

Plan Comparison



Flexible High-Deductible Health Plan¹

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

Interns and flexible employees in Hawaii are eligible for the POS Kaiser Added Choice — Hawaii Plan.

	You pay in-network ²	You pay out-of-network ²
Annual deductible		
You	\$3,000	\$6,000
You + spouse ³	\$4,800	\$9,600
You + children ⁴	\$3,900	\$7,800
You + spouse ³ + children ⁴	\$5,700	\$11,400
Annual out-of-pocket maximum		
You	\$5,250	\$10,500
You + spouse ³	\$8,400	\$16,800
You + children ⁴	\$6,825	\$13,650
You + spouse ³ + children ⁴	\$9,975 ⁵	\$19,950
Eligible preventive care services⁶	0%	50%
Office visit (in-person or virtual)	You pay 20% after meeting deductible	You pay 50% after meeting deductible

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Prescriptions

	You pay in-network ²		You pay out-of-network ²	
Preventive drugs⁷	30-day supply Not subject to deductible	31- to 90-day supply Not subject to deductible	30-day supply Not subject to deductible	31- to 90-day supply
Generic	\$10 copay	\$20 copay	Pay in-network copays + cost difference between full cost and network rate	No coverage
Preferred brand-name ^{8,9}	\$45 copay	\$90 copay		
Nonpreferred brand-name ⁸	\$75 copay	\$150 copay		
Specialty	N/A	\$150 copay (90-day supply through Accredo)		
Non-Preventive drugs⁷	30-day supply Full cost until deductible reached, then:	31- to 90-day supply Full cost until deductible reached, then:	30-day supply Full cost until deductible reached, then:	31- to 90-day supply
Generic	\$10 copay	\$20 copay	Pay in-network copays + cost difference between full cost and network rate	No coverage
Preferred brand-name ^{8,9}	\$45 copay	\$90 copay		
Nonpreferred brand-name ⁸	\$75 copay	\$150 copay		
Specialty	N/A	\$150 copay (90-day supply through Accredo)		

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).

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Provider Network Information

Anthem BCBS

anthem.com
1-866-418-7749

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

UnitedHealthcare

myuhc.com
1-800-842-9722

Arkansas, Colorado, Florida, Iowa, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, Tennessee, Utah, Washington, D.C., Wisconsin

Aetna

aetna.com
1-877-320-4577

Arizona, California — Northern, California — Southern, Georgia, Kansas, Maine, New Jersey, New York, Ohio, Oklahoma, Oregon, Washington, Wyoming

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 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.

³ Includes domestic partner.

⁴ Includes domestic partner’s children.

⁵ No one individual will need to pay more than \$8,700 in eligible medical and prescription drug expenses for annual out-of-pocket maximum.

⁶ For information on eligible preventive care services, see the *Preventive care services (eligible preventive care services)* section in Chapter 2 of the *Benefits Book*.

⁷ 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.

⁸ 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.

⁹ Certain insulins are available for a copay of \$25 for 30 days or \$75 for 90 days due to a Patient Assurance ProgramSM administered by Express Scripts. You can confirm if your insulin prescriptions are on this list by checking the Express Scripts website.