

PLAN COMPARISON

Flexible High-Deductible Health Plan

This plan is available to flexible status employees in all states except for Hawaii. Flexible status employees in Hawaii are eligible for the POS Kaiser Added Choice — Hawaii Plan. Coverage includes domestic partner and domestic partner's children.

	You pay in network ¹	You pay out of network ¹
Annual deductible		
You	\$3,250	\$6,500
You + spouse	\$5,200	\$10,400
You + children	\$4,250	\$8,500
You + spouse + children	\$6,200	\$12,400
Annual out-of-pocket maximum		
You	\$5,500	\$11,000
You + spouse	\$8,800	\$15,400
You + children	\$7,200	\$12,600
You + spouse + children	\$10,400²	\$18,200
Eligible preventive care services³	0%	50%
Office visit (in person or virtual)	You pay 20% after meeting annual deductible	You pay 50% after meeting annual deductible

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Prescriptions (30-day supply)

Certain in-network drugs are considered preventive and the annual deductible does not apply to preventive drugs. You will pay the applicable copay. For information on which prescription drugs are considered preventive, check the Express Scripts website at [express-scripts.com/wf](https://www.express-scripts.com/wf) or call Express Scripts Member Services at 1-855-388-0352. For information on 31- to 90-day supplies for prescription drugs, review Chapter 2 of the *Benefits Book*.

	In network	Out of network
	Full cost until annual deductible reached, then:	Full cost until annual deductible reached, then:
Generic⁴	\$12 copay	Pay in-network copays + cost difference between full cost and network rate
Preferred brand-name^{4,5}	\$60 copay	
Nonpreferred brand-name⁴	\$125 copay ⁶	
Specialty		No coverage
Generic	\$50 copay	
Preferred brand-name	\$150 copay	
Nonpreferred brand-name	\$200 copay ⁶	

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. In-network values also include Out of Area coverage. Out of Area coverage is available only if you don't 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.
2. The individual annual out-of-pocket maximum is \$10,600.
3. For information on eligible preventive care services, see the Preventive care services (eligible preventive care services) section in Chapter 2 of the *Benefits Book*.
4. Certain products 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 prescriptions are on this list by checking the Express Scripts website.
5. 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.
6. Covered only when you meet formulary exception criteria.