

Plan comparison

POS Kaiser Added Choice — Hawaii

WELLS
FARGO

Available for regular, part-time, and flexible employees in Hawaii

	You pay in-network (Kaiser plan provider)	You pay out of network (contracted provider)	You pay out of network ¹ (noncontracted provider)
Annual deductible			
Individual	None	\$100	\$100
Family	None	\$300	\$300
Annual out-of-pocket maximum			
Individual	\$1,500	\$2,000	\$2,000
Family	\$4,500	\$6,000	\$6,000
Eligible preventive care services²	Plan pays 100%	Plan pays 100% up to allowed amount	Plan pays 100% up to allowed amount
Common healthcare services			
Primary care office visit	\$15 copay	20% after meeting deductible	20% after meeting deductible
Outpatient services	\$15 copay	20% after meeting deductible	20% after meeting deductible
Lab tests, X-rays	\$15 copay	20% after meeting deductible	20% after meeting deductible
Urgent care	\$15 copay at Kaiser Hawaii facility	20% after meeting deductible	20% after meeting deductible
Inpatient services			
Inpatient hospital care	Plan pays 100%	20% after meeting deductible	20% after meeting deductible
Maternity: in-hospital delivery	Plan pays 100%	20% after meeting deductible	20% after meeting deductible
Emergency services	\$50 copay	\$50 copay	\$50 copay
Other medical services			
Occupational, physical, and speech therapy	\$15 copay	20% after meeting deductible (combined 60 visits/year)	20% after meeting deductible (combined 60 visits/year)
Chiropractic	Not covered	Not covered	Not covered
Mental health and substance abuse care			
Outpatient office visit	\$15 copay	20% after meeting deductible	20% after meeting deductible
Inpatient services	Plan pays 100%	20% after meeting deductible	20% after meeting deductible

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Prescriptions

	You pay in-network (Kaiser plan provider)	You pay out of network (contracted provider)	You pay out of network ¹ (noncontracted provider)
Retail (30-day supply)			
Maintenance generic	\$3 copay	20% but not less than \$3	Not covered
All other generic	\$10 copay	20% but not less than \$10	
Preferred brand-name	\$35 copay	20% but not less than \$35	
Nonpreferred brand-name	Not covered (except in some scenarios ³)	Not covered (except in some scenarios ³)	
Specialty	\$200 copay ³	20% but not less than \$200	
Mail Order (90-day supply)			
Maintenance generic	\$6 copay	Not covered	Not covered
All other generic	\$20 copay		
Preferred brand-name	\$70 copay		
Nonpreferred brand-name	Not covered (except in some scenarios ³)		

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Claims administrator information

Kaiser Permanente (Hawaii)

choose.kaiserpermanente.org/wells-fargo

1-800-966-5955

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.

1. Benefits are determined using plan's allowed amounts.
2. Check with Kaiser to find out what is covered.
3. Must be prescribed and authorized through the nonpreferred drug process (subject to the brand copayment).