

Plan comparison — UnitedHealthcare Global Solution – Expatriate Insurance¹

For employees on international assignment only



	Outside of the U.S. you pay	In network, inside the U.S. you pay	Out of network, inside the U.S. you pay
Deductible²			
Individual	\$300	\$300	\$300
Family	\$600	\$600	\$600
Out-of-pocket maximum³			
Individual	\$1,500	\$1,500	\$3,000
Family	\$3,000	\$3,000	\$6,000
Hospital services			
Inpatient services	20% after deductible	20% after deductible	40% after deductible
Outpatient services	20% after deductible	20% after deductible	40% after deductible
Emergency room	20% after deductible	20% after deductible	40% after deductible
Physician office visit			
Primary care	20% after deductible	\$20 copay per visit	40% after deductible
Specialist	20% after deductible	\$20 copay per visit	40% after deductible
Eligible preventive care services	\$0	\$0	40%, no deductible
Mental health/substance abuse			
Inpatient coverage	20% after deductible	20% after deductible	40% after deductible
Outpatient coverage	20% after deductible	\$20 copay per visit	40% after deductible
Other services			
Skilled nursing facility (120 days/calendar year)	20% after deductible	20% after deductible	40% after deductible
Hospice care facility	20% after deductible	20% after deductible	40% after deductible
Home health care (120 visits/calendar year)	20% after deductible	20% after deductible	40% after deductible
Hearing exam (One exam/calendar year)	20% after deductible	20% after deductible	40% after deductible
Spinal disorder treatment (100 visits/calendar year)	20% after deductible	\$20 copay per visit	40% after deductible
Emergency evacuation and medical repatriation	\$0; not subject to deductible	N/A	N/A
Outpatient prescription drugs (Tier 1)	20%, no deductible for retail up to one-month supply; mail order not available	\$5 copay retail up to one-month supply; mail order up to 90-day supply, \$10 copay	40% retail, no deductible; mail order not available
Outpatient prescription drugs (Tier 2)	20%, no deductible for retail up to one-month supply; mail order not available	\$15 copay retail; mail order up to 90-day supply, \$30 copay	40% retail, no deductible; mail order not available
Vision – routine eye exam (covered under medical; includes one routine exam every 12 months)	20% after deductible	\$20 copay	40% after deductible
Additional services and programs			
My NurseLine (24-hour nurseline)		1-877-844-0280	
Employee Assistance Program		5 sessions per calendar year	

Questions

Carrier

UnitedHealthcare Global

Website

myuhc.com

Member services phone number (toll-free)

All countries except U.S. and Canada: call the AT&T Direct Access number for the country from which you are calling (refer to your member kit or visit usa.att.com/traveler/index.jsp). When prompted for “the number you are calling,” dial 1-877-844-0280.

If your country is not listed, call +1-763-274-7362. (reversed charges accepted).

In the U.S. or Canada: toll-free at 1-877-UHI-0280 (1-877-844-0280).

Email

Go to myuhc.com > Global > Contact Us.

UHC Global will acknowledge receipt of your email immediately, and respond to you with an answer within 24 hours.

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 Copayments and prescription drug costs do not accumulate toward the deductible. All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount. Deductibles cross-apply for U.S. in-network and out-of-U.S. services. Prescription drugs have no annual deductible to meet.

³ Member copayments and prescription drug costs accumulate toward the out-of-pocket maximum. All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum. The out-of-pocket maximum includes the annual deductible. Out-of-pocket maximums cross-apply for U.S. in-network and out-of-U.S. services. Prescription drugs have no annual out-of-pocket maximums to meet.

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).