

Plan comparison — Dental Plans¹

Claims administrator: Delta Dental of Minnesota (all states)

Dental Plan	Delta Dental Standard In Network	Delta Dental Enhanced In Network
Annual deductible	\$50 per person; Diagnostic care, preventive care, and orthodontia are not subject to the deductible. For all other services, you first pay the deductible before the plan pays for covered benefits.	\$50 per person; Diagnostic care, preventive care, and orthodontia are not subject to the deductible. For all other services, you first pay the deductible before the plan pays for covered benefits.
Annual maximum benefit	\$1,500 per person; Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum.	\$2,000 per person; Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum.
Diagnostic and preventive care Routine exams, cleanings, x-rays, fluoride treatments, sealants, and periodontal maintenance	Covered at 100%; Includes routine exams twice per year, full-mouth x-rays every five years, one series of bitewing x-rays every 12 months. For children under age 18, fluoride treatments once per plan year. For children under age 16, sealants for six- and 12-year permanent molars.	Covered at 100%; Includes routine exams twice per year, full-mouth x-rays every five years, one series of bitewing x-rays every 12 months. For children under age 18, fluoride treatments once per plan year. For children under age 16, sealants for six- and 12-year permanent molars.
Fillings and oral surgery Fillings, simple extraction, oral surgery in office Composite (white) fillings	After deductible, you pay: 20% for front teeth; 30% for white fillings on posterior teeth	After deductible, you pay: 10% for front teeth; 20% for white fillings on posterior teeth
Periodontics Treatment for diseased gums and tissue	You pay 20% after deductible	You pay 10% after deductible
Endodontics Root canals	You pay 20% after deductible	You pay 10% after deductible
Major restorative services Crowns, inlays, onlays, bridgework, dentures	You pay 50% after deductible	You pay 40% after deductible
Dental implants	You pay 50% after deductible	You pay 40% after deductible
Prosthetics and repairs	You pay 50% after deductible	You pay 40% after deductible
Child orthodontia (up to age 18)	\$1,500 lifetime maximum benefit per person — you pay 50% ²	\$2,000 lifetime maximum benefit per person — you pay 50% ²
Adult orthodontia (age 18+)	\$1,500 lifetime maximum benefit per person — you pay 50% ²	\$2,000 lifetime maximum benefit per person — you pay 50% ²
Pretreatment review	If dental treatment is expected to cost \$300 or more, Delta Dental recommends that you ask your dentist to submit a pretreatment estimate before dental work begins. The claim will be reviewed to determine if the proposed treatment will be covered.	
Allowed amounts	The amount you owe for covered services is based on the allowed amount. If your participating dentist charges more than the allowed amount, you are not responsible for the difference between the billed charges and the allowed amount. If you use an out-of-network dentist, you must pay for services and then file a claim with Delta Dental to be reimbursed for eligible expenses. When you use an out-of-network dentist, claim payments are based on the lesser of the nonparticipating dentist's submitted charge or Delta Dental of Minnesota's Table of Allowances. You will be responsible for any charges exceeding the allowed amount, as determined by Delta Dental of Minnesota.	

General Information

Plan facts

Claims administrator

Delta Dental of Minnesota (for all states)

Provider network

Delta Dental PPO and Delta Dental Premier

Website for the plan

deltadentalmn.org/wf

Member services phone number

1-877-598-5342

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 Orthodontia lifetime benefit based on enrollment at time of appliance banding; only one benefit payable for both Delta Dental Standard and Delta Dental Enhanced. Benefits paid under the former Wachovia Dental Plan are considered when determining the lifetime maximum orthodontia benefit under Delta Dental Standard or Delta Dental Enhanced.

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).