



Whole Health Plan Frequently Asked Questions

Claims and Billing

Whom do I contact when I have billing questions or if a claim is rejected?

Contact WebTPA by email or by phone (833)682-6480 option 1 for details regarding billing or claims.

[Email WebTPA](#) ►

Where can I find how much I have paid towards my deductible or out-of-pocket?

Deductible and out-of-pocket accumulators can be found by visiting WebTPA and choosing "Member Login" and registering for an account using your Member ID found on your insurance card.

[Visit WebTPA](#) ►

Doctors, Hospitals and Specialists

How can I search for an In-Network Provider?

The provider search is updated frequently as new information is received or new providers are added to the network. Can't find a provider? Speak with a WebTPA representative at (833)682-6480 to verify your provider's network status.

[Search for Preferred Tier Providers, managed by EHN](#) ►

[Search for Expanded Tier Providers, managed by Aetna Signature Administrators](#) ►

Does the Whole Health Plan cover telemedicine (virtual) visits?

Yes, the Whole Health Plan covers virtual visits comparatively to in-person visits. Please refer to the "[Annual Enrollment Guide](#)" for coverage levels. The Whole Health Plan offers several ways to connect with Primary Care, Urgent Care and Behavioral Health physicians virtually.

Urgent Care: Remedy

On-demand video visits with a board-certified provider are available 24/7/365 to all Whole Health Plan Members in the Austin, TX and Los Angeles counties. Remedy can even prescribe to your local pharmacy. In-person and house visits available in Austin, TX only.

[Schedule a video visit with a Remedy Provider](#)►

Or call 844-WFM-SICK (844-936-7425).

In-Person (Austin, TX only)

851 W 6th St, Austin, TX 78703



Primary Care: **Austin & Glendale Medical + Wellness Centers**

Schedule a video visit with one of our Primary Care Physicians in Austin or Glendale.

California: Glendale Medical + Wellness Center

[Email ▶](#)

Phone: (818)844-2300

Location: 800 S. Central Ave., Suite 300, Glendale, CA

Texas: Austin Medical + Wellness Center

[Email ▶](#)

Phone: (512)541-0500

Location: 851 W. 6th Street, Austin, TX 78703

Behavioral Health: **Spring Health**

Spring Health believes mental healthcare is not a “one size fits all” approach, instead utilizing an approach they call Precision Mental Healthcare to predict the right treatment to the right person at the right time, and ultimately accelerate recovery.

[Schedule a video visit with a Behavioral Health Provider ▶](#)

I’m pregnant, does the Whole Health Plan have a maternity support program?

Yes, the Whole Health Plan’s maternity support program is managed by the **Whole Health Care Team**. Our team of doctors, nurse practitioners and care coordinators offer guidance throughout your pregnancy, whether it’s help finding in-network providers, facilities or tools and resources for before, during and after pregnancy.

[Email ▶](#)

Phone: (512) 759-8458

Insurance Basics

Is the Whole Health Plan considered a PPO (Preferred Provider Organization) Plan?

The Whole Health Plan with PWA is a PPO plan; the Whole Health Plan with HSA is a qualified High Deductible Health Plan (HDHP).

What is a Primary Care Physician (PCP)?

A physician or other medical professional who serves as a member's first contact with a company's health care system. Also known as a primary care provider, personal care physician, or personal care provider.

What is a deductible?

The amount you pay for covered health care services before your insurance plan starts to pay. For example, with an \$1875 deductible, you pay the first \$1,875 of covered services yourself. Note: There are certain services, such as preventative care, that **do not** require you to meet your deductible before the health plan covers the cost. Please refer to the [Annual Enrollment Guide](#) for more information.



What is a covered benefit?

The health care items or services covered under a health insurance plan. A covered benefit does not mean it's free, rather covered under the Health Plan, meaning the health plan will pay a portion of the service after your deductible is reached. For example, the Whole Health Plan covers charges related to a broken arm (hospital stay, cast, physical therapy), but does not cover elective cosmetic surgery. In the case of elective cosmetic surgery, the member would bear the burden for 100% of the costs associated with the surgery.

What is an out-of-pocket maximum?

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, the Whole Health Plan pays 100% of the costs of covered benefits.

What is the difference between the Preferred Tier and the Expanded Tier?

The **Preferred Tier** is comprised of local, community-based medical providers and facilities invested in the health care of Whole Foods Team Members and their families. The Preferred Tier is carefully curated with medical providers that deliver care high quality care more efficiently and cost-effectively, focusing on health outcomes instead of more services. With **deductibles and out-of-pocket maximums 50% less than the Expanded Tier**, the Preferred Tier offers economical, first-class providers, hospitals, urgent care, specialist and primary care physicians located within the surrounding Austin, TX and Los Angeles counties. The **Preferred Tier** network is managed by Employers Health Network (EHN).

The **Expanded Tier** is comparable to the BlueCross BlueShield national plan offered Whole Foods Market employees outside the Austin, TX and Los Angeles markets. The Expanded Tier is a broad network of hospitals, urgent care, primary care physicians and specialists considered "**In-Network**" throughout the United States, but **with deductibles and out-of-pocket maximums 200% more than the Preferred Plan**. The Expanded Tier is managed by Aetna Signature Administrators.

Hospitals, urgent care, primary care physicians and specialist **not within the Preferred or Expanded Tiers** are considered "**Out-of-Network**." The **Out-of-Network** tier contains a very high deductible and out-of-pocket maximum.

Members should refer to the [Summary of Benefits and Coverage -PWA](#) or [Summary of Benefits of Coverage - HSA](#) for information on deductibles and out-of-pocket maximums.

What insurance group do I put when filling out forms for things like school?

The insurance carrier for the Whole Health Plan is WebTPA.

How do I access my healthcare information online?

Register a WebTPA account online, choose "Member Login" and register for an account using your Member ID found on your insurance card.

[Register a WebTPA account online](#) ►

My Coverage and Benefits

Who is my medical insurance carrier?

WebTPA is the Whole Health Plan's insurance carrier and is responsible for administering benefits, regardless of the health plan tier. The **Preferred Tier** is managed by Employers Health Network (EHN), while Aetna Signature Administrators manage the **Expanded Tier**. EHN/Aetna is not your insurance carrier; they are provider networks. For questions regarding your eligibility, benefits, medical claims, or participating providers call WebTPA at (833)682-6480.

[Learn about the difference between health plan tiers](#) ►

[Visit WebTPA](#) ►

For more information, refer to the Annual Enrollment Guide

Who is my prescription insurance carrier?

SouthernScripts is the Whole Health Plan's prescription benefits manager. SouthernScripts administers your prescription benefits for the Health Plan. For questions regarding your benefits, pharmacy claims or participating providers call SouthernScripts at (833)682-6480.

[Search for an In-Network pharmacy](#) ►

[Register to access deductible and out-of-pocket accumulators and prescription history](#) ►

I was denied coverage, a claim, or received erroneous charges on my explanation of benefits (EOB), whom do I contact?

To access specific information about your coverage or claims, contact WebTPA by phone (833)682-6480.

Are Preventive services covered 100% by the Health Plan?

Preventative care is \$0 cost to the member when using an **In-Network Provider**, regardless of Health Plan Tier (**Preferred/Expanded**) or Health Plan Funding Type (PWA/HSA). Sick care is not considered a preventive service.

[Full list of preventative services](#) ►

Does the Whole Health Plan provide Transgender coverage?

Yes. Transgender coverage includes surgery, medical injections, laboratory testing and therapy. Certain requirements must be met before coverage begins. Contact WebTPA at (833)682-6480 for more information.

Why is an Urgent Care visit covered differently between HSA and PWA plans?

The coverage difference is required by the IRS. Under the PWA plan, Urgent Care is covered at 25% before deductible, while it's covered at 25% after you've reached your deductible on the HSA plan.



Where do I go to purchase DME (Durable Medical Equipment)?

DME supplies are covered under the Whole Health Plan through HomeLink. Visit HomeLink to purchase CPAP's, diabetic pumps and supplies, infusion supplies, canes, crutches, wheelchairs and home health services.

[Visit Homelink to purchase DME ►](#)

Phone: (888)501-3591

Who manages my Personal Wellness Account (PWA), Health Savings Account (HSA) or Flexible Spending Account (FSA)?

Discovery Benefits manages PWA, HSA and FSA accounts. Regardless of your service hours, you will receive a flat contribution to your account, depending upon your medical plan coverage level.

- \$1,300 if you enroll in individual coverage
- \$1,800 if you enroll in family coverage (all other coverage tiers)

[Visit Discovery Benefits ►](#)

Phone: (866)451-3399 for more information.