

# 2025 Optional Critical Illness Insurance Rates

If you're a regular or fixed term employee, you can enroll yourself and your eligible dependents in Optional Critical Illness Insurance coverage. You pay the full cost of coverage on an after-tax basis. Your cost for 2025 is based on the coverage level selected, your age as of December 31, 2024, and your tobacco use status. Contributions are per pay period, deducted 26 times per year.

Rates are based on \$15,000 of coverage.

If you do not use tobacco	You	You + spouse <sup>1</sup>	You + children <sup>2</sup>	You + spouse <sup>1</sup> + children <sup>2</sup>
<25	\$0.75	\$1.37	\$0.94	\$1.56
25–29	\$0.81	\$1.56	\$1.00	\$1.75
30–34	\$1.19	\$2.37	\$1.37	\$2.56
35–39	\$1.62	\$3.37	\$1.81	\$3.56
40–44	\$2.62	\$5.24	\$2.75	\$5.42
45–49	\$3.86	\$7.79	\$3.99	\$7.97
50–54	\$5.24	\$10.78	\$5.42	\$10.96
55–59	\$7.42	\$15.39	\$7.61	\$15.58
60–64	\$10.34	\$21.87	\$10.53	\$22.06
65–69	\$15.77	\$33.21	\$15.95	\$33.46
70+	\$24.24	\$50.65	\$24.43	\$50.84

1. Includes domestic partner.

2. Includes domestic partner's children.

<b>If you use tobacco</b>	<b>You</b>	<b>You + spouse<sup>1</sup></b>	<b>You + children<sup>2</sup></b>	<b>You + spouse<sup>1</sup> + children<sup>2</sup></b>
<25	<b>\$1.13</b>	<b>\$2.24</b>	<b>\$1.31</b>	<b>\$2.43</b>
25–29	<b>\$1.31</b>	<b>\$2.68</b>	<b>\$1.49</b>	<b>\$2.86</b>
30–34	<b>\$2.00</b>	<b>\$3.99</b>	<b>\$2.18</b>	<b>\$4.18</b>
35–39	<b>\$2.86</b>	<b>\$5.80</b>	<b>\$3.05</b>	<b>\$6.05</b>
40–44	<b>\$4.61</b>	<b>\$9.29</b>	<b>\$4.80</b>	<b>\$9.41</b>
45–49	<b>\$6.86</b>	<b>\$13.96</b>	<b>\$7.04</b>	<b>\$14.15</b>
50–54	<b>\$9.41</b>	<b>\$19.25</b>	<b>\$9.59</b>	<b>\$19.44</b>
55–59	<b>\$13.39</b>	<b>\$27.67</b>	<b>\$13.58</b>	<b>\$27.86</b>
60–64	<b>\$18.57</b>	<b>\$39.13</b>	<b>\$18.76</b>	<b>\$39.31</b>
65–69	<b>\$28.60</b>	<b>\$60.13</b>	<b>\$28.78</b>	<b>\$60.32</b>
70+	<b>\$43.74</b>	<b>\$91.47</b>	<b>\$43.99</b>	<b>\$91.66</b>

1. Includes domestic partner.

2. Includes domestic partner's children.

#### **HRS31224**

By making your benefits elections (including default or automatic elections) for yourself and your dependents as part of the benefits enrollment process, you authorize your employer to deduct from your pay the necessary contribution and premium amounts for the benefits coverage you elected under the various Wells Fargo & Company employee benefit plans. This includes deducting from your pay any back contributions and premiums for coverage which you owe (including contributions and premiums retroactive to your date of hire or the date you became eligible for the benefit) to the extent permitted by applicable law. If you are no longer enrolled in coverage, a flat amount of up to \$125 per pay period will be deducted from your pay until your outstanding past-due balance is zero. If you are on a leave of absence, you may be billed directly. For more information, see Chapter 1 and Appendix D of the *Benefits Book*.