

## MEDICAL PLAN COMPARISON

## Nationwide

Here are key plan considerations to help you choose.

|                                                                                                                                 | HSA Plan                                                                                           | Copay Plan with HRA                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Locations available</b>                                                                                                      | Nationwide, except Hawaii                                                                          | Nationwide, except Hawaii                                                                       |
| <b>Medical claims administrator</b>                                                                                             | Anthem Blue Cross<br>Blue Shield<br>UnitedHealthcare                                               | UnitedHealthcare                                                                                |
| <b>Primary care physician (PCP) required</b>                                                                                    | <b>No</b> ,<br>but recommended                                                                     | <b>No</b> ,<br>but recommended                                                                  |
| <b>See a specialist without a referral</b>                                                                                      | <b>Yes</b>                                                                                         | <b>Yes</b>                                                                                      |
| <b>Copays for primary care and prescription drugs before meeting the annual deductible</b>                                      | <b>No</b> ,<br>except for preventive prescription drugs                                            | <b>Yes</b>                                                                                      |
| <b>Out-of-network coverage</b>                                                                                                  | <b>Yes</b>                                                                                         | <b>Yes</b>                                                                                      |
| <b>Compatible accounts</b>                                                                                                      | Health savings account (HSA) <sup>1</sup><br>Limited Dental/Vision Flexible Spending Account (FSA) | Health reimbursement account (HRA)<br>Full Purpose Health Care FSA<br>Limited Dental/Vision FSA |
| <b>Account contribution from Wells Fargo (if you earn \$100,000 or less)</b>                                                    | <b>Yes</b>                                                                                         | <b>No</b>                                                                                       |
| <b>Earn health and wellness dollars</b><br>Up to \$800 for yourself and up to \$400 for your covered spouse or domestic partner | <b>Yes</b><br>Contributed to HSA                                                                   | <b>Yes</b><br>Contributed to HRA                                                                |



### Still have questions? Not sure which plan is best for you?

Included Health can help you weigh your options and answer any questions you have. Connect with the Included Health care team at **1-833-200-7683**, visit the Included Health website, or download the app.

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The chart below shows your costs for in-network care. For out-of-network coverage costs and details, refer to the *Benefits Book*. Spouse and child(ren) coverage includes domestic partner and domestic partner's children.

|                                                      | HSA Plan                                                                  | Copay Plan with HRA                                |                                                    |
|------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
|                                                      | In network                                                                | Tier 1 in network                                  | Tier 2 in network                                  |
| <b>Eligible preventive care services<sup>2</sup></b> | Plan pays <b>100%</b>                                                     | Plan pays <b>100%</b>                              | Plan pays <b>100%</b>                              |
| <b>Annual deductible</b>                             | Tier 1 and Tier 2 annual deductible and out-of-pocket maximum cross apply |                                                    |                                                    |
| You                                                  | <b>\$3,250</b>                                                            | <b>\$1,000</b>                                     | <b>\$1,600</b>                                     |
| You + spouse                                         | <b>\$5,200</b>                                                            | <b>\$1,500</b>                                     | <b>\$2,500</b>                                     |
| You + children                                       | <b>\$4,250</b>                                                            | <b>\$1,400</b>                                     | <b>\$2,100</b>                                     |
| You + spouse + children                              | <b>\$6,200</b>                                                            | <b>\$1,900</b>                                     | <b>\$3,000</b>                                     |
| <b>Coinsurance</b>                                   | You pay <b>20%</b> after meeting annual deductible                        | You pay <b>10%</b> after meeting annual deductible | You pay <b>30%</b> after meeting annual deductible |
| <b>Annual out-of-pocket maximum</b>                  |                                                                           |                                                    |                                                    |
| You                                                  | <b>\$5,500</b>                                                            | <b>\$3,150</b>                                     | <b>\$4,500</b>                                     |
| You + spouse                                         | <b>\$8,800</b>                                                            | <b>\$4,750</b>                                     | <b>\$7,250</b>                                     |
| You + children                                       | <b>\$7,200</b>                                                            | <b>\$4,250</b>                                     | <b>\$6,250</b>                                     |
| You + spouse + children                              | <b>\$10,400</b>                                                           | <b>\$6,050</b>                                     | <b>\$8,750</b>                                     |
| <b>Common health care services</b>                   |                                                                           |                                                    |                                                    |
| Virtual provider                                     |                                                                           | <b>\$10</b> copay                                  | <b>\$10</b> copay                                  |
| Primary care physician office visit                  |                                                                           | <b>\$20</b> copay <sup>3</sup>                     | <b>\$50</b> copay <sup>3</sup>                     |
| Specialist office visit                              | You pay <b>20%</b> after meeting annual deductible                        | <b>\$40</b> copay <sup>3</sup>                     | <b>\$100</b> copay <sup>3</sup>                    |
| Urgent care                                          |                                                                           | <b>\$50</b> copay <sup>3</sup>                     | <b>\$50</b> copay <sup>3</sup>                     |
| Emergency room                                       |                                                                           | You pay <b>10%</b> after meeting annual deductible | You pay <b>10%</b> after meeting annual deductible |
| <b>Prescriptions (30-day supply)<sup>4</sup></b>     | Full cost until annual deductible reached, then:                          | Not subject to annual deductible                   | Not subject to annual deductible                   |
| Generic                                              | <b>\$12</b> copay                                                         | <b>\$12</b> copay                                  | <b>\$12</b> copay                                  |
| Preferred brand-name                                 | <b>\$60</b> copay                                                         | <b>\$60</b> copay                                  | <b>\$60</b> copay                                  |
| Nonpreferred brand-name                              | <b>\$125</b> copay <sup>5</sup>                                           | <b>\$125</b> copay <sup>5</sup>                    | <b>\$125</b> copay <sup>5</sup>                    |
| Specialty generic                                    | <b>\$50</b> copay                                                         | <b>\$50</b> copay                                  | <b>\$50</b> copay                                  |
| Specialty preferred brand-name                       | <b>\$150</b> copay                                                        | <b>\$150</b> copay                                 | <b>\$150</b> copay                                 |
| Specialty nonpreferred brand-name                    | <b>\$200</b> copay <sup>5</sup>                                           | <b>\$200</b> copay <sup>5</sup>                    | <b>\$200</b> copay <sup>5</sup>                    |

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.

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# Health savings account (HSA)<sup>1</sup>

When you enroll in the HSA Plan, Wells Fargo may contribute money to your HSA through Optum Bank, and you can contribute too. All of it goes in your account, free of federal income tax. If you enroll midyear, your employer HSA contribution may be prorated depending on the date your benefits take effect. Your contributions and the company's — including health and wellness dollars — can't exceed the 2026 IRS limits of \$4,400 for individual coverage and \$8,750 for family coverage. Those 55 and older can contribute an additional \$1,000 as a catch-up contribution. Here is Wells Fargo's contribution to the Optum HSA.

| Your eligible compensation | You only or you + children<br>(Includes domestic partner's children) | You + spouse or<br>you + spouse + children<br>(Includes domestic<br>partner/domestic partner's children) |
|----------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Less than \$48,000         | \$500                                                                | \$1,000                                                                                                  |
| \$48,000 – \$100,000       | \$250                                                                | \$500                                                                                                    |
| More than \$100,000        | \$0                                                                  | \$0                                                                                                      |

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. An HSA is an individually owned account. It's not part of any employee benefit plan sponsored or maintained by Wells Fargo & Company or any of its subsidiaries or affiliates, and is not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).
2. For information on eligible preventive care services, see the Preventive care services (eligible preventive care services) section in Chapter 2 of the *Benefits Book*.
3. The copay applies to the eligible expense for the office visit charge. The copay does not apply to other services and supplies you may receive in connection with your office visit, including but not limited to diagnostic services, surgical services, or services performed by another physician or specialist brought into the office visit to examine, diagnose, or provide you with treatment, even if those services are performed within the examination room or the facility. If you receive other services or supplies during your office visit, those charges may be billed separately from the office visit charge, and the applicable annual deductible and coinsurance will apply to eligible expenses for covered health services.
4. 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.
5. Covered only when you meet formulary exception criteria.