

Plan comparison — Vision Plan¹

Claims administrator: Vision Service Plan (VSP) – all states



	In network ²	Out of network
Eye exams (limited to once per calendar year)	You pay a \$10 copay	Plan pays up to \$45 (after you pay a \$10 copay)
Lenses (once every calendar year)	You pay a \$15 copay only once per calendar year, for lenses or frames, whether purchased together or separately. ³ This includes single vision, bifocal, trifocal or lenticular lenses.	You pay a \$15 copay only once per calendar year, for lenses or frames, whether purchased together or separately. ³ After you have paid your copay, the Vision plan pays up to: \$45 for single vision \$65 for bifocal \$85 for trifocal \$125 for lenticular
Frames (once every calendar year)	Plan pays \$175 toward a frame of your choice after you pay a \$15 copay ³	Plan pays up to \$50 toward a frame of your choice after you pay a \$15 copay ³
Contact lenses (once every calendar year in lieu of glasses)	Elective: Plan pays \$175 toward contact lenses (includes evaluation and fitting services) Medically necessary: You pay a \$15 copay	Elective: Plan pays up to \$175 Medically necessary: Plan pays up to \$190 (after you pay a \$15 copay)
General information Plan network Website for the plan Member services phone number	VSP Choice Network wfvspforme.com 1-877-861-8352	

General Information

Plan facts

Claims administrator

Vision Service Plan (VSP) – all states

Provider network

VSP Choice Network

Website for the plan

wf.vspforme.com

Member services phone number

1-877-861-8352

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 Not all listed services are available from some participating retail chains. Contact VSP for details.

³ If you purchase both frames and lenses when you buy new glasses, you pay one \$15 copay. However, if you only get new frames or only get new lenses, you still pay one \$15 copay. The \$15 copay for frames and lenses is limited to once every calendar year whether you purchase them separately or combined.

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).