

Shine

Feel good and thrive

**6 Steps to a
Stress-Free
Enrollment**

**Benefits
Made for You**

6 Steps to a Stress-Free Enrollment

1

Prepare

Gather names, birth dates and Social Security numbers of everyone you plan to enroll or name as a beneficiary.

2

Consider

Check out benefits like Flexible Spending Accounts (FSAs), critical illness and accident insurance, and pet insurance.

3

Discover

Read this guide to learn about the benefits available to you and your family.

4

Enroll

Enroll online, by mobile app or phone. See instructions on page 2.

5

Compare

Use the Plan Comparison Tool on MyWSIBenefits.com.

6

Check

Are your beneficiaries up to date? View and update your beneficiary info at MyWSIBenefits.com.

Where To View SPDs and Legal Notices

Visit MyWSIBenefits.com/resources/resource-library to obtain a copy of the Legal Notices and the current Summary Plan Description (SPD) for the Cigna and Kaiser Permanente plans described in this guide. For the Williams-Sonoma, Inc. Health & Welfare Plan SPD, log in to the Benefits Portal at MyWSIBenefits.com (look for “Enroll or Check Your Benefits”). Then select “Library” and click on “Plan Summaries.” If you would like to receive a paper copy of an SPD, please contact the WSI Benefits Department at benefitsdept@wsgc.com or call 415.616.8500. SPDs maintained at MyWSIBenefits.com are updated periodically. The Cigna and Kaiser Permanente SPDs effective for the plan year beginning July 1, 2023, should be available around September 1, 2023.

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Start Here

You're In!

You are eligible for WSI benefits if you're a regular full-time associate scheduled for or normally working 30 hours a week.

Who You Can Cover

If you enroll for benefits, you can also cover:

- Your spouse, same-gender domestic partner or common-law spouse (as defined by state law); in California only, your opposite-sex domestic partner is also eligible.
- Your dependent children up to age 26, including natural children, step-children, your domestic partner's children, legally adopted children and children for whom you or your spouse are the legal guardian.
- Disabled children of any age who are unable to take care of themselves. Proof of disability is required.

Dependent Verification

You may be asked to re-verify eligibility for your spouse/same-gender domestic partner periodically as part of our ongoing dependent verification process. Open Enrollment is a good time to review your personal data each year and make sure your dependent information is complete and up to date.

Do I Need To Enroll?

ANNUAL ENROLLMENT

Once a year in the spring, we offer a one-time opportunity for you to enroll, waive or make changes to your coverage, which includes adding or removing dependents.

- If you don't take action and actively enroll, most of your benefits will carry over for the next plan year.
- You will not be able to make any changes during the plan year unless you experience a qualifying life event, such as having a baby or getting married.
- If you want to contribute to a Health Care or Dependent Care Flexible Spending Account (FSA) or the Health Savings Account (HSA), you will need to elect your pre-tax contribution for the upcoming plan year — it does not carry over. You can change your HSA contribution any time during the plan year.

NEW HIRES

As an active, full-time, benefits-eligible associate, you have 31 days from your full-time date of hire to enroll in benefits. Your benefits will be effective the first day of the month following your date of hire or change to active full-time status. Short-term disability coverage is effective 90 days after your date of hire or change to active full-time status, if you do not waive this coverage.

After your 31st day, you won't be able to enroll in or make changes to your benefits until the next Open Enrollment, unless you experience a qualifying life event, like getting married or having a baby.

When Benefits End

Your benefits will terminate at the end of the month you no longer remain in a benefits-eligible status, e.g., termination of employment or status change.



Enroll Now

MyWSIBenefits.com

Place QR code in front of your electronic device camera to activate.



3 Ways To Enroll

• Online

Go to **MyWSIBenefits.com**. See instructions below.

• Mobile App

Log in to the Life@Work mobile app and click the Enroll Now button. Then follow the steps to make your elections.

• By Phone

Call the WSI Benefits Resource Center at 800.413.1444, option 1. Representatives are available Monday through Friday, 7 a.m. to 4 p.m. Pacific time, except on certain holidays.

How To Enroll Online at MyWSIBenefits.com

IF YOU ARE ON THE WSI NETWORK

- Look for the “Enroll or Check Your Benefits” section at the bottom of the page. Then select “Benefits Portal.”
- You will be directed to the Open Enrollment landing page.
- Then, click the Enroll Now button and follow the steps to make your elections.

IF YOU ARE NOT ON THE WSI NETWORK

- Go to the “Enroll or Check Your Benefits” section at the bottom of the page. Then look for, “Outside the WSI network, click here.”
- If you’re a first-time user, you’ll need to register.
- Log in with your user ID and password. If you can’t remember your password, select “Forgot My Password” to reset it.
- After logging in, click the Enroll Now button and follow the steps to make your elections.

Don’t Forget!

Save a copy of your election summary for your records. Your confirmation statement will be mailed to your home address on file and will also be available at **MyWSIBenefits.com**.

When Life Happens

When you experience a qualifying life event, you can make benefit changes outside the regular Open Enrollment period. Here's what you need to do to make sure your family has the coverage you want.

Qualifying Life Event Examples

- Marriage, legal separation or divorce
- The birth or adoption of a child
- Gain or loss of other benefits coverage
- A move from part-time to full-time employment
- Your spouse or child passes away

Make a Change

Go to **MyWSIBenefits.com** and look for the "Need To Change Your Benefits?" section.

Questions? Contact the WSI Benefits Resource Center at 800.413.1444 from 7 a.m. to 4 p.m. Pacific time, Monday through Friday, except on certain holidays.

Turn in the Paperwork

You'll need to provide documentation, such as a marriage license, birth certificate or divorce decree, along with an enrollment form, for verification. Documentation must be received within 31 days from the date you reported your life event change. Eligibility requirements must be met and proof provided before coverage begins. Any changes you make must be consistent with your event, such as adding or removing dependents.



31 Days

That's how long you have to update your benefits when you experience a qualifying life event. If you miss the deadline, you won't be able to enroll in or change your benefits until the next Open Enrollment.

Medical

You have choices when it comes to medical coverage:

HIGH DEDUCTIBLE HSA • STANDARD CARE • PREMIUM CARE

Depending on your location, you may also have a Kaiser Permanente HMO available. Please see page 8 for more details.

How are the Cigna plans alike?

The High Deductible HSA, Standard Care and Premium Care plans all:

- Are administered by Cigna
- Cover the same services, such as doctor visits, hospital stays and lab work
- Pay 100% of the costs for eligible in-network preventive care, such as flu shots, routine physicals, blood pressure and cholesterol tests, and cancer screenings
- Allow you to use any doctor, but offer savings when you use in-network providers

How are the Cigna plans different?

HIGH DEDUCTIBLE HSA

- Pay lower premiums and have higher deductibles and out-of-pocket maximums than the Standard Care and Premium Care plans
- WSI contributes to your Health Savings Account (HSA) to help you pay for care
- No copays — you pay 100% of the cost until you met your deductible (except for certain in-network preventive care); after that, you and the plan share costs (coinsurance)

STANDARD CARE AND PREMIUM CARE

- Pay higher premiums in exchange for a lower deductible and out-of-pocket maximum than the High Deductible HSA
- No Health Savings Account (HSA) is available with these plans
- Copays for some services and cost sharing (coinsurance) for other services

Help Starting a Family

The Cigna and Kaiser Permanente HMO plans offer infertility benefits. For more details, refer to the Summary Plan Descriptions (SPDs) on [MyWSIBenefits.com](https://www.mysibenefits.com).





Find a Provider

Visit [Cigna.com](https://www.cigna.com) or call
855.273.3551.

Which network is right for me?

In certain ZIP code areas, your Cigna plan options may include both the Open Access Plus Network plan and a Local Plus Network plan option.

A Local Plus Network plan covers the same services and has the same deductibles, coinsurance and out-of-pocket maximums as the Open Access Plus Network plan option. So what's different?

- The Local Plus Network has a limited list of participating providers chosen for having met certain criteria, like lower hospital admission rates, fewer complications and treatments proven to show positive results.
- Premiums will be less than the Open Access Plus Network plan.

HOW TO CHOOSE YOUR NETWORK

The **Open Access Plus Network plan** may be a better fit if:

- Your current providers are not in the Local Plus Network and you prefer not to change providers.
- You have dependents who live elsewhere (like at college).
- You travel frequently.

A **Local Plus Network plan** may be a good choice if:

- You want to make the most of your health care dollars.
- Your current providers are in the network, or you're fine with changing providers.

Need Help Deciding?

The Plan Comparison Tool helps you compare your medical plan options and choose the plan that works best for you and your family.

To use the tool, visit [MyWSIBenefits.com](https://www.mywsibenefits.com) and log in to the Benefits Portal.

How the Cigna Plans Work

HIGH DEDUCTIBLE HSA

FIRST, SET UP YOUR HSA.

WSI contributes to your account: **\$500 for individual coverage** or **\$1,000 for family coverage**. You can contribute pre-tax money of your own, too. Please see pages 18 and 19 for more details about HSA contributions.

THEN, PAY TOWARD YOUR DEDUCTIBLE.

You pay 100% of the cost for medical care and prescription drugs (except for certain in-network preventive care) until you meet your deductible. If you elect family coverage, there's no individual deductible — you must meet the family deductible.

You can use your HSA to help pay for qualified expenses before you dip into your own pocket.

NEXT, SHARE COSTS WITH THE PLAN.

Once you meet your deductible, you'll share costs with the plan until you meet the out-of-pocket maximum. You can continue using money from your HSA for your portion.

FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum (the family out-of-pocket maximum is met by 2 or more individuals).

STANDARD CARE AND PREMIUM CARE

These plans don't have an HSA associated with them, so you don't receive any extra money from WSI.

FIRST, YOU PAY FOR CARE.

You pay copays (set amounts) for some services such as doctor's office visits. You don't have to meet the deductible for these services.

THEN, SHARE COSTS WITH THE PLAN.

For other services such as hospitalization, you must meet your deductible before the plan shares costs. Each family member has an individual deductible (the family deductible is met by 2 or more individuals).

FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum (the family out-of-pocket maximum is met by 2 or more individuals).

Take Advantage of 100%-Paid Preventive Care

Preventive care can help spot health problems before they become big issues. Our WSI medical plans cover in-network preventive care at 100%! Covered services include flu shots, routine physicals, well-woman exams, well-baby exams, blood pressure checks, cholesterol tests and cancer screenings.

Cigna Medical Plans at a Glance

Here's a look at what you'll pay when you need care.

You will begin to contribute toward the plan deductibles and out-of-pocket limits on **July 1, 2023**, and will continue through **June 30, 2024**. There are separate in-network and out-of-network deductibles and out-of-pocket maximums, and they do not cross apply.

HIGH DEDUCTIBLE HSA			STANDARD CARE		PREMIUM CARE	
IN-NETWORK		OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
2023–2024 HSA Contribution from WSI (only if enrolled in High Deductible HSA)						
Individual	\$500		No contribution		No contribution	
Family	\$1,000					
Deductible (what you pay first for some services)						
Individual	\$1,500	\$4,200	\$500	\$2,250	\$400	\$1,500
Family	\$3,000	\$8,400	\$1,000	\$4,500	\$800	\$3,000
Out-of-Pocket Maximum ¹ (the most you have to pay for eligible services)						
Individual	\$4,000	\$8,000	\$3,500	\$7,000	\$3,000	\$6,000
Family	\$8,000	\$16,000	\$7,000	\$14,000	\$6,000	\$12,000
Preventive Care						
Well-adult visits, well-child visits and immunizations	\$0	40% after deductible	\$0	40% after deductible	\$0	30% after deductible
Office Visits/Telehealth						
PCP/specialist	20% after deductible	40% after deductible	\$25/\$50	40% after deductible	\$20/\$40	30% after deductible
Telehealth	20% after deductible	Not covered	\$15	Not covered	\$10	Not covered
Chiropractic care (up to 20 days per plan year)	20% after deductible	40% after deductible	\$25	40% after deductible	\$20	30% after deductible
Lab/X-ray						
Office, independent lab, outpatient and inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Emergency Services						
Ambulance ²	20% after deductible		20% after deductible		10% after deductible	
Emergency room	20% after deductible		\$150 copay, then 20% after deductible		\$100 copay, then 10% after deductible	
Urgent care	20% after deductible	40% after deductible	\$50	40% after deductible	\$50	30% after deductible
Convenience care	20% after deductible	40% after deductible	\$15	40% after deductible	\$10	30% after deductible
Inpatient Services						
Hospital and physician services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Mental Health/Substance Abuse						
Inpatient care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Outpatient care	20% after deductible	40% after deductible	\$25	40% after deductible	\$20	30% after deductible

1 Out-of-pocket maximums include deductibles, copays (if applicable) and coinsurance.

2 Non-emergency ambulance transportation is not covered.



How Kaiser Permanente HMOs Work

Depending on where you live, you may be able to choose Kaiser Permanente for your medical and prescription drug coverage. If available, you'll see this option when you log in to the Benefits Portal at **MyWSIBenefits.com**.

You must use providers and facilities in the Kaiser Permanente network. There's no out-of-network coverage, except for emergencies.

FIRST, YOU PAY FOR CARE.

You pay copays (set amounts) for doctor's office visits and prescription drugs. You don't have to meet the deductible for these services.

THEN, SHARE COSTS WITH THE PLAN.

For other services such as hospitalization, you must meet your deductible before the plan shares costs. Each family member has an individual deductible (the family deductible is met by 2 or more individuals).

FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum (the family out-of-pocket maximum is met by 2 or more individuals).

Check Out Wellness Resources

Visit kp.org/selfcare for online programs to help manage depression, reduce stress and improve sleep. Plus, you can try the Calm and MyStrength apps at no cost.

Kaiser Permanente HMOs at a Glance

Here's a look at what you'll pay when you need care. Generally, there are no out-of-network benefits (you must use providers and facilities in the Kaiser Permanente network). However, emergency services are covered by any provider.

You will begin to contribute toward the plan deductibles and out-of-pocket limits on **July 1, 2023**, and will continue through **June 30, 2024**.

Note: Certain services — such as private duty nursing, physical therapy, massage therapy or acupuncture — may be covered differently or may not be covered. There are coverage variations from state to state. For more information about the Kaiser Permanente coverage available to you, please refer to the Summary of Benefits and Coverage (SBC) available at [MyWSIBenefits.com](https://www.mysibenefits.com).

Find a Provider

Visit kp.org and select Doctors & Locations. You can also call the phone number for your HMO, shown on page 32 of this guide.

NORTHERN/SOUTHERN CALIFORNIA		COLORADO • GEORGIA MID-ATLANTIC STATES NORTHWEST • WASHINGTON
IN-NETWORK		IN-NETWORK
Deductible (what you pay first for some services)		
Individual	\$250	\$250
Family	\$500	\$500
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)		
Individual	\$1,000	\$1,000
Family	\$2,000	\$2,000
Preventive Care		
Well-adult visits, well-child visits and immunizations	\$0	\$0
Office Visits/Telehealth		
PCP/specialist	\$20/\$40	\$20/\$40
Telehealth	\$0	\$0
Chiropractic care (up to 20 visits per plan year)	\$15	\$20
Lab/X-ray		
Office, independent lab, outpatient and inpatient	10% after deductible	10% after deductible
Emergency Services		
Ambulance ²	10% after deductible	10% after deductible
Emergency room	10% after deductible	10% after deductible
Urgent care	\$20	\$40 (Washington only: \$20)
Convenience care	\$20	\$40
Inpatient Services		
Hospital and physician services	10% after deductible	10% after deductible
Mental Health/Substance Abuse		
Inpatient care	10% after deductible	10% after deductible
Outpatient care	\$20 copay for individual therapy visits \$10 copay for group therapy visits	\$20 copay for individual therapy visits \$10 copay for group therapy visits (Washington only: \$0 for group therapy visits)

Note: Vision services are not included. Please review vision benefits available through VSP on page 21.

1 Out-of-pocket maximums include deductibles, copays and coinsurance.

2 Non-emergency ambulance transportation is not covered.

Health Help

Take care of yourself with these programs and tools, available if you're enrolled in a Cigna medical plan. Once you are enrolled, you can take advantage of these programs by visiting **myCigna.com** or calling 855.273.3551.

First Things First

Register on **myCigna.com**. You'll be able to manage and track claims, view ID cards, find in-network doctors and review your coverage. You can also download the myCigna app from the App Store or Google Play.



HEALTH AND MONEY-SAVING RECOMMENDATIONS

Program: One Guide

How it helps: Navigating health care can be complex, Cigna One Guide can help make getting and staying healthy as easy as possible. You can:

- Get answers to health care questions and understand how your coverage works
- Find the right doctor, lab or urgent care center
- Connect to health coaches
- Find 1-on-1 support for complex health situations
- Avoid surprises by getting cost estimates
- Learn how to maximize your benefits

Get started: Visit **myCigna.com** or call 855.273.3551.



ANYTIME, ANYWHERE DOCTOR VISITS

Program: MDLIVE

How it helps: Video chat with or call a doctor 24/7. MDLIVE doctors can answer your questions, make a diagnosis and prescribe basic medications (subject to availability by state). This includes:

- **Primary care:** Preventive care, routine care and specialist referrals
- **Urgent care:** On-demand care for minor medical conditions
- **Dermatology:** Fast, customized care for skin, hair and nail conditions

Get started: Virtual care visits are convenient and easy. To schedule an appointment, access MDLIVE by logging in to **myCigna.com** and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

SECOND OPINIONS

Program: Second Opinion Service

How it helps: Cigna offers Virtual Second Opinions by Cleveland Clinic through a joint venture between the Cleveland Clinic and Amwell for members diagnosed with life-threatening and life-altering diagnoses. This program provides remote access to the expertise of Cleveland Clinic's top specialists and the ability to request a second opinion without the time and expense of travel.

The program offers:

- Concierge-like support from a nurse case manager
- The ability to interact directly with a provider — by phone or video
- Provider opinions delivered via video, phone or written report

Get started: Clinicians help eligible members access the website through **myCigna.com**, and health coaches refer eligible members to the program when appropriate.



OH BABY! HEALTHY PREGNANCY SUPPORT

Program: Healthy Pregnancy, Healthy Babies

How it helps: Get support and resources to help you have a healthy baby. When you enroll, you'll get:

- Helpful guidance and support on everything from infertility and preconception planning to post-delivery information
- A workbook to help you learn about pregnancy and babies, including topics like prenatal care, exercise, stress, depression and more
- 24/7 live telephone support from a maternity specialist
- Access to an audio library of health topics

You'll also have a wealth of information on the myCigna website from trusted sources like WebMD and Healthwise.

Get started: To enroll, visit **myCigna.com** or call 855.273.3551.



Enrolled in a Kaiser Permanente HMO?

Check out these programs from Kaiser Permanente to help you be at your healthiest. Visit **kp.org** for details.

- **Telehealth** — Meet face-to-face with a doctor by video or phone from the comfort of home.
- **Maternity care** — Get maternity support before, during and after the birth of your baby.
- **Health goals** — Kaiser Permanente offers a number of tools and resources to help you with your health goals, including wellness coaching and smoking cessation.



HEALTH DISCOUNTS

Program: Healthy Rewards

How it helps: Healthy Rewards is a discount program where you get discounts on the health products and programs you use every day for:

- Meal delivery
- Gyms and virtual workouts
- Mind/body programs and equipment
- Vision and hearing care
- Alternative medicine

Get started: Just use your Cigna medical ID card when you pay and let the savings begin. Learn more about the Healthy Rewards Program by logging in to **myCigna.com** and navigate to the Healthy Rewards Discount Program or call 800.870.3470.

Note: Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.



PERSONALIZED HEALTH SUPPORT

Program: Lifestyle Management Programs

How it helps: A health coach can provide you with personalized support.

- **Stress Management** — Understand your stress signals and learn coping techniques.
- **WinFertility** — Get personalized guidance, education and emotional support on your family-building journey.
- **Treatment Decision Support** — Learn about treatment options for common health conditions.

HELP KICKING THE HABIT

Program: Smoking Cessation Program

How it helps: You've got a goal. And you've got what it takes to reach it. Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You'll even get free over-the-counter nicotine replacement therapy (patch or gum).

Get started: To enroll over the phone, call 855.273.3551. Or, if you want to enroll online, visit **myCigna.com** to access an 84-day self-paced My Health Assistant program (powered by WebMD) that includes specific completion goals and criteria to help you quit today.

Learn How To Thrive

Our WSI programs are here to help you live your best life. Our **CONNECT Employee Assistance Program (EAP)** provided by Cigna, offers free confidential support for everyday challenges and for more serious problems. It's available to you and your household members, even if you're not enrolled in a WSI medical plan.

Get Help

LEGAL ASSISTANCE
FINANCIAL • PARENTING
ELDER CARE • PET CARE
IDENTITY THEFT

EAP Fast Facts

- Available 24/7
- Up to 7 free counseling sessions per issue for each household member each plan year
- Virtual or face-to-face support
- Help with everything from anxiety and depression to marriage and relationships to money management
- Online library of videos and articles



Place QR code in front of electronic device camera to activate.

Get in Touch With the EAP

Call 877.505.4161 or visit myCigna.com.

If you're enrolled in a Cigna medical plan, you'll be able to access the EAP when you sign in to myCigna.com.

For those not enrolled in a Cigna plan and/or for household members, scan the QR code. If you haven't registered yet, click on "Register" to complete your registration (Employer ID: WSI).

Wellness

Get paid for taking steps toward better health! The Live Well program provides cash incentives when you complete wellness activities from **July 1, 2023–May 31, 2024**. Check and track your completed goals and earned incentives by logging in to **myCigna.com** (select “Wellness” or “View My Incentives”).

Step 1: Complete Your Health Assessment

Remember, you must complete a Health Assessment before you start earning incentives. Go to **myCigna.com** (select “Wellness” and click on “Health Assessment”). Questions? Call 855.273.3551.

Step 2: Earn Incentives 7/1/2023–5/31/2024

WELLNESS PROGRAM INCENTIVES Note: Must be enrolled in a WSI medical plan to receive incentives.		
INCENTIVE ACTIVITY	AVAILABLE INCENTIVES (ASSOCIATES)	AVAILABLE INCENTIVE (SPOUSES/SAME-GENDER DOMESTIC PARTNERS)
Participate in biometric screening; complete blood pressure, cholesterol and blood sugar, and body mass index (BMI) screening Get the Incentive: Complete a form, available at myCigna.com>Wellness>Wellness & Incentives>Incentive Spotlight . Then select “Let’s Go” to download the form.	\$75	\$0
Preventive screening conducted by provider (annual physical, well-woman exam, mammogram, prostate screening, colon cancer screening) Get the Incentive: You’ll need to self-report that you completed the screening. Go to myCigna.com>Wellness>Wellness & Incentives>Incentive Spotlight . Then select “Let’s Go” to enter the date you completed your exam.	\$100	\$50
TOTAL MAXIMUM INCENTIVE PAYOUT	\$175	\$50

PREGNANCY WELLNESS INCENTIVES AVAILABLE

Enrolled in a Cigna medical plan? Start your journey to motherhood with the Cigna Healthy Pregnancies, Healthy Babies program. When you enroll during your first trimester and complete the program, including your postpartum check-in, you’ll be eligible to receive a \$150 incentive.

If you’re a Kaiser Permanente member: You can earn an incentive of \$150 by participating in the Kaiser Permanente Maternity Care/ Pregnancy program during your first trimester and providing confirmation you completed one in-person or online maternity class.

Cigna and Kaiser Permanente members can also earn an additional \$75 if you enroll and complete an in-person or online maternity class in your second trimester.

Get the Pregnancy Wellness Incentives

Cigna members: Call 855.273.3551 and speak to a maternity nurse. The Cigna nurse will update your record once complete.

Kaiser Permanente members: To receive your pregnancy wellness incentive, you will need to self-report your activity through [myCigna.com>Wellness>View My Incentives](#).



Prescription Drug Benefits

When you enroll in a Cigna plan, you automatically get prescription drug benefits through Express Scripts. If you enroll in a Kaiser Permanente HMO, your prescription drug benefits will be provided through your Kaiser Permanente HMO.

How the Cigna Plans Work

HIGH DEDUCTIBLE HSA	STANDARD CARE AND PREMIUM CARE
If you haven't met your medical plan deductible, you pay 100% of the cost for prescription drugs (except for certain preventive drugs).	There's no deductible to meet.
After you meet the deductible, you pay coinsurance, with a minimum and a maximum. You can use your HSA to help pay for qualified expenses.	You pay coinsurance, with a minimum and a maximum.
If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.	If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.

Filling Your Prescriptions

SHORT-TERM PRESCRIPTIONS

You can fill short-term prescriptions through retail pharmacies. Find the nearest pharmacy by visiting [myCigna.com](https://mycigna.com) or calling 855.273.3551.

LONG-TERM PRESCRIPTIONS

Maintenance drugs are drugs you take for long-term or chronic conditions, such as blood pressure medication. All WSI medical plans offer savings when you get 90-day supplies of these medications.

You have two ways to get your prescriptions:

- Take advantage of home delivery from the Express Scripts Pharmacy. Your medications will be delivered directly to you with free standard shipping. To get started, visit [myCigna.com](https://mycigna.com) or call 855.273.3551.
- Pick up your prescriptions at a nearby preferred pharmacy.

Cigna Prescription Drug Benefits at a Glance

Here's a look at what you'll pay when you need a prescription filled.

HIGH DEDUCTIBLE HSA			STANDARD CARE AND PREMIUM CARE	
	RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)	RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)
Deductible (what you pay first for some services)				
Individual/Family	Combined with medical: \$1,500/\$3,000		N/A	
Out-of-Pocket Maximum (the most you have to pay for eligible services)				
Individual/Family	Combined with medical		Combined with medical	
What You Pay				
Preventive drugs	15%, no deductible ¹	15%, no deductible ¹	N/A	N/A
Generic	15% after deductible (\$4 minimum; \$10 maximum)	15% after deductible (\$10 minimum; \$25 maximum)	\$10	\$25
Brand	15% after deductible (\$15 minimum; \$40 maximum)	15% after deductible (\$35 minimum; \$100 maximum)	25% (\$20 minimum; \$80 maximum)	25% (\$50 minimum; \$200 maximum)
Non-preferred brand	15% after deductible (\$30 minimum; \$60 maximum)	15% after deductible (\$75 minimum; \$150 maximum)	40% (\$40 minimum; \$100 maximum)	40% (\$100 minimum; \$250 maximum)

1 The High Deductible HSA includes a list of medications considered to be preventive by Cigna in accordance with the guidelines set by the IRS. This might include medication used to treat conditions such as high blood pressure, cholesterol and diabetes. For these preventive medications, you pay 15%, subject to the applicable minimum and maximum amounts. These medications do not accumulate toward the deductible, but do accumulate toward the out-of-pocket maximum. For more information, contact Cigna.

Get the GoodRx® Savings

If you're enrolled in a WSI medical plan through Cigna, you'll automatically get GoodRx savings. GoodRx pricing is available for many commonly used non-specialty generic medications (filled for a 30-day or 90-day supply) at any in-network retail pharmacy that accepts GoodRx discount cards. When you fill a prescription, the system compares the price available through your pharmacy benefit to the GoodRx price. You're charged whichever price is lower.

Know the Terms

The Cigna plans and Kaiser Permanente HMOs cover drugs according to their category. Here's what the categories mean.

- **Generic** — Generic drugs have the same active ingredients as brand-name drugs and must meet FDA standards for quality and purity. You usually save the most with generics.
- **Brand** — Certain brand-name drugs are listed on the plan's formulary (list of preferred prescription drugs). They have been chosen based on safety, quality and cost-effectiveness.
- **Non-preferred brand** — These drugs are not included on the plan's formulary. You will pay more for non-preferred drugs than for generic and brand drugs.

To see the formulary lists for the Cigna plans, visit [myCigna.com](https://mycigna.com). For the Kaiser Permanente HMOs, visit kp.org.

How the Kaiser Permanente HMOs Work

- No deductible to meet
- You pay set copays for prescriptions
- If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year

Kaiser Permanente HMO Prescription Drug Benefits at a Glance

Here's a look at what you'll pay when you need a prescription filled. For more information, visit [kp.org](https://www.kp.org). You can also call the phone number for your HMO, shown on page 32 of this guide.

NORTHERN/SOUTHERN CALIFORNIA			COLORADO • GEORGIA MID-ATLANTIC STATES NORTHWEST WASHINGTON	
	RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 100-DAY SUPPLY)	RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)
Deductible (what you pay first for some services)				
Individual/ Family	N/A		N/A	
Out-of-Pocket Maximum (the most you have to pay for eligible services)				
Individual/ Family	Combined with medical		Combined with medical	
What You Pay				
Preventive drugs	\$0	\$0	\$0	\$0
Generic	\$10	\$20	\$10	\$20
Brand	\$50	\$100	\$50	\$100
Non-preferred brand	\$50	\$100	\$75	\$150
Specialty	\$150	N/A	\$150	N/A

Save With Mail Order

If you take ongoing maintenance medications, using mail order can save you money. Plus, you get the convenience of having your prescriptions delivered right to your door.



Health Savings Account (HSA)

An HSA is a tax-advantaged account available to you if you enroll in the High Deductible HSA.* (This account is not available if you enroll in the Standard Care, Premium Care or Kaiser Permanente HMO plan.) Your HSA is managed by BenefitWallet®.

How the HSA Works



OPEN YOUR ACCOUNT

Enrolling in the High Deductible HSA for the first time? Be sure to follow the steps to review and accept the account terms and conditions to set up your BenefitWallet HSA. Once BenefitWallet receives your enrollment, they will send you a welcome kit. You'll go to mybenefitwallet.com to get started. If you already have a BenefitWallet HSA, you'll keep using the same account.



START WITH MONEY FROM WSI

WSI will add money to your account: **\$500** for individual coverage or **\$1,000** for family coverage. You'll receive half of WSI's contribution during the first available pay cycle after the start of the plan year (July 1, 2023) or after your election is processed. You'll receive the remaining WSI contributions on a per-paycheck basis throughout the year. If you enroll in the High Deductible HSA after July 1, 2023, your remaining HSA deposits will be prorated based on the number of pay periods left in the plan year.



ADD MONEY OF YOUR OWN

You decide how much (if any) you want to contribute to your HSA. The annual HSA contribution limit is \$3,850 for individual coverage and \$7,750 for any level of family coverage. WSI's HSA contributions count towards this annual maximum. For example, if you elect individual coverage, you can contribute \$3,350 to your HSA (\$3,850 annual limit - \$500 WSI contribution = \$3,350 is your maximum contribution). If you'll be age 55 by December 31, 2023, you can contribute an additional \$1,000 in HSA catch-up contributions. Please review your payroll elections carefully.

Your contributions are taken out of your paycheck before taxes. HSA payroll deductions will start with your first available pay cycle after July 1, 2023. Because your benefits coverage spans two calendar years, the amount you elect to contribute to your HSA this year will also carry over into the next calendar year.

Keep in mind you can change your contributions at any time during the year.



PAY FOR HEALTH CARE

HSA dollars can be used anytime — now or down the road. When you have an eligible expense, you can pay for it from your HSA with no taxes taken out. Or, you can pay out of pocket and leave your untaxed HSA dollars invested.



INVEST FOR THE FUTURE

Think of your HSA as a savings plan for health care. Once your HSA reaches a balance of \$1,000, you can invest your funds in a wide variety of options, including mutual funds, stocks and bonds. There is no tax on HSA interest or investment growth. There are fees for investments or trades.

* You must meet all eligibility requirements for the HSA. No one can claim you as a dependent on their taxes, you can't be enrolled in Medicare or Tricare and you can't be enrolled in or covered by another person's general purpose Health Care Flexible Spending Account (FSA) or health coverage.

Name a Beneficiary!

When you set up your HSA, make sure you designate a beneficiary.

HSA Fast Facts



Tax advantages x 3

1. Pre-tax savings
2. Tax-free earnings
3. Tax-free withdrawals for eligible expenses



Pick how to pay.

- Use the debit card that you'll receive in the mail.
- Pay with the BenefitWallet mobile app (available in the App Store or Google Play).
- Pay out of pocket and fill out a form to be reimbursed.

Know who's covered.

You can use your HSA to pay for eligible expenses for you, your spouse and your tax dependents (including your children up to age 19, or age 24 if a full-time student), even if they're not covered under your WSI medical plan. (While the WSI medical plans cover eligible children up to age 26, the IRS has different rules for HSAs.)



What's an eligible expense?

Eligible expenses include:

- Medical and dental deductibles and expenses
- Vision expenses, such as eye exams, glasses and contacts
- Prescription drug expenses
- Over-the-counter medications and medical supplies (like bandages, diabetic supplies and contact lens solution)

For a complete list of covered expenses, visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

Any money you spend on ineligible expenses is taxable, and you may pay a 20% tax penalty.



It's always yours!

Any money left in your HSA rolls over from year to year — there's no "use it or lose it" rule. Plus, you can take it with you if you leave WSI.

Use the tools.

At the BenefitWallet Member Portal (mybenefitwallet.com), you'll find resources to help you understand and manage your HSA, including calculators, videos and articles.



Check your balance.

You must have the funds available in your HSA before you can use them. If you pay out of pocket now, you can reimburse yourself from your HSA later, when the funds are available.

Dental

Dental benefits are provided through Delta Dental. You have two options:

STANDARD PLAN • PREMIUM PLAN

How are the plans alike?

BOTH PLANS

- Allow you to use any dentist, but offer savings when you use a Delta Dental network provider
- Pay 100% for preventive care
- Provide coverage for preventive, basic and major care

How are the plans different?

STANDARD PLAN

- Pay lower premiums and have a higher deductible to meet
- Orthodontia is **not** covered

PREMIUM PLAN

- Pay higher premiums in return for a lower deductible and higher level of benefits coverage
- Orthodontia is covered

Dental Plans at a Glance

Here's a look at what you pay when you need dental care.

Out-of-network benefits are paid according to a "reasonable and customary" schedule. If you use an out-of-network dentist, you could receive an additional bill for the difference between what the plan pays and what the dentist charges.

	STANDARD PLAN	PREMIUM PLAN
Deductible (what you pay first for some services)		
Individual	\$50	\$25
Family	\$150	\$100
Annual Benefit Maximum (the most the plan will pay in a plan year)		
Per person	\$1,500	\$2,500
Orthodontia Lifetime Maximum (the most the plan will pay for orthodontia per lifetime)		
Per person	N/A (orthodontia not covered)	\$2,500
What You Pay		
Preventive (exams, cleanings, X-rays; sealants and fluoride covered up to age 16)	\$0, no deductible	\$0, no deductible
Basic (fillings, oral surgery, denture repair)	20% after deductible	20% after deductible
Major (crowns, inlays, onlays, bridges, dentures, implants)	50% after deductible	50% after deductible
Orthodontia	Not covered	50% after deductible

Find a Provider

Find a Delta Dental provider by visiting deltadentalins.com or calling 800.397.4741.

You will not receive a dental ID card — you can print one from the Delta Dental website.

Vision

Vision coverage is offered through VSP. You can choose from two plans:

STANDARD PLAN • PREMIUM PLAN

How are the plans alike?

BOTH PLANS

- Allow you to use any provider, but offer savings when you use a VSP network provider
- Provide coverage for routine eye exams and eyeglasses or contacts
- Offer savings and discounts on certain glasses and contacts at eyeconic.com

How are the plans different?

PREMIUM PLAN

The **Premium Plan** offers some enhanced benefits, so your paycheck contributions are higher.

At the point of service, you can choose **one** of the following: a \$250 frame allowance, progressive lenses, light-reactive lenses, anti-glare coating or a \$250 elective contact lens allowance in lieu of glasses.

Each family member you cover can choose the upgrade that's right for them. Choose one upgrade every 12 months.

Vision Benefits at a Glance

Here's a look at what's covered and what you pay. If you use an out-of-network provider, you'll need to pay the cost up front and then submit a claim form to be reimbursed up to the out-of-network allowance.

STANDARD PLAN AND PREMIUM PLAN ¹		
	IN-NETWORK	OUT-OF-NETWORK
What You Pay		
Eye Exam (once every plan year)		
WellVision exam	\$10 copay (up to \$39 copay for routine retinal screening)	All amounts over \$45
Eyeglass Frames		
Frames (Premium Plan: once every year; Standard Plan: once every other year)	\$25 copay for frames and lenses, then all amounts over \$150 allowance ²	All amounts over \$70
Lenses³ (once every plan year)		
Single vision	\$25 copay for frames and lenses	All amounts over \$30
Bifocal	\$25 copay for frames and lenses	All amounts over \$50
Trifocal	\$25 copay for frames and lenses	All amounts over \$65
Contact Lenses (once every plan year in lieu of glasses)		
Contact lens exam (fitting and evaluation)	Up to \$60 copay	No reimbursement
Contacts	All amounts over \$150	All amounts over \$105

- 1 The Premium Plan offers some enhanced benefits. You can choose one of the following every 12 months: a \$250 frame allowance, progressive lenses, light-reactive lenses, anti-glare coating or a \$250 elective contact lens allowance in lieu of glasses.
- 2 You get an \$80 Costco® frame allowance and a \$170 allowance for featured frame brands. You get a 20% discount on all amounts over the plan allowance.
- 3 There is an additional charge for some lens enhancements, such as progressive lenses.

Find a Provider

Find a VSP provider by visiting vsp.com or calling 800.877.7195. In-network providers include Costco, Walmart® and Sam's Club®.

You will not receive a vision ID card. When you make your appointment, provide your name, date of birth and Social Security number, and the optometry office will verify your benefits.

Flexible Spending Accounts (FSAs)

WSI offers FSAs, administered by BenefitWallet, to help you save on taxes for health care and dependent care.

HEALTH CARE FSA OR LIMITED PURPOSE FSA • DEPENDENT CARE FSA

Note: If you're enrolled in an HSA, you can't participate in the Health Care FSA. You can contribute to the Limited Purpose FSA to be reimbursed for dental and vision expenses.

How These Accounts Work



DECIDE HOW MUCH TO CONTRIBUTE

Your contributions come out of your paycheck before taxes.

- **Health Care FSA or Limited Purpose FSA:** Up to \$3,050 a year
- **Dependent Care FSA:** Up to \$5,000 a year (\$2,500 if you are married but file separate tax returns)*



PAY FOR ELIGIBLE EXPENSES

For the Health Care FSA or Limited Purpose FSA: Use your debit card, and the amount is automatically withdrawn from your account. If you participated in the Health Care FSA in 2022–2023, you'll keep using the same debit card. If you're enrolling in the FSA for the first time or your card has expired, you'll receive a card by mail. You have access to the full amount you contribute for the year up front.

For the Dependent Care FSA: Pay the expense up front and then file a claim for reimbursement. You must have the money in your account before you can receive reimbursement.

Make sure you keep your receipts in case you need to verify your purchase.



PLAN CAREFULLY!

If you don't use all of your **Health Care FSA or Limited Purpose FSA funds** by the end of the plan year, you'll be able to carry over \$570 to the next plan year. Any remaining amount over \$570 will be forfeited. There's no carryover with the **Dependent Care FSA**.



PAY ATTENTION TO DEADLINES

The deadline to use your FSA dollars is **June 30, 2024**. You have until **September 30, 2024**, to request reimbursement and file claims. Any remaining amount will be forfeited. (Remember, you can carry over \$570 with the Health Care FSA and Limited Purpose FSA only.)

Know the Rules

- The accounts are separate. You can't transfer money between the accounts, or use the Dependent Care FSA to pay for health care expenses or vice versa.
- The money in your FSA does not earn interest.
- You can't take your FSA with you if you leave WSI.

* If you are a highly compensated employee (HCE), your Dependent Care FSA contribution may be limited.



FSAs at a Glance

	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Who can use it	Anyone not enrolled in an HSA	High Deductible HSA participants enrolled in an HSA	If you have dependent care expenses so you (and your spouse, if married) can work, look for work or attend school full time
How much you can add	Up to \$3,050 a year	Up to \$3,050 a year	Up to \$5,000 a year (\$2,500 if you are married but file separate tax returns)
Whose expenses are eligible	Yours, your spouse's and your tax dependents'	Yours, your spouse's and your tax dependents'	<ul style="list-style-type: none"> • Your children under age 13 who qualify as dependents on your federal tax return • Your spouse who is physically or mentally incapable of self-support and lives with you for more than half the year • An unmarried child of any age who is physically or mentally incapable of self-support • Other family members who are physically or mentally incapable of self-support, who live with you for more than half the year and who qualify as dependents on your federal tax return
What you can use it for	Eligible medical, prescription drug, dental and vision expenses	Eligible dental and vision expenses	Eligible dependent care expenses such as licensed nursery schools, licensed day care centers for children and disabled dependents, after-school care and services from a care provider (must be age 19 or older and not claimed as a dependent)

HSA + Limited Purpose FSA

Already have an HSA and wondering if you should consider the Limited Purpose FSA? This type of FSA might be right for you if:

- You're already contributing up to the IRS limit in the HSA and want additional tax savings.
- You anticipate a large dental or vision expense during the plan year, such as orthodontia or LASIK.



Life and AD&D Insurance

To protect your family, WSI offers these benefits through MetLife:

**BASIC LIFE • SUPPLEMENTAL LIFE •
BASIC AD&D**

Life Insurance

Life insurance pays a benefit if you or a covered family member dies.

- WSI pays 100% of the cost for Basic Life insurance.
- You can purchase Supplemental Life for yourself, your spouse/domestic partner and/or children.
- You pay the full cost of any Supplemental Life insurance you purchase through after-tax payroll deduction. Rates for yourself and your spouse/domestic partner will vary based on age. You will be able to see your cost when you enroll.

Note: An age reduction schedule will apply starting at age 70 and also at age 75. Please contact MetLife for further details.

AD&D Insurance

AD&D pays a benefit if you die or suffer a serious injury due to an accident. WSI pays 100% of the cost for Basic AD&D for you.

Learn the Lingo

A **beneficiary** is the person that you designate to receive your benefits. Remember to complete or update your Beneficiary Designation form, located on the Benefits Portal.

Evidence of Insurability (EOI) is a statement of health that insurance companies may require before life insurance will be effective. See the chart on the next page.



Life and AD&D Benefits at a Glance

BENEFIT	AMOUNT	DETAILS
Basic Coverage (automatically enrolled; paid by WSI)		
Basic Life	1x your base earnings	\$1 million maximum
Basic AD&D	1x your base earnings	\$1 million maximum
Optional Coverage, in addition to Basic coverage (paid by you)¹		
Supplemental Life for you	\$10,000 to 5x your base earnings, in \$5,000 increments	\$1 million maximum
Supplemental Life for your spouse/domestic partner ²	\$10,000 to \$100,000, in \$5,000 increments	Can't exceed 100% of your associate life benefits
Supplemental Life for your children ³	\$5,000 or \$10,000 per child	\$1,000 benefit for birth to 6 months

- 1 If you and your spouse/domestic partner both work for WSI, you can each purchase associate supplemental life — spouse/domestic partner life insurance is not available. Only one of you can cover your dependent children.
- 2 In California only, you can enroll your same-sex and opposite-sex domestic partner as permitted by law.
- 3 Dependent children from birth to 26 years old are eligible for coverage. When you elect child life, all of your eligible children are covered.

When is EOI required?

Here's when you will need to provide EOI:

	FOR YOU	FOR YOUR SPOUSE/DOMESTIC PARTNER
As a new hire	Any amounts over \$100,000	Any amounts over \$25,000
During Open Enrollment or after a qualifying life event	Any coverage increase over \$30,000 or any total coverage amount over \$100,000	Any coverage increase over \$5,000 or any total coverage amount over \$25,000
If you did not enroll when first eligible	EOI required for any amount	EOI required for any amount

Disability

If you are unable to work because of a non-work-related illness or injury, WSI's disability benefits replace part of your income. You have two types of disability coverage:

SHORT-TERM DISABILITY (STD) OR STATE DISABILITY INSURANCE (SDI) • LONG-TERM DISABILITY

Short-Term Disability (STD) or State Disability Insurance (SDI)

STD replaces part of your pay if a non-work-related illness or injury prevents you from working for a short period of time. You are automatically enrolled in this benefit. If you are a non-exempt associate who lives in California, you will be enrolled in SDI instead.

Long-Term Disability

LTD replaces a portion of your pay if a non-work-related illness or injury prevents you from working for a long period of time.

Disability Benefits at a Glance

BENEFIT	COVERAGE
Short-Term Disability (STD) For new hires: Full-time non-exempt associates (excluding those who live in CA) are automatically enrolled after 90-day waiting period; you can waive coverage by calling the Benefits Resource Center at 800.413.1444, option 1, within the 90-day waiting period*	Waiting period: 90-day waiting period from full-time hire date Benefits begin: On 8th day of illness or first day of hospitalization Plan pays: 55% of your weekly base salary up to a \$1,129 weekly benefit maximum Benefits continue: Up to 26 weeks or until you fully recover, whichever comes first Coordination with other benefits: STD coordinates with income from other sources (such as state disability income benefits in CA, NY, RI, NJ, HI and PR)
Short-Term Disability (STD) for Exempt Associates For new hires: Full-time exempt associates (including those who live in CA) are automatically enrolled after 90-day waiting period; you can waive coverage by calling the Benefits Resource Center at 800.413.1444, option 1, within the 90-day waiting period*	Waiting period: 90-day waiting period from full-time hire date Benefits begin: On 8th day of illness or first day of hospitalization Plan pays: 66 ⅔% of your weekly base salary up to \$4,000 weekly maximum benefit Benefits continue: Up to 26 weeks or until you fully recover, whichever comes first Coordination with other benefits: STD coordinates with income from other sources (such as state disability income benefits in CA, NY, RI, NJ, HI and PR)
State Disability Insurance (SDI) Non-exempt associates who work in California are automatically enrolled	Benefits begin: On 8th day of disability Plan pays: 60% of your average base wages, up to \$1,252 weekly benefit maximum Benefits continue: Up to 52 weeks or until you fully recover, whichever comes first
Voluntary Long-Term Disability (LTD) All non-exempt associates (excluding corporate) are eligible to enroll in this voluntary benefit	Benefits begin: On 181st consecutive day of disability Plan pays: Choose coverage of 40% or 60% of your monthly base salary; maximum benefit of \$5,000 per month Benefits continue: Refer to the LTD Summary on the Resources tab at MyWSIBenefits.com . Note: LTD coordinates with other income sources (e.g., Social Security).
Company-Provided Basic Long-Term Disability (LTD) and Voluntary LTD All exempt and corporate non-exempt associates are automatically enrolled in the Basic LTD benefit; some associates may be eligible for additional Voluntary LTD	Benefits begin: On 181st consecutive day of disability Plan pays: Basic LTD benefit is 40% of monthly base salary; elect Voluntary LTD for additional 20% of your monthly base salary; combined monthly maximum benefit of up to \$10,000 Benefits continue: Refer to the LTD Summary on the Resources tab at MyWSIBenefits.com . Note: LTD coordinates with other income sources (e.g., Social Security).

* If you waive STD coverage during your new hire enrollment opportunity, you will be required to provide Evidence of Insurability (EOI) if you want to elect coverage at a later date.

Critical Illness, Accident and Hospital Indemnity

Supplemental insurance coverage for illnesses, accidents and hospital stays provides an extra layer of protection for you and your family.

The plans have low weekly premiums that can help fill financial gaps where you may need extra coverage. These benefits are offered through MetLife. For more information, visit the Benefits Portal at [MyWSIBenefits.com](https://www.mylife.com).

How the Plans Work

- You enroll for each of these benefits separately.
- You purchase coverage with after-tax payroll deductions, making benefits paid tax-free.
- If you leave the company or retire, you can continue this coverage.
- You can enroll yourself and your eligible family members.
- Benefits are paid directly to you.

Critical Illness, Accident and Hospital Indemnity Benefits at a Glance

	CRITICAL ILLNESS INSURANCE	ACCIDENT INSURANCE	HOSPITAL INDEMNITY INSURANCE
How it helps	Pays a cash benefit directly to you if you're diagnosed with a covered critical illness. Use your cash benefit to help pay for treatment or everyday living expenses.	Pays a cash benefit directly to you to help with unexpected costs due to a covered accident. This includes expenses like ambulance rides, ER visits and physical therapy.	Pays a cash benefit directly to you during a covered hospitalization to help with related expenses. These expenses include things like transportation and meals for family members, help with child care or time away from work.
What it covers	More than 20 conditions, including cancer, heart attack, stroke and kidney failure.	A wide variety of accidental injuries, including broken bones, concussions, dislocations, and second-and third-degree burns.	The plan pays set benefits for hospital admissions, hospital confinements and inpatient rehabilitation.
Benefit options	\$10,000, \$20,000 or \$30,000	Low Plan or High Plan	Low Plan or High Plan

Know the Stats

Even with medical coverage, extra expenses can add up.

- The average cost of an ER visit is \$2,032.
- The average cost of a three-day hospital stay is \$30,000.

Other Benefits

You can enroll in these additional benefits:

LEGAL • IDENTITY PROTECTION • COMMUTER BENEFITS • PET INSURANCE

**ENROLL FOR LEGAL COVERAGE
AND IDENTITY PROTECTION
AT MYWSIBENEFITS.COM**

**ENROLL FOR COMMUTER BENEFITS AND PET
INSURANCE ON THE PROVIDER WEBSITES LISTED
IN EACH SECTION BELOW.**

Legal

You can purchase affordable legal coverage through MetLife Legal Plan. You'll be able to access a network of more than 18,000 credentialed attorneys who have an average of 25 years of experience.

Get help with personal legal matters like:

- Buying or selling a home
- Getting married
- Dealing with identity theft
- Starting a family
- Sending kids off to college

You can pay \$15.87 per month. You can enroll or cancel coverage during your 31-day initial new hire enrollment period, Open Enrollment or a qualifying life event.

Plus, you have access to Family First benefits that help you navigate caregiving challenges. Get help with elder care, child and adolescent well-being, and navigating insurance and Medicare.

Learn more at info.legalplans.com (enter access code 6090209) or call 800.821.6400.

Identity Protection

Allstate Identity Protection is a proactive monitoring service that alerts you to the first signs of fraud and fully restores your identity.

Features include:

- Identity and tri-bureau credit monitoring
- Credit report each year and a score each month
- Social media reputation monitoring
- \$1 million identity theft insurance policy

To learn more, visit myaip.com or call 800.789.2720.

Commuter Benefits

The Commuter Benefits account helps you save on eligible expenses related to your commute by allowing you to set aside tax-free dollars through payroll deductions. You can use your contributions to pay for expenses related to parking, ridesharing and mass transit. For 2023, you can contribute up to \$300/month pre-tax for transit and parking expenses. To enroll in Commuter Benefits, visit wageworks.com. You can register a new account or log in to your existing HealthEquity/WageWorks account. Place, change or cancel your monthly order by the 10th of the current month for use in the following month.

Pet Insurance

Protect your furry and feathered family members with pet insurance through MetLife that helps cover your pet's ongoing or unexpected veterinary costs. You can see any licensed vet or emergency clinic. You can even do telehealth visits!

Coverage is flexible and customizable, so you can choose the plan that works for you. Enroll or cancel coverage at any time by:

1. Going to metlife.com/getpetquote
- or
2. Calling 800.GET.MET8 (800.438.6388) and mention you are employed by WSI.

Shop and Save!

Save on thousands of brands with PerkSpot, WSI's online discount program. From travel to electronics, choose from over 25 categories to shop. All WSI associates, contractors, temporary associates and their friends and family members are eligible for a PerkSpot account. To get started, register for an account at wsi.perkspot.com using your WSI or personal email address. You'll receive a registration email containing login instructions.

Feel Good About Your Future

It's never too early — or too late — to start saving.
Take advantage of our WSI 401(k) Plan, administered by Charles Schwab.

Getting Started

You're eligible to participate in the plan if you're age 21 or older.

- There's no special enrollment window — you can enroll any time after your hire date.
- You can save 1%–75% of your eligible earnings on a pre-tax and/or post-tax basis, up to the IRS limit of \$22,500 for 2023. If you'll be age 50 or older in 2023, you can make an additional “catch-up contribution” of \$7,500.
- To enroll, visit workplace.schwab.com (click “Register Now”) or call 800.724.7526.
- When you enroll, make sure you name a beneficiary.



3 Reasons To Start Saving Today

1

Get paid to save! WSI matches your contributions \$.50 for every dollar you contribute up to 6%, for a total matching contribution of 3%.* Save at least 6% to get the full 3% matching contribution. You become 100% vested in company matching contributions after 1 year of service.

2

Wide variety of investments. You can invest your contributions in any of the plan's professionally managed investment options, as well as the Williams-Sonoma, Inc. Stock Fund. If you need help, MorningStar provides investment guidance at no extra cost.

3

Flexibility to make changes. You can make changes to your contribution rate or investments at any time.

* For full-time associates, your contributions will be matched starting the first day of the calendar quarter after you complete one year of service. For other associates (part-time, casual, seasonal and temporary), in addition to the one-year service requirement, you must have worked 1,000 hours during the first year of service or during any calendar year thereafter. The company match is funded twice a year in February and August.



Costs for Coverage

Your Monthly Paycheck Costs for Medical Coverage*

Your costs for coverage will depend upon which plan you select, your level of coverage and your salary.

Monthly costs shown below are Open Access Plus Network rates for non-tobacco users. If you are a tobacco user, your rates will be higher. Additional rates can be found at [MyWSIBenefits.com](https://www.mywsibenefits.com).

	HIGH DEDUCTIBLE HSA	STANDARD CARE	PREMIUM CARE	KAISER PERMANENTE HMO (CERTAIN LOCATIONS ONLY)
If you make \$50,000 or less				
Associate Only	\$97.76	\$145.10	\$393.41	\$133.78
Associate + Spouse/ Same-Gender Domestic Partner	\$265.50	\$392.08	\$951.44	\$366.35
Associate + Child(ren)	\$218.16	\$324.16	\$806.05	\$300.49
Associate + Family	\$384.87	\$572.16	\$1,358.75	\$540.26
If you make \$50,000.01–\$100,000				
Associate Only	\$101.76	\$151.04	\$405.57	\$139.26
Associate + Spouse/ Same-Gender Domestic Partner	\$276.37	\$408.13	\$980.87	\$381.35
Associate + Child(ren)	\$227.09	\$337.43	\$830.98	\$312.79
Associate + Family	\$400.63	\$595.59	\$1,400.77	\$562.38
If you make greater than \$100,000				
Associate Only	\$105.82	\$157.07	\$417.74	\$144.81
Associate + Spouse/ Same-Gender Domestic Partner	\$287.40	\$424.41	\$1,010.30	\$396.56
Associate + Child(ren)	\$236.16	\$350.89	\$855.91	\$325.27
Associate + Family	\$416.62	\$619.35	\$1,442.79	\$584.82

* Rate determination will be based on the associate's annualized salary as of April 2023.



Your Monthly Paycheck Costs for Dental Coverage

Your monthly costs for coverage will depend upon which plan you select.

	STANDARD PLAN	PREMIUM PLAN
Associate Only	\$9.55	\$23.34
Associate + Spouse/Same-Gender Domestic Partner	\$30.77	\$60.47
Associate + Child(ren)	\$25.46	\$49.86
Associate + Family	\$39.25	\$84.87

Your Monthly Paycheck Costs for Vision Coverage

Your monthly costs for coverage will depend upon which plan you select.

	STANDARD PLAN	PREMIUM PLAN
Associate Only	\$4.24	\$6.37
Associate + Spouse/Same-Gender Domestic Partner	\$8.49	\$12.73
Associate + Child(ren)	\$8.49	\$12.73
Associate + Family	\$12.73	\$19.10

Contacts

BENEFIT	CONTACT INFO
Benefits Enrollment	
Enrolling	MyWSIBenefits.com 800.413.1444, option 1 (Representatives are available Monday through Friday, 7 a.m. to 4 p.m. Pacific time, except on certain holidays)
Medical and Prescription Drugs	
Cigna (High Deductible HSA, Standard Care, Premium Care)	855.273.3551 myCigna.com
Kaiser Permanente	800.464.4000 (California) 800.632.9700 (Colorado) 888.865.5813 (Georgia) 800.777.7902 (Mid Atlantic States) 800.813.2000 (Northwest) 888.901.4636 (Washington) kp.org
Dental	
Delta Dental	800.397.4741 deltadentalins.com
Vision	
VSP	800.877.7195 vsp.com
Health Savings Account (HSA) and Flexible Spending Accounts (FSAs)	
BenefitWallet	855.214.9793 mybenefitwallet.com
Life and AD&D, Disability, Critical Illness, Accident, Hospital Indemnity	
MetLife	800.GET.MET8 (800.438.6388) mybenefits.metlife.com/wsi
Employee Assistance Program (EAP)	
Cigna	877.505.4161 myCigna.com; Employer ID: WSI
Legal	
MetLife Legal Plans	800.821.6400 info.legalplans.com Access code 6090209
Identity Protection	
Allstate Identity Protection	800.789.2720 myaip.com
Pet Insurance	
MetLife	800.GET.MET8 (800.438.6388) metlife.com/getpetquote
Commuter/Parking/Transit	
HealthEquity/WageWorks	877.924.3967 participant.wageworks.com
401(k) Plan	
Charles Schwab	800.724.7526 workplace.schwab.com

Benefits To Help You Feel Good and Thrive

Take advantage of all the benefits WSI offers.

GO TO MYCIGNA.COM > WELLNESS

LIVE WELL CASH INCENTIVES¹

Earn cash for completing wellness activities such as preventive screenings and biometric screenings.

ACTIVE & FIT DISCOUNTS²

Get a \$25-a-month fitness membership.

HEALTHY REWARDS²

Save on things like meal delivery, gyms and virtual workouts, and alternative medicine.

GO TO KP.ORG >
HEALTH & WELLNESS >
FITNESS & EXERCISE DEALS

WELLNESS DISCOUNTS AND RESOURCES³

Take advantage of programs like Active & Fit Discounts and ClassPass.

WELLNESS COACHING¹

Work with a health coach to meet your personalized health goals.

SMOKING CESSATION¹

Find support to kick your tobacco habit.

CONNECT EMPLOYEE ASSISTANCE PROGRAM (EAP)⁴

Get free confidential support for everyday challenges and more serious problems. Call 877.505.4161 or visit myCigna.com.

¹ Available if you're enrolled in a WSI medical plan (Cigna or Kaiser Permanente)

² Available if you're enrolled in a WSI medical plan through Cigna

³ Available if you're enrolled in a Kaiser Permanente HMO

⁴ Available to all WSI associates



WILLIAMS-SONOMA, INC.

P O T T E R Y B A R N pottery barn kids P O T T E R Y B A R N | **teen** west elm
WILLIAMS SONOMA WILLIAMS SONOMA HOME R E J U V E N A T I O N MARK & GRAHAM O U T W A R D

This document is intended for all regular full-time associates scheduled for or normally working 30 or more hours per week. This document excludes the following groups: Hawaii, Puerto Rico and International associates.

This 2023–2024 Benefits Guide for William-Sonoma, Inc. is a Summary of Material Modifications (SMM) to the Health & Welfare Plan Document and Summary Plan Description for Williams-Sonoma, Inc. associates. This SMM amends the most recent Summary Plan Descriptions (SPDs), available on **MyWSIBenefits.com**. Log in to the Benefits Portal at **MyWSIBenefits.com** (look for “Enroll or Check Your Benefits”). Then select “Library” and click on “Plan Summaries.”

This guide is designed as a reference to help eligible associates enroll for benefits and answer many benefit questions. The legal documents and insurance contracts governing these plans will determine your benefits in the event of any omissions or discrepancies. Your participation in these plans is not a contract of employment and does not guarantee your future employment.

April 2023