

# Plan comparison — Flexible High-Deductible Health Plan<sup>1</sup>

This plan is available to flexible status employees in all states except for Hawaii.

Flexible status employees in Hawaii are eligible for the POS Kaiser Added Choice - Hawaii plan.

	You pay in network	You pay out of network
<b>Deductible</b>		
EE only	\$3,000	\$6,000
EE + SP	\$4,800	\$9,600
EE + CH	\$3,900	\$7,800
Family	\$5,700	\$11,400
<b>Out-of-pocket maximum</b>		
EE only	\$5,250	\$10,500
EE + SP	\$8,400	\$16,800
EE + CH	\$6,825	\$13,650
Family	\$9,975 <sup>2</sup>	\$19,950
<b>Eligible preventive care services</b>	0%	50%
<b>Office visit (in-person or virtual)</b>	You pay 20% after deductible	You pay 50% after deductible
<b>Certain telemedicine providers<sup>3</sup></b>	0%	No coverage
<b>Preventive prescription drugs – retail, 30-day supplies</b>	Not subject to deductible; copays: Generics – \$10 Brand preferred – \$45 <sup>4,5</sup> Brand non-preferred – \$75 <sup>4</sup> Specialty – \$150 (90-day supply through Accredo specialty pharmacy)	Not subject to deductible; copays plus the cost difference between full cost and network rate: Generics – \$10 Brand preferred – \$45 <sup>10,11</sup> Brand non-preferred – \$75 <sup>10</sup> Specialty – \$150 (90-day supply through Accredo specialty pharmacy)
<b>Non-preventive prescription drugs – retail, 30-day supplies</b>	Full cost until deductible reached, then copays: Generics – \$10 Brand preferred – \$45 <sup>4,5</sup> Brand non-preferred – \$75 <sup>4</sup> Specialty – \$150 (90-day supply through Accredo specialty pharmacy)	Generics, brand preferred, <sup>4,5</sup> brand non-preferred <sup>4</sup> – full cost until deductible reached, then copays (above) + cost difference between full cost and network rate; Specialty – not covered
<b>Preventive prescription drugs – 31-90 day supplies</b>	Not subject to deductible; copays: Generics – \$20 Brand preferred – \$90 <sup>4,5</sup> Brand non-preferred – \$150 <sup>4</sup>	No coverage
<b>Non-preventive prescription drugs – 31-90 day supplies</b>	Full cost until deductible reached, then copays: Generics – \$20 Brand preferred – \$90 <sup>4,5</sup> Brand non-preferred – \$150 <sup>4</sup>	No coverage

## Provider network information

Anthem BCBS	UnitedHealthcare	Aetna
Alabama, Alaska, Connecticut, Delaware, Idaho, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Montana, Nevada, New Hampshire, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Virginia, West Virginia	Arkansas, Colorado, District of Columbia, Florida, Iowa, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, Tennessee, Utah, Wisconsin	Arizona, California — Northern, California — Southern, Georgia, Kansas, Maine, New Jersey, New York, Ohio, Oklahoma, Oregon, Washington, Wyoming
<b>Member website</b> anthem.com	<b>Member website</b> myuhc.com	<b>Member website</b> aetna.com
<b>Member customer service</b> 1-866-418-7749	<b>Member customer service</b> 1-800-842-9722	<b>Member customer service</b> 1-877-320-4577

<sup>1</sup> 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.

<sup>2</sup> No one individual will need to pay more than \$8,550 in eligible medical and RX expenses for annual out of pocket maximum.

<sup>3</sup> \$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.

<sup>4</sup> 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.

<sup>5</sup> Certain insulins will be available for a copay of \$25 for 30 days or \$75 for 90 days due to a Patient Assurance Program<sup>SM</sup> 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](https://teamworks.wellsfargo.com)).