PLAN COMPARISON

UnitedHealthcare Global Solution — Expatriate Insurance

For designated U.S. employees on international assignment only

	Outside the U.S., you pay	In network, inside the U.S., you pay	Out of network, inside the U.S., you pay
Annual deductible[1]			
Individual	**$300**	**$300**	**$300**
Family	**$600**	**$600**	**$600**
Annual out-of-pocket maximum[2]			
Individual	**$1,500**	**$1,500**	**$3,000**
Family	**$3,000**	**$3,000**	**$6,000**
Hospital services			
Inpatient services	**20%** after meeting annual deductible	**20%** after meeting annual deductible	**40%** after meeting annual deductible
Outpatient services	**20%** after meeting annual deductible	**20%** after meeting annual deductible	**40%** after meeting annual deductible
Emergency room	**20%** after meeting annual deductible	**20%** after meeting annual deductible	**20%** after meeting annual deductible
Common health care services			
Primary care physician office visit	**$0**	**$20** copay per visit	**40%** after meeting annual deductible
Specialist office visit	**$0**	**$20** copay per visit	**40%** after meeting annual deductible
Eligible preventive care services	**$0**	**$0**	**40%** not subject to annual deductible

PLAN COMPARISON

UnitedHealthcare Global Solution — Expatriate Insurance

	Outside the U.S., you pay	In network, inside the U.S., you pay	Out of network, inside the U.S., you pay
Mental health and substance abuse care			
Inpatient services	**20%** after meeting annual deductible	**20%** after meeting annual deductible	**40%** after meeting annual deductible
Outpatient services	**20%** after meeting annual deductible	**$20** copay per visit	**40%** after meeting annual deductible
Other services			
Skilled nursing facility (120 days per calendar year)	**20%** after meeting annual deductible	**20%** after meeting annual deductible (combined 60 visits/year)	**40%** after meeting annual deductible
Hospice care facility	**20%** after meeting annual deductible	**20%** after meeting annual deductible	**40%** after meeting annual deductible
Home health care (120 visits per calendar year)	**20%** after meeting annual deductible	**20%** after meeting annual deductible	**40%** after meeting annual deductible
Hearing exam (One exam per calendar year)	**20%** after meeting annual deductible	**20%** after meeting annual deductible	**40%** after meeting annual deductible
Emergency evacuation and medical repatriation	**$0** not subject to annual deductible	**N/A**	**N/A**

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. Copays and prescription drug costs do not accumulate toward the annual deductible. All individual annual deductible amounts will count toward the family annual deductible, but an individual will not have to pay more than the individual annual deductible amount. Annual deductibles cross-apply for U.S. in-network and out-of-U.S. services. Prescription drugs have no annual deductible to meet.
2. Member copays and prescription drug costs accumulate toward the out-of-pocket maximum. All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum. The out-of-pocket maximum includes the annual deductible. Out-of-pocket maximums cross-apply for U.S. in-network and out-of-U.S. services. Prescription drugs have no annual out-of-pocket maximum to meet.