

Plan Comparison

Vision Plan¹

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



	In-network ²	Out-of-network
Eye exam (once per calendar year)	\$10 copay	\$10 copay After copay, Plan pays up to \$45
Lenses (once per calendar year)	\$15 copay for lenses or frames, whether purchased together or separately ³	\$15 copay for lenses or frames, whether purchased together or separately ³
Single vision	No additional charge	After copay, Plan pays up to \$45
Bifocal	No additional charge	After copay, Plan pays up to \$65
Trifocal	No additional charge	After copay, Plan pays up to \$85
Lenticular	No additional charge	After copay, Plan pays up to \$125
Frames (once per calendar year)	\$15 copay Plan pays \$175 toward a frame of your choice ³	\$15 copay Plan pays \$50 toward a frame of your choice ³
Contact lenses (once per calendar year) (in lieu of glasses)		
Elective	Plan pays \$175 (includes evaluation and fitting services)	Plan pays \$175 (includes evaluation and fitting services)
Medically necessary	\$15 copay	\$15 copay After copay, Plan pays up to \$190

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

Vision Service Plan (VSP) – (available in all states)

wf.vspforme.com

1-877-861-8352

VSP Choice Network

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 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 per calendar year, whether you purchase them separately or combined.