

Plan Comparison



# Dental Plans<sup>1</sup>

Claims administrator: Delta Dental of Minnesota (available in all states)

	Delta Dental Standard In-network	Delta Dental Enhanced In-network
<b>Annual deductible</b>	<p><b>\$50</b> per person</p> <p>Diagnostic care, preventive care, and orthodontia are not subject to the deductible.</p> <p>For all other services, you first pay the deductible before the plan pays for covered benefits.</p>	<p><b>\$50</b> per person</p> <p>Diagnostic care, preventive care, and orthodontia are not subject to the deductible.</p> <p>For all other services, you first pay the deductible before the plan pays for covered benefits.</p>
<b>Annual maximum benefit</b>	<p><b>\$1,500</b> per person</p> <p>Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum.</p>	<p><b>\$2,000</b> per person</p> <p>Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum.</p>
<p><b>Diagnostic and preventive care</b></p> <p>Routine exams, cleanings, X-rays, fluoride treatments, sealants, and periodontal maintenance</p>	<p><b>Covered at 100%</b></p> <p>Includes routine exams twice per year, full-mouth X-rays every 5 years, 1 series of bitewing X-rays every 12 months.</p> <p>For children under age 18, fluoride treatments once per plan year. For children under age 16, sealants for 6- and 12-year permanent molars.</p>	<p><b>Covered at 100%</b></p> <p>Includes routine exams twice per year, full-mouth X-rays every 5 years, 1 series of bitewing X-rays every 12 months.</p> <p>For children under age 18, fluoride treatments once per plan year. For children under age 16, sealants for 6- and 12-year permanent molars.</p>
<p><b>Fillings and oral surgery</b></p> <p>Fillings, simple extraction and oral surgery in office</p> <p>Composite (white) fillings</p>	<p>You pay <b>20%</b> for front teeth after meeting deductible</p> <p>You pay <b>30%</b> for white fillings on posterior teeth after meeting deductible</p>	<p>You pay <b>10%</b> for front teeth after meeting deductible</p> <p>You pay <b>20%</b> for white fillings on posterior teeth after meeting deductible</p>
<p><b>Periodontics</b></p> <p>Treatment for diseased gums and tissue</p>	<p>You pay <b>20%</b> after meeting deductible</p>	<p>You pay <b>10%</b> after meeting deductible</p>
<p><b>Endodontics</b></p> <p>Root canals</p>	<p>You pay <b>20%</b> after meeting deductible</p>	<p>You pay <b>10%</b> after meeting deductible</p>
<p><b>Major restorative services</b></p> <p>Crowns, inlays, onlays, bridgework and dentures</p>	<p>You pay <b>50%</b> after meeting deductible</p>	<p>You pay <b>40%</b> after meeting deductible</p>

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	Delta Dental Standard In-network	Delta Dental Enhanced In-network
Dental implants	You pay <b>50%</b> after meeting deductible	You pay <b>40%</b> after meeting deductible
Prosthetics and repairs	You pay <b>50%</b> after meeting deductible	You pay <b>40%</b> after meeting deductible
Child orthodontia (up to age 18)	You pay <b>50%</b> <sup>2</sup> \$1,500 lifetime maximum benefit per person	You pay <b>50%</b> <sup>2</sup> \$2,000 lifetime maximum benefit per person
Adult orthodontia (age 18+)	You pay <b>50%</b> <sup>2</sup> \$1,500 lifetime maximum benefit per person	You pay <b>50%</b> <sup>2</sup> \$2,000 lifetime maximum benefit per person
Pretreatment review	<p><b>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.</b></p> <p>The claim will be reviewed to determine if the proposed treatment will be covered.</p>	
Allowed amounts	<p><b>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.</b></p> <p>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.</p>	

## 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](https://teamworks.wellsfargo.com)).

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# Provider Network Information

Delta Dental of Minnesota (available in all states)

[deltadentalmn.org/wf](https://deltadentalmn.org/wf)

1-877-598-5342

Delta Dental PPO<sup>SM</sup> and Delta Dental Premier<sup>®</sup>

<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 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.

<sup>2</sup> 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.