

MEDICAL PLAN COMPARISON

Nationwide and Kaiser Washington Plans

Here are key plan considerations to help you choose. The Kaiser HMO does not have out-of-network coverage, but emergency care is covered.

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



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*. The Kaiser HMO does not have out-of-network coverage, but emergency care is covered. Spouse and child(ren) coverage includes domestic partner and domestic partner's children.

	HSA Plan	Copay Plan with HRA		Kaiser HMO
	In network	Tier 1 in network	Tier 2 in network	In network
Eligible preventive care services²	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Annual deductible		Tier 1 and Tier 2 annual deductible and out-of-pocket maximum cross apply		
You	\$3,250	\$1,000	\$1,600	\$500
You + spouse	\$5,200	\$1,500	\$2,500	\$1,000
You + children	\$4,250	\$1,400	\$2,100	\$1,000
You + spouse + children	\$6,200	\$1,900	\$3,000	\$1,000
Coinsurance	You pay 20% after meeting annual deductible	You pay 10% after meeting annual deductible	You pay 30% after meeting annual deductible	You pay 20% after meeting annual deductible
Annual out-of-pocket maximum				
You	\$5,500	\$3,150	\$4,500	\$3,000
You + spouse	\$8,800	\$4,750	\$7,250	\$5,700
You + children	\$7,200	\$4,250	\$6,250	\$5,700
You + spouse + children	\$10,400	\$6,050	\$8,750	\$5,700
Common health care services				
Virtual provider		\$10 copay	\$10 copay	\$0 copay
Primary care physician office visit		\$20 copay ³	\$50 copay ³	\$30 copay ³
Specialist office visit	You pay 20% after meeting annual deductible	\$40 copay ³	\$100 copay ³	\$50 copay ³
Urgent care		\$50 copay ³	\$50 copay ³	\$30 copay ³
Emergency room		You pay 10% after meeting annual deductible	You pay 10% after meeting annual deductible	You pay 20% after meeting annual deductible
Prescriptions (30-day supply)^{4,5}	Full cost until annual deductible reached, then:	Not subject to annual deductible	Not subject to annual deductible	Not subject to annual deductible
Generic	\$12 copay	\$12 copay	\$12 copay	\$10 copay
Preferred brand-name	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Nonpreferred brand-name	\$125 copay ⁶	\$125 copay ⁶	\$125 copay ⁶	\$125 copay ⁶
Specialty generic	\$50 copay	\$50 copay	\$50 copay	\$150 copay
Specialty preferred brand-name	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Specialty nonpreferred brand-name	\$200 copay ⁶	\$200 copay ⁶	\$200 copay ⁶	\$150 copay

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)¹

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 (Includes domestic partner's children)	You + spouse or you + spouse + children (Includes domestic 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 at [express-scripts.com/wf](https://www.express-scripts.com/wf) or call Express Scripts Member Services at 1-855-388-0352.
5. 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.
6. Covered only when you meet formulary exception criteria.