January 1, 2017

Summary of Material Modifications
For the Wells Fargo & Company Health Plan

This document is a Summary of Material Modifications (SMM). It is intended to notify you of important clarifications and changes made effective January 1, 2017, to the following medical plan benefit options under the Wells Fargo & Company Health Plan (Wells Fargo Health Plan):

• Health Reimbursement Account (HRA)-Based Medical Plan
• Health Savings Account (HSA)-Based Medical Plan — Gold
• Health Savings Account (HSA)-Based Medical Plan — Silver
• Indemnity Medical Plan — Anthem

This SMM adds to and modifies the Summary Plan Description (SPD) for the medical plans noted above. Specifically, the “Infertility and fertility services and treatment” provisions have been modified in Chapter 2: Medical Plans in the Benefits Book, Effective January 1, 2017, as it relates to:

• Pre-service authorization requirements under the HealthPartners administered benefit options
• Transfer limits for embryos, gametes, and zygotes under the HealthPartners administered benefit options
• Medications related to donor coverage

Please take the time to read this SMM carefully and keep a copy of it with the Benefits Book, Effective January 1, 2017. If you have any questions about the infertility and fertility services and treatment benefit, please call your claims administrator. If you have general questions about Wells Fargo benefit plans:

• Team members, contact the HR Service Center at 1-877-HRWELLS (1-877-479-3557), option 2. Representatives are available Monday – Friday, 8:00 a.m. – 5:00 p.m. in your time zone. The HR Service Center accepts relay service calls. TDD/TTY users may call 1-800-988-0161.
• COBRA participants, contact BenefitConnect™ | COBRA at 1-877-29-COBRA (1-877-292-6272) or 858-314-5108 for International callers only.

See page 2 for SMM content updates.

Wells Fargo & Company reserves the unilateral right to amend, modify, or terminate any of its benefit plans (or benefit plan options), programs, policies, or practices at any time, for any reason, with or without notice, including amending or modifying the SPDs through a Summary of Material Modifications (SMM), if applicable. Any such amendment, modification, or termination may apply to current and future participants and their dependents and beneficiaries. In case of any conflict between the information provided in the SMM or SPDs and the official plan documents, the official plan documents govern. If there are any errors or omissions in such materials, the plan administrator or its authorized designee reserves the right to correct such errors or omissions. Eligibility for or participation in the employee benefit plans does not constitute a contract or guarantee of employment with Wells Fargo & Company or its subsidiaries or affiliates.
1. In the “Services that require pre-service authorization” section beginning on page 2-43 in the Benefits Book, Effective January 1, 2017, the following bullet is deleted in its entirety from the “HealthPartners” section beginning on page 2-46:
   • Infertility and fertility services and treatments

2. In the “Infertility and fertility services and treatment” section beginning on page 2-77 in the Benefits Book, Effective January 1, 2017, the “The medical plans cover” section on page 2-78 is deleted in its entirety and replaced with the following:

   The medical plans cover

   Pre-service authorization is required (see the “Services that require pre-service authorization” section starting on page 2-43 for more information). If pre-service authorization is received, the medical plans cover certain professional services for the diagnosis and treatment of infertility (see below for a listing of covered services). Benefits for covered health services related to infertility are limited to a lifetime maximum benefit paid by the medical plan of $25,000 (in-network and out-of-network medical services combined; to determine when out-of-network services are covered, refer to the “Infertility and fertility services and treatment” table on page 2-77). You must be diagnosed with infertility to be eligible for these services. There is a separate lifetime maximum benefit of $10,000 for related prescription drugs, in-network and out-of-network combined; see the “Prescription drug benefit” section starting on page 2-124 for more information on prescription drugs.

   Note: If you use a HealthPartners in-network provider for the covered services listed below, pre-service authorization is not required under the HealthPartners administered medical plan options; however, all other plan provisions apply.

   Services covered under this benefit include:

   • Artificial insemination (AI).
   • Intrauterine insemination.
   • In vitro fertilization (fresh IVF cycle).
     - Only single embryo transfer is covered under HealthPartners administered plan options and services must be received through the HealthPartners High value infertility network
   • Frozen embryo transfer (FET) cycle, including the associated cryopreservation and storage of embryos. Long-term storage costs (anything longer than 12 months) are the responsibility of the member.
     - Only single embryo transfer is covered under HealthPartners administered plan options and services must be received through the HealthPartners High value infertility network
   • Gamete intrafallopian transfer (GIFT).
     - Only single gamete transfer is covered under HealthPartners administered plan options and services must be received through the HealthPartners High value infertility network
   • Zygote intrafallopian tube transfer (ZIFT).
     - Only single zygote transfer is covered under HealthPartners administered plan options and services must be received through the HealthPartners High value infertility network
   • Intracytoplasmic sperm injection (ICSI).
   • Ovulation induction and controlled ovarian stimulation.
   • Preimplantation genetic diagnosis (PGD) is covered for the diagnosis of known genetic disorders only (for example, cystic fibrosis).
   • Preimplantation genetic screening (PGS).
   • Testicular sperm aspiration (TESA).
   • Microsurgical epididymal sperm aspiration (MESA).
   • Electroejaculation (EEJ).
   • Surgical procedures:
     - Laparoscopy
     - Lysis of adhesions
     - Tubal tubal anastomosis following a nonvoluntary sterilization
     - Fimbrioplasty
     - Salpingostomy
     - Transcervical catheterization
     - Cystoplasty Strassman
   • Donor coverage. The plan will cover associated donor medical expenses, including collection and preparation of oocyte or sperm. However, any medications for the donor associated with the collection and preparation of oocyte or sperm are not covered. In addition, the plan will not pay for donor charges associated with compensation or administrative services.
   • Fertility preservation. The plan will cover fertility preservation when diagnosis of cancer is present and treatment is likely to produce infertility or sterility. Coverage is limited to collection of sperm, cryopreservation of sperm, ovulation induction and retrieval of eggs, oocyte cryopreservation, ovarian tissue cryopreservation, in vitro fertilization, and embryo cryopreservation. Long-term storage costs (anything longer than 12 months) are the responsibility of the member.
   • Infertility treatment following the successful reversal of voluntary sterilization (tubal reversal/reamastomosis, vasectomy reversal/vasovasostomy or vasoepididymostomy).

As new services and treatments become available, they will be considered for coverage based on the claims administrator’s policy guidelines.