quit Tobacco program during the benefits enrollment session, then he or she will qualify for tobacco-free rates at that time.

## **8. What if an associate signs up for a Quit Tobacco program and doesn't complete the program?**

---

The associate can re-enroll in the Walmart Quit Tobacco program once every six months, with up to three enrollments. The associate may also choose to enroll in a different Quit Tobacco program offered through a different organization (like the American Cancer Society).

## **9. For associates who cover spouses or partners, do the rates differ if only one uses tobacco or if both do?**

---

Yes. Rates will differ in each case. There are three rate categories: tobacco-free, one tobacco user and two tobacco users.

## **10. Are associates asked the tobacco-status question if they do not select medical coverage?**

---

Yes. Associates are asked to answer this question at the beginning of their enrollment sessions in the Tell Us About Yourself section before they begin choosing benefits. Associates are asked about their tobacco status regardless of the plans they enroll in.

## **11. If an associate answers that he or she doesn't use tobacco, but that is not the truth, and then the associate develops an illness related to tobacco use, will Walmart pay the claims?**

---

The associate's claim may not be paid. The lower tobacco-free rates are offered on the honor system. However, it is clearly stated in the policy shown on the enrollment screen when associates answer the tobacco-free questions: If you knowingly provide false information, you may be subject to a loss of benefits and your job. It's important to answer the questions honestly so you don't risk your benefits or job.

## **12. Does the pretax status apply to the extra charges for those who use tobacco?**

---

Yes, if the Plan, such as medical, is paid for with pretax dollars. Pretax status applies to the tobacco-user rates as well.

## **13. If an associate transfers from an HMO to another medical plan during the year after a status change event, does he or she have to answer the tobacco question?**

---

No. If the associate answered the tobacco question upon enrolling in the HMO, he or she would not have to answer it again.

## **14. If someone is reported to Ethics because they provided false information regarding their tobacco use, what happens next?**

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Any allegation would be reviewed in the same manner as any other alleged violation of the Statement of Ethics. The Global Ethics Office partners with Human Resources to oversee a review of any allegation involving intentional dishonesty.

## **15. If an associate leaves the company and is rehired after 30 days, does he or she have to answer the tobacco question again?**

---

It depends. If the associate's break is greater than 30 days but less than 13 weeks, the associate has 60 days after resuming work to drop the coverage in which he or she was automatically re-enrolled.

Associates who terminate employment and are rehired after 13 or more weeks are treated as new associates and need to re-enroll in benefits when eligible and answer the tobacco question again.

## 16. What if an associate only uses tobacco products on occasion (like a celebratory cigar on New Year's Eve)?

---

All forms of tobacco, even when minimally used, are dangerous. Research shows occasional tobacco users have a higher likelihood of becoming addicted to nicotine. With that in mind, no more than four celebratory cigars or tobacco products are allowed during the year.

## 17. What programs are available to help spouses and dependents quit tobacco?

---

More than 25,000 associates have enrolled in our no-cost Quit Tobacco programs since we began offering them. Walmart offers two no-cost Quit Tobacco programs for associates and their dependents (age 18 or older) enrolled in one of Walmart's HRA plans, the Select Network Plan, HSA Plan, or ACPs.

- **QuitNet**—This program uses treatment methods to give associates personal support and help associates quit for good. When they enroll in the program, they can choose any or all of these services: online support from coaches and other quitters; phone-based coaching with a trained health coach; email support with tips to help them quit, stay motivated and celebrate quitting milestones; and over-the-counter (OTC) medications, including free patches, gum, lozenges or mini-lozenges for smokers.
- **Kick Buts**—Kick Buts is an innovative tobacco-cessation program offered at no cost to associates and up to two family members or friends. It combines the structured support of a clinically proven text messaging program with the medication needed to help quit tobacco. This program includes: text messaging support from a trained health coach, essential over-the-counter medication to help with cravings, online tools and resources, and Facebook integration to help with personal support.

Associates/spouses not enrolled in one of Walmart's HRA plans, Select Network Plan, HSA Plan or ACPs can enroll in the Quit Tobacco program by going to [WalmartOne.com/QuitTobacco](https://WalmartOne.com/QuitTobacco) and clicking on Quit Tobacco. Associates/spouses not enrolled in a medical plan have access to the online and email support features of the QuitNet program or all features of the Kick Buts program. Associates who are enrolled in an HMO should contact their providers to learn what Quit Tobacco programs are offered through their plans.

## 18. Is chewing tobacco or smokeless tobacco considered a tobacco product?

---

Yes. Smokeless tobacco contains chemicals that contribute to nicotine addiction and different types of cancers. For more information, go to [CancerControl.Cancer.gov](https://CancerControl.Cancer.gov)

## 19. Is nonmedical or medical marijuana considered a tobacco product?

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No, marijuana is made of cannabis rather than tobacco, and marijuana does not contain nicotine.

## 20. Are e-cigarettes considered a tobacco product?

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For purposes of establishing tobacco rates, yes. While e-cigarettes do not contain tobacco leaf, they contain nicotine, flavorings and other chemicals that are delivered by an inhaled aerosol. Although the effects of e-cigarettes remain unclear, the Centers for Disease Control and Prevention (CDC) noted that nicotine toxicity is an area of concern associated with nicotine-containing e-cigarettes.

## 21. Why are e-cigarettes considered a tobacco product?

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The only difference between e-cigarettes and conventional cigarettes is that e-cigarettes don't contain actual tobacco leaf. Smokers smoke e-cigarettes in almost the same fashion as they do regular cigarettes. E-cigarettes deliver nicotine directly into the user's lungs, causing the same effect as when someone smokes conventional cigarettes.

## 22. Some people use e-cigarettes to quit smoking. How can they be used to quit smoking if they are considered a tobacco product?

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E-cigarettes were never intended to be a stop-smoking tool. In fact, a federal appeals court ruled that e-cigarettes must be regulated by the FDA as tobacco products. The effect of e-cigarette steam on a person's lungs has not been studied extensively nor deemed safe.

## 23. Is a hookah considered a tobacco-user product?

---

Yes. While many hookah smokers may consider this practice of smoking (both flavored and unflavored water-pipe tobacco) less harmful than smoking cigarettes, hookah smoking carries many of the same health risks as cigarettes, according to the CDC.

Although water does remove some nicotine from the smoke, water-pipe smoking delivers a significant amount of the addictive drug nicotine and is at least as toxic as cigarette smoke.

Depending on the method of smoking, hookah smokers may absorb higher concentrations of the toxins found in cigarette smoke. Hookah smokers are at risk for the same kinds of diseases as are caused by cigarette smoking.

## 24. Are herbal cigarettes considered a tobacco product? Do they actually have tobacco in the product?

---

No. They aren't considered a tobacco product. Herbal cigarettes are sometimes touted as a safe, non-addictive alternative to tobacco smoking because most herbal cigarettes contain no tobacco and therefore no nicotine, the drug in cigarettes that causes people to become addicted. In fact, herbal cigarettes are as harmful as tobacco cigarettes, because any vegetable matter that's burned produces tar, carbon monoxide, and other toxins. When someone breathes in the smoke of an herbal cigarette, they're breathing those harmful toxins directly into their lungs. Herbal cigarettes are required by the Federal Trade Commission to carry warning labels saying that they're harmful. They have not been shown to be an effective stop-smoking tool.

## 25. What about clove cigarettes and bidis?

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Clove cigarettes (or kreteks) and bidis are tobacco products. Both kreteks and bidis have higher concentrations of nicotine, tar, and carbon monoxide than conventional cigarettes.

Kreteks, imported from Indonesia, contain a blend of tobacco and cloves, usually 60 percent to 70 percent tobacco and 30 percent to 40 percent cloves. Kretek smoking is associated with an increased risk for acute lung injury, which can be severe, especially among susceptible individuals with asthma or respiratory infections. Regular kretek smokers have 13 to 20 times the risk for abnormal lung function compared with nonsmokers.

Bidis are made of flavored unfiltered tobacco wrapped in a tendu or temburni leaf (plants native to Asia). They have increased in popularity among teenagers and young adults in the U.S. Bidis, similar to cigarettes, increase the risk of many cancers, coronary heart disease, and COPD (chronic obstructive pulmonary disease).

## 26. What does it mean to be tobacco-free?

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Tobacco-free means that associates do not use tobacco in any form: cigarettes, e-cigarettes, cigars, pipe tobacco, snuff, or chewing tobacco. To be considered a non-tobacco user and eligible for the lower tobacco-free rate, associates must not use any type of tobacco product, or must agree to enroll in and complete a Quit Tobacco program in 2018.

More details on what it means to be tobacco-free are available on:

- WIRE > Me@Walmart > My Health > Healthy Living > Quit Tobacco
- [WalmartOne.com](https://www.walmart.com) > Health > WellBeing > Quit Tobacco

### **27. Do Hawaii associates pay the tobacco/non-tobacco-user rates?**

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Yes.

### **28. Is tobacco information in the Decision Guide personalized to the associate?**

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Both the tobacco-free and tobacco-user rates will be included in the personalized Decision Guide. In the Decision Guide, we will advise associates which rates they currently qualify for and explain that if they do not enroll, they will continue to be enrolled in whichever rates they qualified for in 2018. If your status has changed, you must change it during Annual Enrollment.

### **29. Do associates have to enroll in and complete a formal Quit Tobacco program or can they utilize tools and resources, like the e-cigarette, independently to qualify for the non-tobacco-user rates?**

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Any type of Quit Tobacco program is acceptable as long as the associate attests that he/she intends to complete the program. This does not, however, include the use of e-cigarettes. See questions 20–22 on previous page for more information on e-cigarettes.

### **30. Do we allow all new associates hired next year to quit smoking before requiring them to pay the tobacco-user rate?**

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Newly-hired associates must be tobacco-free for a minimum of 30 days when they enroll, or agree to enroll in and complete a Quit Tobacco program to qualify for the non-tobacco-user rates.

### **31. Why aren't tobacco-free rates offered for dental coverage?**

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We started with tobacco-free rates for medical, optional associate life insurance and optional spouse/partner life insurance, as well as critical illness insurance. Other benefits may be considered in future years.

### **32. How do associates receive nicotine replacement therapy (NRT) through the Quit Tobacco program?**

---

Associates enrolled in one of the HRA plans, the HSA Plan, the Select Network Plan, or an ACP must call and enroll in the Quit Tobacco program and order the medication through the program. NRT products are then sent to the associate's home.

### **33. What if an associate is "medically incapable" of quitting smoking?**

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Legal precedent no longer recognizes "medical incapacity" as an option to qualify for tobacco-free rates. However, associates can enroll in and complete a Quit Tobacco program of their and/or their physician's choice to receive tobacco-free rates.

### **34. Does an associate's physician have to inform People Services of the Quit Tobacco program that was selected?**

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No. The associate's physician does not need to call People Services. Walmart Benefits is agreeable to any tobacco-cessation program that associates and/or their physicians choose. All associates have to do is enroll in and complete the program they choose to receive the tobacco-free rates.

# Extra Insurance

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## **Critical illness, accident insurance, and accidental death and dismemberment (AD&D)**

1. If an associate is currently enrolled in critical illness insurance and does not go online to choose their 2019 benefits, what coverage will they have next year?
2. If an associate chooses critical illness or accident insurance coverage, will they receive an ID card?
3. Where can associates find detailed information about the critical illness and accident insurance plans?
4. If an associate is currently enrolled in a critical illness or accident insurance plan, will they have to provide Proof of Good Health in order to re-enroll for coverage for 2019?
5. How do associates submit claims to Allstate?
6. Is there a waiting period to receive coverage in the critical illness insurance plan?
7. Does the critical illness insurance plan have exclusions for pre-existing conditions?
8. What do the critical illness and accident insurance plans cover?
9. Is Proof of Good Health required to enroll in the critical illness and/or accident coverage?
10. Why do salaried associates and truck drivers have the option to select higher levels of AD&D coverage?

## **Life insurance**

11. What life insurance options are available to part-time and temporary associates?
12. What is the amount of the company-paid life insurance for full-time hourly and management associates?
13. What are the optional tiers of coverage for full-time, part-time, and temporary hourly associates?
14. What are the optional tiers of coverage for management associates, management trainees, California pharmacists, full-time Vision Center managers, Metro professional non-exempt associates, and full-time truck drivers?
15. What life insurance coverage options are available for spouse/partners and dependent children?

## **Commuter benefits**

### *Setting up your WageWorks account*

16. Does canceling a commuter order at WageWorks.com stop a payroll deduction?



17. What happens if associates close their WageWorks account but don't cancel their payroll deduction?
18. What is an associate's ID code to set up a WageWorks account when they log in as a new user?
19. Where can associates find their WIN to get their ID code?
20. How much can associates deduct from each paycheck for commuter expenses?
21. If an associate needs more help setting up an account, whom should they contact?

### *Transit Commuter Card*

22. How does the transit commuter card work?
23. Is the transit commuter card a credit card?
24. When will associates receive their transit commuter card?
25. What if associates want to buy a transit pass with their transit commuter card and it costs more than the balance on their transit commuter card?
26. If associates have a balance on their transit commuter card, can they receive a refund?
27. Can associates use funds from their transit commuter card to pay for parking expenses?
28. What happens to the balance on their transit commuter card if they leave Walmart?
29. What happens to the balance on their transit commuter card if they relocate to a nonurban market?
30. Is there a dollar limit on how much associates can load onto a transit commuter card?
31. Do funds on transit commuter card roll over from year to year?
32. Can associates use the transit card purchased through their WageWorks account for personal transportation in addition to work commuting?

### *Parking account plan*

33. What if associates want to buy a parking option that costs more than the balance in their WageWorks account?
34. Can associates use funds from their parking account plan to buy a transit pass?
35. What happens to the balance in their parking account plan if they stop working for Walmart?
36. What happens to any balance in their parking account plan if they relocate to a nonurban market?
37. Is there a dollar limit on how much associates can load onto their parking account card?
38. Do funds in a parking account plan roll over from year to year?



## Critical illness, accident insurance, and accidental death and dismemberment (AD&D)

### 1. If an associate is currently enrolled in critical illness, accident, and AD&D insurance and does not go online to choose their 2019 benefits, what coverage will they have next year?

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They'll be enrolled in critical illness, accident, and AD&D insurance for 2019 with the same tobacco-free or tobacco-user rates that they had in 2018.

### 2. If an associate chooses critical illness or accident insurance coverage, will they receive an ID card?

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No. If they need information about their coverage, they can find Allstate's contact information on [AllstateAtWork.com/Walmart](http://AllstateAtWork.com/Walmart)

### 3. Where can associates find detailed information about the critical illness and accident insurance plans?

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Refer to the 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications for more information. They can also go to [AllstateAtWork.com/Walmart](http://AllstateAtWork.com/Walmart) or call Allstate at [800-514-9525](tel:800-514-9525), Monday through Friday, 8 :00 a.m. to 8:00 p.m. ET.

### 4. If an associate is currently enrolled in a critical illness or accident insurance plan, will they have to provide Proof of Good Health in order to re-enroll for coverage for 2019?

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No. Proof of Good Health is not required for accident insurance or critical illness insurance.

### 5. How do associates submit claims to Allstate?

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They can provide notice of claim online at [AllstateBenefits.com/MyBenefits](http://AllstateBenefits.com/MyBenefits). They can also call Allstate at [800-514-9525](tel:800-514-9525) or provide notice of claim by fax at [877-423-8804](tel:877-423-8804).

### 6. Is there a waiting period to receive coverage in the critical illness insurance plan?

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No.

### 7. Does the critical illness insurance plan have exclusions for pre-existing conditions?

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Yes. A critical illness diagnosed before the effective date of the Allstate policy would generally be excluded from coverage. Call Allstate at [800-514-9525](tel:800-514-9525) for complete information about the plan, including details about pre-existing condition exclusions.

### 8. What do the critical illness and accident insurance plans cover?

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Critical illness insurance provides additional insurance for associates and their covered dependents in the event of a critical illness diagnosis. This plan pays cash directly to them. It can be used to offset their share of the costs, including their deductible and coinsurance. Covered illnesses include: invasive cancer, heart attack, stroke, coronary artery bypass surgery, end-stage renal failure, Alzheimer's disease, and more.

Accident insurance provides benefits if they or any covered dependents seek medical treatment or are hospitalized as a result of a covered accident that happens off the job. This plan pays cash directly to them, which they can use to offset their share of the costs, including their deductible and coinsurance. Some of the qualifying procedures include: emergency room treatments, hospitalization, burn therapy, major diagnostic exams, and other accident-related costs.

## 9. Is Proof of Good Health required to enroll in the critical illness and/or accident coverage?

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No.

## 10. Why do salaried associates and truck drivers have the option to select higher levels of AD&D coverage?

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We offer additional levels of AD&D coverage for salaried associates and truck drivers so they are able to purchase coverage between five and eight times their annual salary—the amount recommended by the insurance industry. The coverage levels currently offered to hourly associates generally meet insurance industry recommendations.

## Life insurance

### 11. What life insurance options are available to part-time and temporary associates?

---

Following one year of continuous employment and regardless of the number of hours worked, part-time and temporary associates are eligible to enroll in optional associate life insurance and optional child life insurance. Part-time and temporary associates will not be enrolled in company-paid life insurance and are not eligible to enroll their spouse/partner in optional dependent life insurance.

### 12. What is the amount of the company-paid life insurance for full-time hourly and management associates?

---

Full-time hourly and management associates have company-paid life insurance in an amount equal to their pay, including overtime and bonuses, during the previous 26 pay periods of active status (52 pay periods if paid weekly) prior to their death, rounded to the nearest \$1,000, up to a maximum of \$50,000.

### 13. What are the optional tiers of coverage for management, full-time, part-time, and temporary hourly associates?

---

Full-time, part-time, and temporary hourly associates can purchase optional associate life insurance in the following amounts: \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, and \$200,000. Depending on the coverage amount selected and when the associate enrolls, Proof of Good Health may be required. There are additional optional life insurance tiers available to management associates: \$300,000, \$500,000, \$750,000, and \$1,000,000.

### 14. What are the optional tiers of coverage for management associates, management trainees, California pharmacists, full-time Vision Center managers, Metro professional non-exempt associates, and full-time truck drivers?

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Management associates, management trainees, California pharmacists, and full-time truck drivers can purchase optional life insurance in the same amounts as full-time hourly associates (see question 13). These associates also have the option to purchase the following tiers of coverage: \$300,000, \$500,000, \$750,000, and \$1,000,000. Proof of Good Health may be required.

### 15. What life insurance coverage options are available for spouse/partners and dependent children?

---

Spouse/partner life insurance options include \$5,000, \$15,000, \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, and \$200,000 tiers. Proof of Good Health is required for any tier.

Children life insurance options include \$5,000, \$10,000, and \$20,000 tiers. Proof of Good Health is not required.

## Commuter benefits

### *Setting up your WageWorks account*

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#### 16. Does canceling a commuter order at WageWorks.com stop a payroll deduction?

No. Canceling an order at [WageWorks.com](https://www.wageworks.com) only stops their parking and/or transportation selection. To change or stop payroll deductions, they need to log in to their account and click on either the “modify” or “stop” deductions link on the website or contact WageWorks Customer Service at [877-924-3967](tel:877-924-3967).

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#### 17. What happens if associates close their WageWorks account but don't cancel their payroll deduction?

As long as they are deducting money from their paycheck for commuter expenses, their WageWorks account will remain open and their deductions will be deposited into their account. Their unused funds will remain in their account until they use them to purchase a commuter option at a future date.

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#### 18. What is an associate's ID code to set up a WageWorks account when they log in as a new user?

The four-digit ID code is the last four digits of their Walmart Identification Number (WIN).

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#### 19. Where can associates find their WIN to get their ID code?

They can find their WIN by logging onto the WIRE and searching for “WIN” or by contacting their people partner.

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#### 20. How much can associates deduct from each paycheck for commuter expenses?

The monthly pretax and payroll limit for each plan is:

- Transit commuter card: \$260
- Parking account plan: \$260

The maximum account balance is \$1,500 for each plan. Once associates reach the account balance max, deductions will stop and will start again once the balance is spent down on their account.

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#### 21. If an associate needs more help setting up an account, whom should they contact?

They should contact WageWorks for help registering or assistance managing their account. They can send an email to [ExpressHelp@WageWorks.com](mailto:ExpressHelp@WageWorks.com) or call [877-924-3967](tel:877-924-3967) for assistance.

### *Transit commuter card*

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#### 22. How does the transit commuter card work?

The transit commuter card works like a debit card. The card can be used at transit agency ticket vending machines and ticket windows. When using the transit card at an agency ticket vending machine, choose the “Credit” option.

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#### 23. Is the transit commuter card a credit card?

The transit commuter card is a stored value card, which works just like a debit card at transit locations.

There is no line of credit available, and an associate's personal credit is unaffected by use of the card. Only the funds they deduct from their paycheck are loaded onto the card and are available for use. Also, their transit commuter card will only be accepted by transit agencies for eligible commuting expenses.

#### **24. When will associates receive their transit commuter card?**

---

They can expect their transit commuter card in the mail before the first day of the month in which their deductions start. For example, if they enroll by Sept. 10, their transit commuter card will arrive at their home before their first payroll deduction has been loaded onto the card in October.

#### **25. What if associates want to buy a transit pass with their transit commuter card and it costs more than the balance on their transit commuter card?**

---

They may pay for the transit pass using another form of payment or they can add more dollars to their transit commuter card by accessing their WageWorks account and using their personal debit or credit card.

#### **26. If associates have a balance on their transit commuter card, can they receive a refund?**

---

No. Once funds have been designated as pretax dollars for this benefit, it must be used for eligible commuting expenses. Their deductions are nonrefundable.

#### **27. Can associates use funds from their transit commuter card to pay for parking expenses?**

---

No. Once they have selected their deductions to be used for transit expenses, they cannot use them for parking, based on current IRS regulations.

#### **28. What happens to the balance on their transit commuter card if they leave Walmart?**

---

Because this benefit is offered exclusively to them as an associate working in an urban market, this benefit will no longer be available to them if they leave Walmart. If they leave Walmart, per IRS regulations, they have 90 days to spend any remaining balance on their transit commuter card.

#### **29. What happens to the balance on their transit commuter card if they relocate to a nonurban market?**

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If they are unable to use any remaining funds on their card before they relocate, those funds will remain available on their card. No refunds are allowed, per IRS regulations. If they transfer back to an urban market, those funds will still be available for them to use.

#### **30. Is there a dollar limit on how much associates can load onto a transit commuter card?**

---

Yes. The maximum dollar amount they can load onto their card is \$1,500. If they have reached the dollar limit, WageWorks will discontinue their payroll deductions until funds on their card have been used. They will need to re-enroll in the program once their account balance has been used.

#### **31. Do funds on transit commuter card roll over from year to year?**

---

Yes. The balance rolls over.

#### **32. Can associates use the transit card purchased through their WageWorks account for personal transportation in addition to work commuting?**

---

No. IRS guidelines state that pretax funds should only be used for commuting to and from work.

## *Parking account plan*

### **33. What if associates want to buy a parking option that costs more than the balance in their WageWorks account?**

---

They can add more dollars to their transit commuter card by accessing their WageWorks account and using their personal debit or credit card.

### **34. Can associates use funds from their parking account plan to buy a transit pass?**

---

No. Once they have elected the funds to be used for parking, they must be used for parking based on current IRS regulations.

### **35. What happens to the balance in their parking account plan if they stop working for Walmart?**

---

Because this benefit is offered exclusively to them as an associate working in an urban market, this benefit will no longer be available to them if they leave Walmart. If they leave Walmart, they will forfeit any remaining funds in their parking account plan immediately, per IRS regulations.

### **36. What happens to any balance in their parking account plan if they relocate to a nonurban market?**

---

If they are unable to use any remaining funds in their parking account before they relocate, those funds will remain in their account. No refunds are allowed, per IRS regulations. If they transfer back to an urban market, those funds will still be available for them to use.

### **37. Is there a dollar limit on how much associates can load onto their parking account card?**

---

Yes. The maximum dollar amount they can load onto their parking account card is \$1,500. If they have reached the dollar limit, WageWorks will discontinue their payroll deductions until funds on their card have been used. They will need to re-enroll in the program once their account balance has been used.

### **38. Do funds in a parking account plan roll over from year to year?**

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Yes. The balance rolls over.

# Walmart 401(k) Plan

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1. How is the company match calculated?
2. When are associates vested in the Walmart 401(k) Plan matching contributions?
3. Is the six-percent match based on gross pay?
4. Does overtime pay count as eligible wages?
5. Can associates roll over 401(k) balances from their previous employer?
6. When can associates start saving in the Walmart 401(k) Plan?
7. Is there an age limit to participating in the Walmart 401(k) Plan?
8. How much can associates save in their Walmart 401(k) Plan account?
9. How will associate's incentive (bonus) affect the company-matching contributions?
10. When will associates be eligible for the company-matching contributions?
11. What if associates contribute six percent or less during the year?
12. What if associates contribute more than six percent during the year?
13. What if associates contribute less than six percent during the first part of the year and more than six percent later in the year?
14. How can associates calculate their Plan year-to-date average savings rate?
15. What if associates contribute the IRS maximum contribution? Will they still get the full six-percent company match?
16. How much of the company match will an associate receive if they reach the IRS maximum contribution limit?
17. How can associates change their 401(k) savings contributions?
18. Do 401(k) contributions automatically increase during Annual Enrollment?
19. If associates enroll or make a change to their 401(k) contribution amount, when will the change become effective?
20. Is Walmart stock an investment option for the Walmart 401(k) Plan?
21. Will deductions automatically stop when an associate reaches the IRS maximum?
22. What is the vesting schedule of my 401(k)?
23. Where can associates see the company-match amount made to their 401(k)?



24. How do associates access their account online?
25. What are the loan provisions under the Walmart 401(k) Plan?
26. How do associates take a loan from their 401(k)?
27. Can associates request a hardship withdrawal from their 401(k) account without taking a loan first?
28. Do associates have to pay a fee for a 401(k) loan?
29. Why is interest charged on a loan if it is just being paid back to an associate's account?
30. If an associate takes a loan, can they still contribute to their 401(k) while repaying it?



## 1. How is the company match calculated?

---

Walmart will match, dollar for dollar, any contribution an associate makes, up to six percent of your eligible wages for the Plan year (Feb. 1 through Jan. 31). The match is made each pay period they contribute and will continue until the full amount they are eligible for is made each Plan year.

## 2. When are associates vested in the Walmart 401(k) Plan matching contributions?

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They are immediately 100 percent vested in both the money they contribute to their 401(k) account and their Company Match account.

## 3. Is the six-percent match based on gross pay?

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The dollar-for-dollar match is up to six percent of their pretax eligible pay, which is:

- Regular salary or wages, including bonuses and incentive dollars
- Overtime, paid time off (used and paid out), bereavement, jury duty, and premium pay
- Differential wage payments you receive from Walmart while you are on a qualified military leave

## 4. Does overtime pay count as eligible wages?

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Yes. Base pay, incentive pay (like My\$hare and Sam\$hare), and overtime pay all count as eligible wages.

## 5. Can associates roll over 401(k) balances from their previous employer?

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Yes. They can roll over an existing account into the Walmart 401(k) Plan by calling the Merrill Lynch Customer Service Center at [888-968-4015](tel:888-968-4015).

## 6. When can associates start saving in the Walmart 401(k) Plan?

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They are eligible to make their own contributions to the Plan as soon as administratively feasible after their date of hire is entered into the payroll system.

## 7. Is there an age limit to participate in the Walmart 401(k) Plan?

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No. Our Plan does not have an age limit to participate.

## 8. How much can associates save in their Walmart 401(k) Plan account?

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They can save one percent to 50 percent of their eligible wages in their 401(k) account, up to the maximum allowed by the IRS. This annual limit is indexed to inflation and subject to change from time to time; the IRS typically announces increases for the next calendar year in the fourth quarter of the current year. The 2018 maximum is \$18,500. If you are age 50 or older in 2018, you can save an additional catch-up contribution of up to \$6,000. *Note: Once the 2019 contribution limits have been published, they will be updated here.*

## 9. How will associate's incentive (bonus) affect the company-matching contributions?

---

Their incentive pay is considered 401(k) eligible and will be treated like any other paycheck.

## **10. When will associates be eligible for the company-matching contributions?**

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They will begin receiving matching contributions on the first day of the calendar month following their first anniversary of employment with Walmart if they are credited with at least 1,000 hours of service during their first year and they are contributing to their 401(k) account. (Matching contributions will not be made with respect to contributions they make before they become eligible for matching contributions.)

## **11. What if associates contribute six percent or less during the year?**

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They will be matched dollar for dollar up to six percent. If they contribute three percent, the company will contribute three percent.

## **12. What if associates contribute more than six percent during the year?**

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If they contribute more than six percent to their Walmart 401(k) Plan account, the company will match them, dollar-for-dollar, up to six percent. If they contribute ten percent, the company will contribute six percent into their Company Match Account.

## **13. What if associates contribute less than six percent during the first part of the year and more than six percent later in the year?**

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Their match per pay period is based on their Plan year-to-date average savings rate.

## **14. How can associates calculate their Plan year-to-date average savings rate?**

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Their Plan year-to-date average savings rate is calculated by dividing their Plan year-to-date contributions by their Plan year-to-date wages. (Please note that the Plan year for the Walmart 401(k) Plan runs Feb. 1 through Jan. 31.) For example, if their Plan year-to-date contributions are \$2,000 and their Plan year-to-date wages are \$20,000, their average savings rate would be ten percent. Since the maximum match is six percent, the match would be \$1,200.

## **15. What if associates contribute the IRS maximum contribution? Will they still get the full six-percent company match?**

---

Yes. Their contributions are matched at the rate of six percent each pay period. If they reach the IRS maximum contribution limit before the company match equals six percent of their eligible pay, the company will continue making matching contributions of six percent of their Plan year-to-date wages (even if no contributions are being withheld from their paycheck), until the full eligible company match is contributed.

## 16. How much of the company match will an associate receive if they reach the IRS maximum contribution limit?

The company match is dollar-for-dollar on each dollar they contribute to their 401(k) account, up to six percent of their eligible wages for the Plan year. Therefore, the amount they will receive is based on their Plan year-to-date wages.

See the chart below for examples, which uses the 2018 maximum contribution of \$18,500.

If your annual pay is:	And you contribute this % of your pay:**	Your maximum contribution*** would be:	Walmart's matching contribution would be:	Total contribution to your 401(k) would be:
\$50,000	36%	\$18,000	\$3,000	\$21,000
\$100,000	18%	\$18,000	\$6,000	\$24,000
\$150,000	12%	\$18,000	\$9,000	\$27,000
\$275,000*	7%	\$18,500	\$16,500	\$35,000

\*The IRS limits the amount of annual compensation that can be taken into account under the Plan for any participant. For 2018, the limit is \$275,000.

\*\*The Plan limits your contributions to 50 percent of your eligible pay.

\*\*\*The IRS limits the amount you can contribute to the Plan each year. For calendar year 2018, the limit is \$18,500.

## 17. How can associates change their 401(k) savings contributions?

They can go to:

- WIRE > Me@Walmart > My Money > Online Enrollment.
- [WalmartOne.com/401k](https://WalmartOne.com/401k)
- [Benefits.ml.com](https://Benefits.ml.com)

Or, you can call the Merrill Lynch Customer Service Center at [888-968-4015](tel:888-968-4015).

## 18. Do 401(k) contributions automatically increase during Annual Enrollment?

No. When associates complete their online enrollment session, they may notice a suggested one percent increase to their 401(k) contribution for the next pay period. However, they may select “no change” or choose to increase or decrease their contribution amount by using the drop-down menu.

## 19. If associates enroll or make a change to their 401(k) contribution amount, when will the change become effective?

Changes will take effect immediately and will be reflected on their next paycheck, or as soon as administratively possible.

## 20. Is Walmart stock an investment option for the Walmart 401(k) Plan?

No. If associates currently have Walmart stock in their profit-sharing and 401(k) accounts, they are free to continue to hold it. If they want to purchase Walmart stock, they can investigate the opportunities available to them under the Associate Stock Purchase Plan.

## 21. Will deductions automatically stop when an associate reaches the IRS maximum?

Yes. Once they reach the IRS maximum level for contributions, their deductions will automatically stop.

## 22. What is the vesting schedule of my 401(k)?

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They are always 100 percent vested in their Walmart 401(k) Plan account. Old profit sharing accounts are the only funds subject to a vesting schedule.

## 23. Where can associates see the company-match amount made to their 401(k)?

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Associates can go to [Benefits.ml.com](https://benefits.ml.com) to access their account information. Company match is not shown on the paystub.

## 24. How do associates access their account online?

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If they haven't created an account on [Benefits.ml.com](https://benefits.ml.com), click "Create User ID" at [Benefits.ml.com](https://benefits.ml.com) on the site and follow the directions to open an online account. If they don't have ready access to a computer, call the Customer Service Center at [888-968-4015](tel:888-968-4015). If they've never called the Merrill Lynch Customer Service Center before, they will be prompted to enter a PIN. Their PIN is their birth date (MMDDYY). For example, if their birthday is Feb. 4, 1976, their PIN would be 020476.

## 25. What are the loan provisions under the Walmart 401(k) Plan?

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Associates may apply for a loan from their 401(k) account. Two types of loans are available: one specifically for buying a home and the other for general purposes. Information on the loan provision can be found in their 2018 *Associate Benefits Book* with the 2019 Summary of Material Modifications. Here are a few highlights:

- **Loan amount**—the minimum loan amount is \$1,000 and the maximum is fifty percent of their vested account balance or \$50,000, whichever is less. This means they may borrow up to \$50,000, but only if they have a balance of \$100,000.
- **Loan terms**—loans to buy a home must be repaid within one to fifteen years, and general-purpose loans must be repaid within one to five years. They'll need to repay the amount they borrow and pay interest to their own account.

## 26. How do associates take a loan from their 401(k)?

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To request a loan from their 401(k) account, complete the form available online at [Benefits.ml.com](https://benefits.ml.com). If they have questions, call the Merrill Lynch Customer Service Team at [888-968-4015](tel:888-968-4015).

## 27. Can associates request a hardship withdrawal from their 401(k) account without taking a loan first?

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Financial hardship withdrawals are available under the 401(k) Plan (subject to Plan rules and IRS guidelines), but tax law requires that before they can request a hardship payout they must have already obtained any other payouts available to them under the Plan, including loans.

Loans and hardship withdrawals are significantly different, and both forms have important tax consequences. Please consult a tax advisor when considering options.

## 28. Do associates have to pay a fee for a 401(k) loan?

---

The fees for processing a 401(k) loan vary, depending on the type of loan. Please contact the Merrill Lynch Customer Service Team at [888-968-4015](tel:888-968-4015) for more information. Any fees they pay are used to cover the cost of processing their loan, and are not paid back to their account.

### **29. Why is interest charged on a loan if it's just being paid back to an associate's account?**

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Interest is charged on their loan because the money they borrow would grow from investment earnings if it remained in their 401(k) account. It 's important to fully repay both the principal and the interest when they take a 401(k) loan.

### **30. If an associate takes a loan, can they still contribute to their 401(k) while repaying it?**

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Yes. They may continue to make contributions to their 401(k) account after they have taken a loan from it.

# Health Insurance Marketplace

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1. What is the Health Insurance Marketplace?
2. Will Walmart continue to offer health coverage?
3. How much will Marketplace health insurance cost?
4. Will Marketplace health insurance cost the same for everyone?
5. Who is eligible for coverage in the Marketplace?
6. What if someone chooses not to have health insurance coverage in 2019?
7. How can associates learn more about the Marketplace?



## 1. What is the Health Insurance Marketplace?

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The Health Insurance Marketplace is a way for all Americans to find and compare private health insurance options available where they live. The Marketplace was established under the Affordable Care Act. If a person has employer-provided health insurance—as do all of our eligible full-time and part-time associates—there is no need to shop for coverage on the Marketplace. However, associates can still research and get information on the private health plan options in their area.

These plans are offered by private insurance companies and cover the same core set of benefits, called “essential health benefits.” All of the Walmart plans meet the same minimum value requirements as the health plan options offered in the Marketplace.

## 2. Will Walmart continue to offer health coverage?

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Yes. Walmart will continue to offer health coverage to eligible associates.

## 3. How much will Marketplace health insurance cost?

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Marketplace plans vary in cost, depending on many variables, including deductibles, levels of coverage, and location.

## 4. Will Marketplace health insurance cost the same for everyone?

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No. Depending on their income, individuals applying for Marketplace coverage may be eligible for a subsidy or a tax credit if they enroll in one of the private health insurance options. However, if they have employer-provided coverage available and choose a private insurance option, they would lose the employer contribution. For example, Walmart associates who are eligible for our plans and choose to enroll in a private health insurance option would lose the money Walmart contributes to either the HRA plans, ACPs, Select Network Plan, or the HSA Plan. Payments for coverage through the Marketplace are made on an after-tax basis.

## 5. Who is eligible for coverage in the Marketplace?

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Individuals are generally eligible for coverage in the Health Insurance Marketplace if they are U.S. citizens, U.S. nationals, or lawfully present immigrants.

## 6. What if someone chooses not to have health insurance coverage in 2019?

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Although the federal individual mandate penalty for 2019 will be \$0, some states have implemented individual mandate penalties for individuals who do not have health coverage. They will also be responsible for all of their own health care costs.

## 7. How can associates learn more about the Marketplace?

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If associates want more information or need help completing an application, we have contracted with *HealthCompare* to provide this service. Associates can call *HealthCompare* at [877-260-1824](tel:877-260-1824), Monday through Friday between 8:00 a.m. and 6:00 p.m. CT.

# Contact Information

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If you have questions about...	Website	Phone
Benefits, medical claims, or care management	<a href="http://WalmartOne.com/Medical">WalmartOne.com/Medical</a>	Aetna (includes Select Network Plan, Banner ACP, and St. Luke's ACP) health care advisor: <a href="tel:855-548-2387">855-548-2387</a> Blue Advantage Administrators of Arkansas health care advisor: <a href="tel:866-823-3790">866-823-3790</a> United HealthCare (includes Presbyterian ACP) health care advisor: <a href="tel:888-285-9255">888-285-9255</a> HealthSCOPE Benefits (includes all other ACPs) health care advisor: <a href="tel:800-804-1272">800-804-1272</a>
Finding a network provider for medical plans	<a href="http://WalmartOne.com/ProviderNetworks">WalmartOne.com/ProviderNetworks</a>	Aetna (includes Select Network Plan, Banner ACP and St. Luke's ACP) health care advisor: <a href="tel:855-548-2387">855-548-2387</a> Blue Advantage Administrators of Arkansas health care advisor: <a href="tel:866-823-3790">866-823-3790</a> United HealthCare (includes Presbyterian ACP) health care advisor: <a href="tel:888-285-9255">888-285-9255</a> HealthSCOPE Benefits (includes all other ACPs) health care advisor: <a href="tel:800-804-1272">800-804-1272</a>
Pharmacy benefits	<a href="http://WalmartOne.com/Prescriptions">WalmartOne.com/Prescriptions</a>	Express Scripts: <a href="tel:800-887-6194">800-887-6194</a>
Health Savings Account (HSA)	<a href="http://WalmartOne.com/HSA">WalmartOne.com/HSA</a>	HealthEquity: <a href="tel:866-296-2860">866-296-2860</a>
Other medical options	<a href="http://HealthCompare.com">HealthCompare.com</a>	HealthCompare: <a href="tel:877-260-1824">877-260-1824</a>
Vision plan	<a href="http://WalmartOne.com/Vision">WalmartOne.com/Vision</a>	VSP: <a href="tel:866-240-8390">866-240-8390</a>
Dental plan	<a href="http://WalmartOne.com/Dental">WalmartOne.com/Dental</a>	Delta Dental: <a href="tel:800-462-5410">800-462-5410</a>
Short-term disability (STD) insurance	<a href="http://WalmartOne.com/ShortTermDisability">WalmartOne.com/ShortTermDisability</a>	Sedgwick/Lincoln: <a href="tel:800-492-5678">800-492-5678</a>
Long-term disability (LTD) insurance	<a href="http://WalmartOne.com/LongTermDisability">WalmartOne.com/LongTermDisability</a>	Lincoln: <a href="tel:800-492-5678">800-492-5678</a>
Accident/critical illness insurance	<a href="http://WalmartOne.com/Accident">WalmartOne.com/Accident</a> <a href="http://WalmartOne.com/Critical">WalmartOne.com/Critical</a>	Allstate Benefits: <a href="tel:800-514-9525">800-514-9525</a>
Life, accidental death and dismemberment (AD&D), and business travel accident insurance	<a href="http://WalmartOne.com/Life">WalmartOne.com/Life</a> <a href="http://WalmartOne.com/ADD">WalmartOne.com/ADD</a>	Prudential: <a href="tel:877-740-2116">877-740-2116</a>
Resources for Living®	<a href="http://WalmartOne.com/RFL">WalmartOne.com/RFL</a>	<a href="tel:800-825-3555">800-825-3555</a> , 24/7
Quit Tobacco	<a href="http://WalmartOne.com/QuitTobacco">WalmartOne.com/QuitTobacco</a>	Kick Buts: <a href="tel:855-955-1905">855-955-1905</a> QuitNet: <a href="tel:866-577-7169">866-577-7169</a>
Grand Rounds—second opinion benefit and network doctor search tool	<a href="http://Grandrounds.com/walmart">Grandrounds.com/walmart</a>	<a href="tel:800-941-1384">800-941-1384</a>
Walmart 401(k) Plan	<a href="http://WalmartOne.com/401k">WalmartOne.com/401k</a> <a href="http://Benefits.ml.com">Benefits.ml.com</a>	Bank of America Merrill Lynch: <a href="tel:888-968-4015">888-968-4015</a>
Associate Stock Purchase Plan	<a href="http://WalmartOne.com/ASPP">WalmartOne.com/ASPP</a> <a href="http://ComputerShare.com/Walmart">ComputerShare.com/Walmart</a>	ComputerShare: <a href="tel:800-438-6278">800-438-6278</a>
For benefits questions	<a href="http://WalmartOne.com/Benefits">WalmartOne.com/Benefits</a>	Walmart People Services Team: <a href="tel:800-421-1362">800-421-1362</a>
WageWorks	<a href="http://MyBenefits.WageWorks.com">MyBenefits.WageWorks.com</a>	WageWorks: <a href="tel:800-570-1863">800-570-1863</a>

Call [800-421-1362](tel:800-421-1362) with general benefits questions.

The Walmart People Services Team is available for questions during Annual Enrollment, beginning on Oct. 13:

- Monday through Friday from 7:30 a.m. to 8:00 p.m. CT
- Saturday from 9:00 a.m. to 1:00 p.m. CT
- Sunday Closed

**Associates will be able to reach a representative during additional hours on:**

- Nov. 2 from 7:30 a.m. to 11:59 p.m. CT

