My Benefits at Wells Fargo

Plan Comparison

Broad Network and Kaiser Washington Plans[1]

Kaiser plans available only in certain locations (see page 3 for details)

	Lower Use Plan with HSA[2]		Higher Use Plan with HSA[2]		Kaiser HDHP[2]		Copay Plan with HRA		Kaiser HMO	
	In-network[3]	Out-of-network[3]	In-network[3]	Out-of-network[3]	In-network[3]	Out-of-network	In-network[3]	Out-of-network[3]	In-network[3]	Out-of-network
Annual deductible										
You	**$3,000**	**$6,000**	**$2,000**	**$4,000**	**$1,500**		**$1,000**	**$4,000**	**$500**	
You + spouse[4]	**$4,800**	**$9,600**	**$3,200**	**$6,400**	**$3,000**	**No coverage[6]**	**$1,600**	**$6,400**	**$1,000**	**No coverage[6]**
You + children[5]	**$3,900**	**$7,800**	**$2,800**	**$5,400**	**$2,800**		**$1,350**	**$5,400**	**$1,000**	
You + spouse[4] + children[5]	**$5,700**	**$11,400**	**$3,800**	**$7,600**	**$3,300**		**$1,900**	**$7,600**	**$1,000**	
Coinsurance	You pay **20%** after meeting deductible	You pay **50%** after meeting deductible	You pay **20%** after meeting deductible	You pay **50%** after meeting deductible	You pay **20%** after meeting deductible	**No coverage[6]**	You pay **20%** after meeting deductible	You pay **50%** after meeting deductible	You pay **20%** after meeting deductible	**No coverage[6]**
Annual out-of-pocket maximum										
You	**$5,250**	**$10,500**	**$3,500**	**$6,000**	**$2,500**		**$3,500**	**$10,000**	**$3,000**	
You + spouse[4]	**$8,400**	**$16,800**	**$5,600**	**$9,600**	**$4,100**	**No coverage[6]**	**$5,600**	**$16,800**	**$5,700**	**No coverage[6]**
You + children[5]	**$6,825**	**$13,650**	**$4,550**	**$7,800**	**$3,500**		**$4,550**	**$14,400**	**$5,700**	
You + spouse[4] + children[5]	**$9,975**[7]	**$19,950**	**$6,650**	**$11,400**	**$5,000**		**$6,650**	**$19,200**	**$5,700**	
Eligible preventive care services[8]	Plan pays **100%**	You pay **50%**	Plan pays **100%**	You pay **50%**	Plan pays **100%**	**No coverage**	Plan pays **100%**	You pay **50%**	Plan pays **100%**	**No coverage**
Office visit (in-person or virtual)[9]	You pay **20%** after meeting deductible	You pay **50%** after meeting deductible	You pay **20%** after meeting deductible	You pay **50%** after meeting deductible	You pay **20%** after meeting deductible	**No coverage**	**$25** primary care physician **$45** specialist **$10** certain telemedicine providers[10] **$25** retail **$45** urgent care	You pay **50%** after meeting deductible	**$25** primary care physician **$45** specialist **$25** urgent care	**No coverage**

	Lower Use Plan with HSA[2]			Higher Use Plan with HSA[2]			Kaiser HDHP[2]			Copay Plan with HRA	Kaiser HMO
Health and wellness dollars[11]	Earn up to **$800** for yourself and up to **$800** for your covered spouse[4]			Earn up to **$800** for yourself and up to **$800** for your covered spouse[4]			Earn up to **$800** for yourself and up to **$800** for your covered spouse[4]			Earn up to **$800** for yourself and up to **$800** for your covered spouse[4]	**None**
Employer HSA contribution by compensation category[12]	<$45,000	$45,000 – $100,000	>$100,000	<$45,000	$45,000 – $100,000	>$100,000	<$45,000	$45,000 – $100,000	>$100,000	**None**	**None**
You	**$500**	**$250**	**$0**	**$500**	**$250**	**$0**	**$500**	**$250**	**$0**		
You + spouse[4]	**$1,000**	**$500**	**$0**	**$1,000**	**$500**	**$0**	**$1,000**	**$500**	**$0**		
You + children[5]	**$500**	**$250**	**$0**	**$500**	**$250**	**$0**	**$500**	**$250**	**$0**		
You + spouse[4] + children[5]	**$1,000**	**$500**	**$0**	**$1,000**	**$500**	**$0**	**$1,000**	**$500**	**$0**		

Plan Comparison

Prescriptions

	Lower Use Plan with HSA[2]		Higher Use Plan with HSA[2]		Kaiser HDHP[2]		Copay Plan with HRA		Kaiser HMO	
	In-network[3]	Out-of-network[3]	In-network[3]	Out-of-network[3]	In-network[3]	Out-of-network	In-network[3]	Out-of-network[3]	In-network[3]	Out-of-network
Preventive drugs[13]	**Not subject to deductible**	**Not subject to deductible**	**Not subject to deductible**	**Not subject to deductible**	**Not subject to deductible**		**Not subject to deductible**	**Not subject to deductible**	**Not subject to deductible**	
Generic (30-day supply)	**$10** copay	Pay in-network copays + cost difference between full cost and network rate	**$10** copay	Pay in-network copays + cost difference between full cost and network rate	Covered in full		**$10** copay	Pay in-network copays + cost difference between full cost and network rate	Covered in full	
Preferred brand-name (30-day supply)	**$45** copay[14, 15]		**$45** copay[14, 15]		Covered in full	**No coverage**	**$45** copay[14, 15]		Covered in full	**No coverage**
Nonpreferred brand-name (30-day supply)	**$75** copay[14]		**$75** copay[14]		Covered in full		**$75** copay[14]		Covered in full	
Specialty	**$150** copay (90-day supply through Accredo)	Specialty medications are not covered	**$150** copay (90-day supply through Accredo)	Specialty medications are not covered	Covered in full		**$150** copay (90-day supply through Accredo)[16]	Specialty medications are not covered	Covered in full	
Non-Preventive drugs[13]	**Full cost until deductible reached, then:**	**Full cost until deductible reached, then:**	**Full cost until deductible reached, then:**	**Full cost until deductible reached, then:**	**Full cost until deductible reached, then:**		**Not subject to deductible**	**Not subject to deductible**	**Not subject to deductible**	
Generic (30-day supply)	**$10** copay	Pay in-network copays + cost difference between full cost and network rate	**$10** copay	Pay in-network copays + cost difference between full cost and network rate	**$10** copay		**$10** copay	Pay in-network copays + cost difference between full cost and network rate	**$10** copay	
Preferred brand-name (30-day supply)	**$45** copay[14, 15]		**$45** copay[14, 15]		**$45** copay	**No coverage**	**$45** copay[14, 15]		**$25** copay	**No coverage**
Nonpreferred brand-name (30-day supply)	**$75** copay[14]		**$75** copay[14]		**$75** copay		**$75** copay[14]		**$75** copay	
Specialty	**$150** copay (90-day supply through Accredo)	Specialty medications are not covered	**$150** copay (90-day supply through Accredo)	Specialty medications are not covered	Applicable cost share depending on the tier		**$150** copay (90-day supply through Accredo)[16]	Specialty medications are not covered	Applicable cost share depending on the tier	

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 HR Services & Support site or Teamworks at Home (teamworks.wellsfargo.com).

Plan Comparison

Provider Network Information

Aetna (broad network plans)

aetna.com
1-877-320-4577

Washington

Kaiser Permanente (Washington)

my.kp.org/wf
1-800-813-2000 (Vancouver and Longview area only)
1-888-901-4636 (all other areas)

Washington: greater Seattle, Tacoma, and Spokane areas

[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 the HR Services & Support site. 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] In-network values also include Out of Area coverage. Out of Area coverage is available only if you do not live in the network area. 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] Includes domestic partner.

[5] Includes domestic partner's children.

[6] Emergency care services are covered when received from out-of-network providers.

[7] No one individual will need to pay more than $8,700 in eligible medical and prescription drug expenses for annual out-of-pocket maximum.

[8] For information on eligible preventive care services, see the *Preventive care services (eligible preventive care services)* section in Chapter 2 of the *Benefits Book*.

[9] 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.

[10] The certain in-network telemedicine or virtual visit providers in this section, as of publication are: Aetna — Teladoc; Anthem — LiveHealth Online; UnitedHealthcare — Amwell, Doctor on Demand, Optum Virtual Care, or Teladoc. Contact your claims administrator to verify coverage. All are subject to change at any time by the claims administrator. If you consult with a provider online or by phone that is not associated with one of these providers, the in-network copay will be $25 for primary care or $45 for a specialist.

[11] 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.

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

[13] For information on 31- to 90-day supplies for prescription drugs, see Chapter 2 of the Benefits Book. For information on which prescription drugs are considered preventive, check the Express Scripts website or call Express Scripts Member Services at 1-855-388-0352.

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

[15] Certain insulins are available for a copay of $25 for 30 days or $75 for 90 days due to a Patient Assurance Program℠ administered by Express Scripts. You can confirm if your insulin prescriptions are on this list by checking the Express Scripts website.

[16] A different cost share amount applies to certain specialty medications that are part of the SaveOnSP program; refer to Chapter 2 of the *Benefits Book* for additional details.