

Plan comparison — Broad Network and Kaiser Georgia Plans¹

Kaiser plans available only in certain locations (see page 2 for details)

WELLS
FARGO

Medical Plan	Lower Use Plan w/HSA ²	Higher Use Plan w/HSA ²	Kaiser HDHP ²	Copay Plan w/HRA	Kaiser HMO
Deductible EE only EE + SP EE + CH Family	INN/OON ³ \$3,000/\$6,000 \$4,800/\$9,600 \$3,900/\$7,800 \$5,700/\$11,400	INN/OON ³ \$2,000/\$4,000 \$3,200/\$6,400 \$2,800/\$5,400 \$3,800/\$7,600	INN/OON ³ \$1,500/No coverage \$3,000/No coverage \$2,800/No coverage \$3,300/No coverage	INN/OON ³ \$1,000/\$4,000 \$1,600/\$6,400 \$1,350/\$5,400 \$1,900/\$7,600	INN/OON ³ \$500/No coverage \$1,000/No coverage \$1,000/No coverage \$1,000/No coverage
Coinsurance	Plan pays: 80% INN/50% OON ³		Plan pays: 80% INN/No OON ³	Plan pays: 80% INN/50% OON ³	Plan pays: 80% INN/ No OON ³
Out-of-pocket maximum EE only EE + SP EE + CH Family	INN/OON ³ \$5,250/\$10,500 \$8,400/\$16,800 \$6,825/\$13,650 \$9,975 ⁴ /\$19,950	INN/OON ³ \$3,500/\$6,000 \$5,600/\$9,600 \$4,550/\$7,800 \$6,650/\$11,400	INN/OON ³ \$2,500/No coverage \$4,100/No coverage \$3,500/No coverage \$5,000/No coverage	INN/OON ³ \$3,500/\$10,000 \$5,600/\$16,800 \$4,550/\$14,400 \$6,650/\$19,200	INN/OON ³ \$3,000/No coverage \$5,700/No coverage \$5,700/No coverage \$5,700/No coverage
Eligible preventive care services	INN/OON ³ Plan pays: 100%/50%		INN/OON ³ Plan pays: 100%/No coverage	INN/OON ³ Plan pays: 100%/50%	INN/OON ³ Plan pays: 100%/No coverage
Office visit⁵ (in-person or virtual)	INN/OON ³ After deductible, plan pays: 80%/50%		INN/OON ³ After deductible, plan pays: 80%/No coverage	INN: \$25 for primary care physician \$45 for specialist \$25 for retail \$45 for urgent care OON: ³ 50% after deductible	INN: \$25 for primary care physician \$45 for specialist \$45 for urgent care OON: ³ No coverage
Certain telemedicine providers⁶	\$0 cost share		Same as office visit section above	\$0 cost share	Same as office visit section above
Wellness dollars⁷	Earn up to \$800 for employee and \$800 for a covered spouse or domestic partner			Earn up to \$800 for employee and \$800 for a covered spouse or domestic partner	No
Employer HSA contribution by compensation category⁸	<\$45,000 = \$500 EE only or EE+Child(ren), \$1,000 EE+SP/DP or Family; \$45,000 – \$100,000 = \$250 EE only or EE+Child(ren), \$500 EE+SP/DP or Family; >\$100,000 = \$0			No	
Prescription drugs – retail, 30-day supplies⁹	INN³ preventative drugs Not subject to deductible; copays: Generics – \$10 Brand preferred – \$45 ^{10,11} Brand non-preferred – \$75 ¹⁰ Specialty – \$150 (90-day supply through Accredo specialty pharmacy)	INN³ non-preventive drugs Full cost until deductible reached, then copays: Generics – \$10 Brand preferred – \$45 ^{10,11} Brand non-preferred – \$75 ¹⁰ Specialty – \$150 (90-day supply through Accredo specialty pharmacy)	INN³ prescription drugs Preventive (no deductible); Non-preventive (full cost until deductible reached, then copays): Generics – \$10 Brand preferred – \$45 ¹⁰ Brand non-preferred – \$75 ¹⁰ Specialty – \$75	INN³ all prescription drugs Not subject to deductible; copays: Generics – \$10 Brand preferred – \$45 ^{10,11} Brand non-preferred – \$75 ¹⁰ Specialty – \$150 (90-day supply through Accredo specialty pharmacy)	INN³ all prescription drugs Not subject to deductible; copays: Generics – \$10 Brand preferred – \$25 Brand non-preferred – \$75 Specialty – \$75
	OON³ preventative drugs Not subject to deductible; copays plus the cost difference between full cost and network rate: Generics – \$10 Brand preferred – \$45 ^{10,11} Brand non-preferred – \$75 ¹⁰ Specialty – \$150 (90-day supply through Accredo specialty pharmacy)	OON³ non-preventive drugs Generics, brand preferred, ^{10,11} brand non-preferred ¹⁰ – Full cost until deductible reached, then copays (above) + cost difference between full cost and network rate; Specialty – not covered	OON³ prescription drugs No coverage	OON³ all prescription drugs Generics, brand preferred, ^{10,11} brand non-preferred ¹⁰ – Not subject to deductible, then copays (above) + cost difference between full cost and network rate; Specialty – not covered	OON³ prescription drugs No coverage

Provider network information

Aetna (broad network plans)

Kaiser Permanente (Georgia)

Georgia

Greater Atlanta area

Member website
<https://www.aetna.com>

Member website
<https://my.kp.org/wf>

Member customer service
 1-877-320-4577

Member customer service
 1-888-865-5813

¹ The information presented provides a general summary of certain employee benefits sponsored or made available to you by Wells Fargo & Company. The employee benefit plans are maintained pursuant to and governed by official plan documents, which may consist of plan documents, summary plan descriptions, insurance policies and certificates of coverage (collectively, the “plan documents”). In the case of a discrepancy between the information presented herein and the official plan documents, the official plan documents will control. If there are any errors or omissions in such materials, Wells Fargo & Company, the plan administrator, or their authorized designees reserve the right to correct such errors or omissions. For a more detailed summary of the employee benefit plans, see the applicable summary plan descriptions and certificates of coverage (for fully insured plans). Summary Plan Descriptions are found on Teamworks. 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. Any such amendment, modification, or termination may apply to both current and future participants and their dependents and beneficiaries. Eligibility for, or participation in, the plans does not constitute a contract or guarantee of employment with Wells Fargo.

² An HSA is an individually owned account. It's not part of any employee benefit plan sponsored or maintained by Wells Fargo & Company or any of its subsidiaries or affiliates, and is not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).

³ INN = In-network values (also includes out of area coverage. Out of Area coverage is available only if you do not live in the network area); OON = Out-of-network values. In-network accumulators do not apply to out-of-network accumulators and out-of-network accumulators do not apply to in-network. Out-of-network benefits are determined using the plan's allowed amounts.

⁴ No one individual will need to pay more than \$8,550 in eligible medical and RX expenses for annual out of pocket maximum.

⁵ The copay applies to the eligible expense for the office visit charge. The copay does not apply to other services and supplies you may receive in connection with your office visit, including but not limited to diagnostic services, surgical services, or services performed by another physician or specialist brought into the office visit to examine, diagnose, or provide you with treatment, even if those services are performed within the examination room or the facility. If you receive other services or supplies during your office visit, those charges may be billed separately from the office visit charge, and the applicable annual deductible and coinsurance will apply to eligible expenses for covered health services.

⁶ \$0 cost share is only available at certain in-network telemedicine/virtual visit providers, which are subject to change by claims administrator. As of publication, these providers are: Aetna – Teladoc; Anthem – LiveHealth Online; UnitedHealthcare – Teladoc, Amwell, or Doctor on Demand. Contact your claims administrator to verify coverage.

⁷ If you enroll midyear, the amount of health and wellness dollars you may earn will be prorated depending on the date your benefits take effect.

⁸ If you enroll midyear, your employer HSA contribution may be prorated depending on the date your benefits take effect.

⁹ For information on 31-90 day supplies for prescription drugs, see chapter 2 of the *Benefits Book*.

¹⁰ If you buy a brand-name drug and generic is available, you pay the cost difference plus generic copay. This amount does not apply to the annual deductible or the annual out-of-pocket maximums.

¹¹ Certain insulins will be available for a copay of \$25 for 30 days or \$75 for 90 days due to a Patient Assurance ProgramSM administered by Express Scripts. You can confirm if your insulin prescriptions are on this list by checking the Express Scripts website.

Online tools and resources

Learn to use your benefits year-round with convenient online tools and resources. Manage your health and health care costs, find the right care options and providers, and achieve your personal health and well-being goals. Visit the Health & Well-Being site on Teamworks or Teamworks at Home (teamworks.wellsfargo.com).