WELLS FARGO

2026 Annual Benefits Enrollment

well life

Enroll
Monday, October 27 – Friday, November 14
by 11:59 p.m. Central Time.

What's **inside**

Welcome to Annual Benefits Enrollment

Most of your current benefit elections will automatically carry over. This includes:

- Medical
- Dental
- Vision
- Optional Term Life Insurance
- Spouse/Partner Optional Term Life Insurance
- Dependent Term Life Insurance
- Optional Long-Term Disability (LTD)
- Optional Critical Illness Insurance
- Optional Accident Insurance
- Legal Services Plan
- Accidental Death & Dismemberment (AD&D)

There's no need to take action on the plans listed above if you like your current coverage. However, health savings account and flexible spending account contributions **don't** automatically carry over and **must** be elected each year for you to participate.

Looking to make a change?

You have resources to help.

→ This **benefits enrollment guide** gives you details about your plan options, how they compare, and how to make your elections in Workday.

→ **Looking to make a switch to your medical plan for 2026?** Compare plan features like primary care requirements, specialist referrals, copays, and more (pages 25 – 28).

→ **Included Health** can help you weigh your medical plan options so you can choose the best fit for you and your family. They're available 24/7 to answer your questions, help you find providers, and talk through any anticipated health care needs — such as planned surgeries or pregnancy. Get started by calling **1-833-200-7683**, visiting the Included Health website, or downloading the app.

→ **ALEX®**, our interactive online benefits tool, models your benefits to help you find the best fit for you based on your personal situation. Get started by visiting the ALEX® website.

What's new for 2026

Be sure to review what's changing as you make your benefit decisions for next year.

1

Changes to the Copay Plan with HRA

There are changes to the Copay Plan with HRA in 2026:

- Tier 1 annual deductibles and out-of-pocket maximums are increasing.
- Tier 2 copays are increasing for primary care and specialist office visits.

Preventive care will continue to be covered at 100%, and you'll still have set copays for many common services — like office visits, urgent care, and prescriptions — without needing to meet your annual deductible first. Refer to page 20 for additional plan details. And remember, you can help manage out-of-pocket costs by earning health and wellness dollars in your health reimbursement account (HRA) — up to $800 for you and up to $400 for your covered spouse or domestic partner.

2

Copay Plan with HRA and Local Copay Plan with HRA primary care provider change

The definition of a primary care provider (PCP) for the Copay Plan with HRA and the Local Copay Plan with HRA will be updated to include clinicians practicing as a pediatric, internal medicine, obstetrics/gynecology, family practice, or general medicine provider. The specialist copay will apply for office visits with all other provider types, including speech, occupational, and physical therapists; chiropractors; and nutritionists.

3

Increase in brand and specialty prescription drug copays

Wells Fargo has maintained the same prescription drug copays for several years, even as medication costs — particularly brand-name and specialty drugs — have risen significantly. As a result, there will be an increase in prescription drug copays for brand and specialty medications across all medical plans in 2026. Generic medications, which are the most commonly used prescription drugs under the plan, will have the same copay in 2026. Wells Fargo will continue to cover the majority of prescription drug costs for employees and their covered family members.

Continued →

4

Changes to how the HRA and Health Care FSA work together

In response to employee feedback, if you're enrolled in the Copay Plan with HRA or the Local Copay Plan with HRA and you have a Full-Purpose Health Care flexible spending account (FSA), we're changing the order in which your accounts will be debited.

Starting January 1, 2026, when you use your HealthEquity Visa® Card, or submit a claim for reimbursement, your FSA balance will be used first for eligible medical, prescription drug, dental, and vision expenses until there are no funds remaining. (As a reminder, you fund the FSA with your own dollars.)

Once your FSA account is depleted, your health reimbursement account (HRA) balance, which is funded by Wells Fargo when you complete certain healthy activities, will be used for eligible medical and prescription drug expenses. Remember, you can't use HRA funds to pay for dental and vision expenses. Keep this change in mind when making your FSA election and when you use your card or submit claims.

5

Health savings account (HSA) limit increase

The IRS annual HSA contribution limits are increasing in 2026. You can contribute up to $4,400 if you cover yourself only and $8,750 if you cover one or more dependents in the HSA Plan.[1] Those 55 and older can contribute an additional $1,000 as a catch-up contribution.

Remember to elect your HSA contribution amount during Annual Benefits Enrollment if you want to contribute through payroll deductions in 2026.

6

Health Care and Day Care flexible spending account (FSA) limits increase

The IRS annual contribution limits for a Full-Purpose Health Care FSA and Limited Dental/Vision FSA are increasing. In 2026, you can make before-tax payroll contributions, up to $3,300, to pay for eligible health care expenses.

The Day Care FSA limit is increasing to $7,500 for 2026. For highly compensated employees,[2] the Day Care FSA limit will be $3,000.

Remember to elect your FSA contribution amounts during Annual Benefits Enrollment if you want to contribute in 2026.

1. Your contributions and the company's can't exceed the 2026 IRS limit.

2. The IRS defines a highly compensated employee as someone who earns over $160,000 in 2025.

Continued →

7

New leaves and disability administrator

Beginning January 1, 2026, Short- and Long-Term Disability coverages, as well as leaves (e.g., parental leave, Family and Medical Leave Act (FMLA), and critical caregiving leave), will be administered by MetLife. Your current elections for Optional Long-Term Disability will automatically carry over, so there's nothing you need to do if you want to keep your current Optional Long-Term Disability coverage. More information about this transition will be shared later this year.

8

New features coming to the 401(k) Plan

Starting January 1, 2026, the 401(k) Plan will allow eligible employees to make after-tax contributions into their 401(k) Plan accounts, in addition to the current before-tax and Roth contributions. Once made to the 401(k) Plan, the new after-tax contributions can then also be converted into Roth 401(k) contributions.

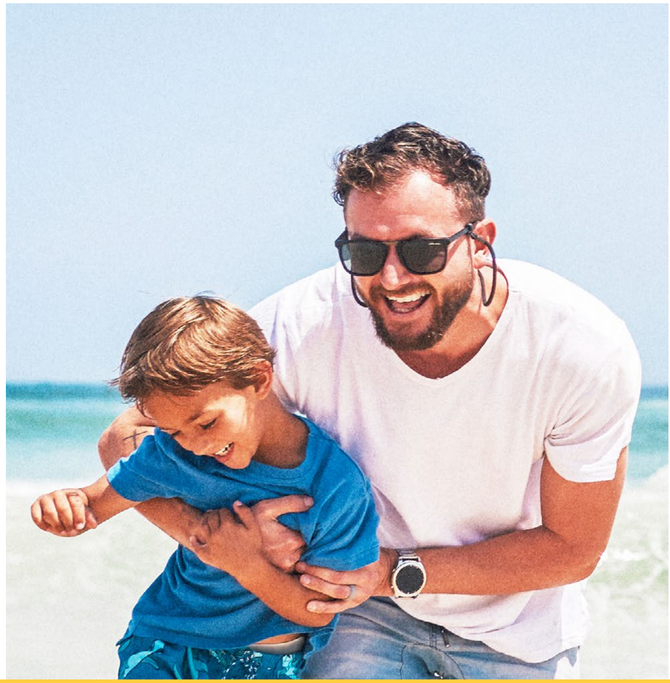
Also beginning January 1, 2026, employees age 50 or older who are eligible to make catch-up contributions and who had FICA compensation exceeding $145,000 (as indexed for cost-of-living adjustments) in the prior year will be required to make catch-up contributions as Roth 401(k) contributions, consistent with IRS regulations. The IRS cost-of-living index for Roth 401(k) catch-up contributions will be announced later this year.

Be on the lookout for additional information on the 401(k) Plan changes later this year.

9

Tuition Reimbursement annual maximum increase

The annual maximum limits for tuition reimbursement are increasing to $5,250 for eligible full-time employees and $2,625 for eligible part-time employees in 2026. You don't need to take action during Annual Benefits Enrollment to use the tuition reimbursement benefit — it's available throughout the year.



Most benefit deductions will begin with the second paycheck in 2026

The first paycheck of the year on January 2, 2026, will include deductions for 401(k) Plan contributions, 401(k) Plan loan repayments, and the commuter benefit, but many of the benefits elected during Annual Benefits Enrollment like medical, dental, vision, health accounts, and income protection benefits, such as life insurance, **won't be deducted until the second paycheck of the year on January 16, 2026**, because there are 27 paychecks in 2026 but only 26 benefit deductions. However, your elections are still in place with coverage effective January 1, 2026.

Your benefit **options**

Let's learn more about your medical, dental, and vision plan options, spending accounts, and income protection options.

2026 medical plans

You have two nationwide medical plans to choose from. And depending on where you live, you may also have a local network plan option available to you through UnitedHealthcare (UHC), Anthem Blue Cross Blue Shield (BCBS), Kaiser, or Centivo.

Let's review how the plans work and where they're offered.

1

HSA Plan

The **HSA Plan** offers a nationwide network of providers through **Anthem Blue Cross Blue Shield (BCBS)** or **UnitedHealthcare (UHC) depending on the state you live in**. It's a comprehensive high-deductible health plan (HDHP) that:

- Covers eligible preventive care at 100%.
- Has a higher annual deductible but lower premiums.
- Helps you save on eligible out-of-pocket health care expenses with a compatible health savings account (HSA) — plus, you may be eligible to receive an employer HSA contribution.
- Requires you to pay the full cost of non-preventive care and prescription drugs until you meet the annual deductible. After that, you and Wells Fargo share the cost of care — called coinsurance — until you reach the annual out-of-pocket maximum.
- Allows you and your spouse or domestic partner to earn health and wellness dollars in your HSA by completing certain health and wellness activities.

The Optum HSA you open in conjunction with enrollment in the HSA Plan isn't part of the health plan and isn't subject to ERISA.

The details

→ **You can go to both in-network and out-of-network providers, but your expenses are generally lower with in-network providers.**

→ **If you receive services from an out-of-network provider, you pay a separate and higher annual deductible and annual out-of-pocket maximum.**

→ **The big advantage:**
This plan is compatible with an HSA, and you may be eligible to get a contribution from Wells Fargo too.

Consider this plan if you:

- Currently have an HSA and want to continue making contributions.
- Want to open an HSA to use toward eligible expenses and earn health and wellness dollars.
- Prefer paying less from your paycheck and more when you receive care.
- Need a plan with nationwide providers and out-of-network coverage.

Offered nationwide,

except Hawaii. Refer to the map for details.

2

Copay Plan with HRA

The **Copay Plan with health reimbursement account (HRA)** through UnitedHealthcare (UHC) offers coordinated care through doctors, hospitals, and other health care providers who work together to support the patients they serve. It's available in all U.S. states, except Hawaii, and offers:

- The predictability of copays for office visits and prescription drugs.
- Eligible preventive care covered at 100%.
- Access to two in-network tiers with different annual deductibles, copays, coinsurance, and out-of-pocket maximums. What you pay depends on what tier provider you choose.
- More control over your health care costs.
- Collaborative care, improved quality, better health outcomes, and lower costs.
- A health reimbursement account (HRA).
- You and your spouse or domestic partner can earn health and wellness dollars in your HRA by completing certain health and wellness activities.

The details

→ **You can go to both in-network and out-of-network providers, but your expenses are generally lower with in-network providers.**

→ **This plan requires you and your eligible dependents to select a primary care physician, or PCP, through UHC after you enroll in the plan. If you don't select a PCP, UHC will select one for you. You can change your PCP selection at any time.**

→ **You don't need referrals from your PCP to see specialists and other providers.**

→ **The big advantage:**
This plan comes with copays for office visits and prescription drugs, giving you more predictable costs.

Consider this plan if you:

- Like the predictability of copays.
- Want more control over your health care costs.
- Need a plan with nationwide providers and out-of-network coverage.
- Currently have an HRA and don't want to move to a non-HRA-eligible plan and forfeit your HRA.

Offered nationwide,

except Hawaii. Refer to the map for details.

Continued →

About the tiers

There are two in-network tiers with different annual deductibles, copays, coinsurance, and out-of-pocket maximums depending on which tier provider or facility you visit. You have access to providers and facilities in both tiers in this plan.

Tier 1

Tier 1 Premium providers and facilities give you the most bang for your buck. First, you'll save money with lower copays, coinsurance, annual deductibles, and out-of-pocket maximums than if you use Tier 2 providers and facilities. Plus, Tier 1 Premium providers and facilities are recognized by UHC for high quality and effectiveness.

Tier 2

Tier 2 providers and facilities offer quality care, but they haven't met the same criteria required by UHC to be a Tier 1 Premium provider or facility. They're still in network, so you'll still pay less than using an out-of-network provider or facility.

Eligible expenses incurred in both Tier 1 and Tier 2 apply to the annual deductibles and out-of-pocket maximums in both tiers.

Find in-network care

To find in-network providers, including Tier 1 Premium providers, contact Included Health.

Provider Tier Changes

Providers and facilities are reviewed each year by UHC using national quality and effectiveness measures. Tier 1 providers meet higher standards than Tier 2, and providers may move tiers. If a provider you've used is changing tiers, you'll receive a notice from UHC. You can confirm provider tier status anytime by contacting UHC or Included Health.

3 Local Copay Plan with HRA

The **Local Copay Plan with HRA** offers personalized local care through high-quality providers in select areas — providing you and your family with convenient community care when you need it most. This plan:

- Has a smaller network of providers than the other medical plans offered, and not all providers in your area are covered, so be sure to review in-network providers.
- Doesn't offer out-of-network coverage — except for emergency care, no matter where you are.
- Offers a $0 copay for primary care physician (PCP) and behavioral health visits, in addition to preventive care and well-being visits.
- Offers predictable copays for certain eligible services and prescription drugs.
- Includes a variety of providers, like PCPs, specialists, hospitals, urgent care centers, emergency rooms, and walk-in clinics — **all within your community**.
- Allows you and your spouse or domestic partner to earn health and wellness dollars in your HRA by completing certain health and wellness activities.

The details

→ **The Local Copay Plan with HRA has a smaller network of providers and doesn't offer out-of-network coverage, except for emergencies.**

→ **The plan is available in certain metropolitan areas across the country.**

→ **Depending on your state, Anthem BCBS, UnitedHealthcare, or Centivo administers your plan.**

→ **The big advantage:**
You have a $0 copay for PCP and behavioral health visits — not just eligible preventive and well-being visits!

Consider this plan if you:

- Are comfortable with a smaller selection of providers and not having out-of-network coverage for all care other than emergencies.
- Like the predictability of copays for office visits and prescription drugs.
- Currently have an HRA and don't want to move to a non-HRA-eligible plan and forfeit your HRA.
- Don't have a dependent who needs to go to providers outside the local network (like a child in college).

Offered only in

select locations. Refer to the map for details.

Continued →

Find in-network care

To find in-network providers, contact Included Health.

For Centivo participants: A doctor in your corner

If you live in Connecticut, Iowa, New Jersey, New York, or Pennsylvania, and enroll in the Local Copay Plan with HRA, you and your covered dependents **must** choose a primary care physician (PCP). Your PCP is a trusted single point of contact who coordinates all aspects of your health, including preventive care, chronic conditions, medications, and specialist care, if needed. You must select your PCP through Centivo within 60 days of enrolling in the plan.

If you need specialist care or services from a provider who isn't your PCP (or part of your PCP care team), you're required to first get a referral from your designated PCP, with some exceptions.

Health systems

Depending on your location, the Local Copay Plan with HRA works with certain health systems in your area.

- **Arizona** — Banner Health
- **Connecticut: Central and western** — Trinity Health of New England, Griffin Health, Middlesex Health, Nuvance Health, and Connecticut Children's & Women's Health Connecticut
- **Florida** — Florida Blue HPN (Advent Health, Arnold Palmer Hospital for Children, Baptist Health, BayCare, Bethesda Health, Dr. P. Phillips Hospital, HCA Healthcare, HCA, Mayo Clinic, Mount Sinai, Orlando Health, St. Joseph's Hospital, Tampa General Hospital, Tenet Health, UF Health, University of Miami Health System)
- **Georgia: Atlanta-Sandy Springs-Roswell, Augusta, Columbus, and Savannah** — Blue HPN (Children's Healthcare of Atlanta, Emory Healthcare, Doctor's Hospital (HCA), Grady Memorial Hospital, Memorial Health (HCA), Northside Hospital, St. Francis Emory Healthcare)
- **Illinois: Chicago Metro** — UnitedHealthcare Charter Network/Advocate Physician Partners
- **Iowa: Des Moines Metro** — MercyOne ACO
- **Minnesota: Minneapolis/St. Paul Metro** — Fairview ACO
- **Missouri: St. Louis Metro** — Blue HPN (SSM (Sisters of Saint Mary) Health, Mercy)
- **New Jersey: Central and northern** — Atlantic Health, RWJBarnabas Health, Valley Health System, Penn Medicine, and Summit Health (new for 2026)
- **New York: New York Metro/Westchester, Long Island** — Mount Sinai, Montefiore, and Northwell (new for 2026)
- **North Carolina: Charlotte, Concord-Gastonia Metro** — Blue HPN, Atrium Health, Carolina Neurosurgery & Spine, OrthoCarolina, Charlotte Eye Ear Nose & Throat Associates, Levine Cancer Institute, Levine Children's Hospital, Metrolina Nephrology Associates, and Tryon Medical Partners
- **Pennsylvania: Philadelphia Metro** — Penn Medicine, Lehigh Valley Health Network, CHOP, and Trinity Mid-Atlantic
- **Texas — Dallas/Fort Worth:** TX Clinically Integrated Network
  - **Houston:** Kelsey-Seybold ACO
  - **San Antonio:** HCA-Methodist, WellMed ACO

4 Kaiser HMO

The **Kaiser health maintenance organization (HMO) Plan** is offered in certain locations because of the provider relationships available exclusively through the Kaiser network. This plan:

- Includes a copay for certain office visits.
- Covers eligible preventive care at 100%.
- Covers a range of services, prescription drugs, and mental health and substance use benefits.
- Generally pays only for medical care that's referred by your primary care physician (PCP).
- Generally pays for medical care only if you use a Kaiser provider or facility.
- Provides emergency coverage at non-Kaiser providers or facilities when you need it.

The details

→ **The Kaiser HMO is only available in certain areas.**

→ **If you need emergency care while you're away from your local Kaiser providers and facilities, you're still covered.**

→ **The big advantage:**
The Kaiser HMO gives you access to Kaiser's integrated health care system and lower plan costs (like the annual deductible) than your other plan options.

Consider this plan if you:

- Want to use Kaiser providers and facilities.
- Prefer a lower annual deductible but higher premiums.
- Are comfortable using only Kaiser in-network providers and facilities for all care other than emergencies.

Offered only in

select locations. Refer to the map for details.

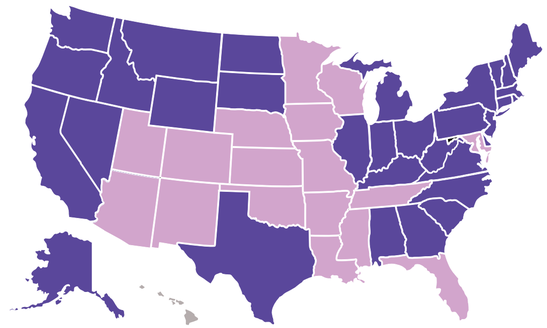
Your medical plan administrators

Your claims administrator depends on the plan you enroll in and the location of your primary residence.

HSA Plan

Nationwide except Hawaii

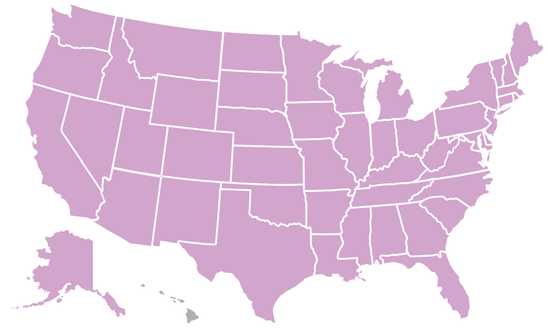
- Anthem BCBS
- UnitedHealthcare
- None



Copay Plan with HRA

Nationwide except Hawaii

- UnitedHealthcare
- None



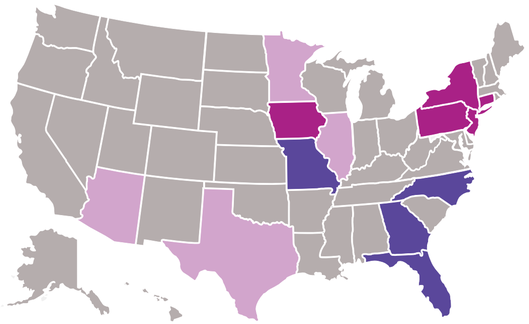
Want to find providers in your network?

Included Health is here to help!

Continued →

Local Copay Plan with HRA

- Arizona
- Connecticut (central and western)
- Florida
- Georgia (Atlanta-Sandy Springs-Roswell, Augusta, Columbus, and Savannah)
- Illinois
- Iowa (Des Moines and surrounding area)
- Minnesota
- Missouri (St. Louis Metro Area)
- New Jersey (central and northern)
- New York (New York Metro/ Westchester, Long Island)
- North Carolina (Charlotte, Concord-Gastonia Metro Area)
- Pennsylvania (Philadelphia and surrounding area, Lehigh Valley)
- Texas

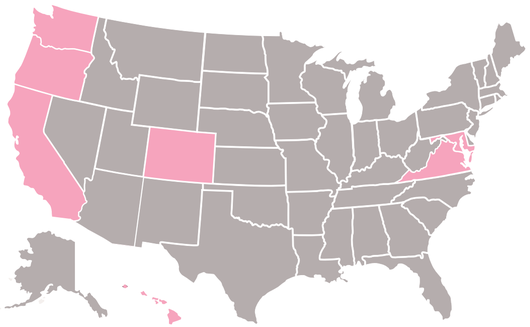


Anthem BCBS **UnitedHealthcare** **Centivo** **None**

Kaiser Plans

Kaiser HMO:

- California (Northern and Southern)
- Colorado (Denver, Canon City, Colorado Springs, Falcon, Monument, Pueblo, Woodland Park, Fort Collins, Greeley, and Loveland)
- District of Columbia
- Maryland
- Oregon (Greater Eugene, Portland, and Salem)
- Virginia
- Washington (Seattle, Tacoma, Spokane, Greater Vancouver, Longview, and Kelso)



POS Kaiser Added Choice:

- Hawaii

Kaiser Permanente **None**

Important medical plan reminders

Medical plan tobacco surcharge

Employees who use tobacco products are charged a tobacco surcharge of $600 annually (approximately $23.08 per paycheck) on top of their 2026 Wells Fargo medical premiums. This surcharge is applicable to all tobacco use (including, but not limited to, cigarettes, electronic cigarettes, cigars, pipes, and chewing tobacco).

Quit For Life® tobacco cessation program

If you're designated as a tobacco user in Workday, the tobacco surcharge applies to your medical premium. You can avoid the cost of the surcharge by enrolling in the Quit For Life® tobacco cessation program through Optum Rally by December 15, 2025. By enrolling in this program, you get a credit equal to the cost of the tobacco surcharge. After December 15, the credit will be provided prospectively against future premium contributions.

Tobacco Surcharge Accommodation

If you're a designated tobacco user but you believe it's unreasonably difficult or medically inadvisable for you to enroll in a tobacco cessation program, you and your physician can complete and submit the Tobacco Surcharge Accommodation Form.

Network provider changes

Providers can sometimes leave the network during the year. If this happens, you can find a new in-network provider by contacting Included Health. Or, you can remain with your current provider, but you'll pay more if claims are reimbursed at the out-of-network coverage level. Since a provider or health system leaving the network is not a Qualified Event, you can't change plans midyear for this type of change.

Tobacco surcharge will start in second paycheck of 2026

The tobacco surcharge will begin in the second paycheck on January 16, 2026, when your medical plan deductions begin.

Included Health

When you enroll in the HSA Plan, the Copay Plan with HRA, or the Local Copay Plan with HRA, you have access to Included Health.

Virtual health care at your fingertips

Get medical and mental health care anytime, anywhere from board-certified doctors, licensed therapists, and psychologists for common to complex needs for kids, teens, and adults. Virtual medical and mental health visits are subject to the telemedicine cost through your Wells Fargo medical plan.

Expert medical opinions

Connect with a specialist from one of the nation's leading medical institutions for a secondary medical review so you can focus on getting the best care for your situation.

24/7 support with the app

Get quick and easy access to all your Wells Fargo health care benefits in the Included Health app. You can:

- Connect with a provider within minutes.
- Quickly access your medical insurance information, similar to what's on your ID card.
- Access plan details about your Wells Fargo health care benefits.
- Get 24/7 support from the Included Health care team.

A dedicated care team

Included Health's care team is available 24/7 for all of your health care plan questions, whether you have a concern about a medical bill or the benefits of your plan.

Connect with the care team anytime, anywhere through the app, live chat on the website, or by phone. The care team can also follow up on labs, schedule appointments, and help you understand your treatment plan.

Find in-network care

To find in-network providers, contact Included Health.

Getting started is easy!

Visit includedhealth.com/wf.
Call **1-833-200-7683** or download the app.

Comparing your medical plan options

Let's take a high-level look at the plans and compare them side by side.

Plan features	HSA Plan	Copay Plan with HRA	Local Copay Plan with HRA	Kaiser HMO
Locations available	Nationwide, except Hawaii	Nationwide, except Hawaii	Metropolitan areas of **AZ, CT, FL, GA, IL, IA, MN, MO, NJ, NY, NC, PA, TX**	Select areas of **CA, CO, DC, MD, OR, VA, WA**
Primary care physician (PCP) required	**No**, but recommended	**No**, but recommended	**Yes**	**Yes**
See a specialist without a referral	**Yes**	**Yes**	**Yes** No, with Centivo	**No**
Medical claims administrator	Anthem Blue Cross Blue Shield UnitedHealthcare	UnitedHealthcare	Anthem Blue Cross Blue Shield UnitedHealthcare Centivo	Kaiser
Copays for primary care and prescription drugs before meeting the annual deductible	**No** Except for preventive prescription drugs	**Yes**	Primary care: **$0 copay** Prescription drugs: **Yes**	**No**
Out-of-network coverage	**Yes**	**Yes**	**No** Emergency care is covered	**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	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**	**No**
Earn health and wellness dollars Up to $800 for yourself and up to $400 for your covered spouse or domestic partner	**Yes**	**Yes**	**Yes**	**No**

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 not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan details	HSA Plan		Copay Plan with HRA			Local Copay Plan with HRA	Kaiser HMO[1]
	In network[2]	Out of network	**Tier 1** In network[2]	**Tier 2** In network	Out of network	In network only	In network only
Annual deductible			Tier 1 and Tier 2 annual deductible and out-of-pocket maximum cross apply.				
You	$3,250	$6,500	$1,000	$1,600	$3,200	$500	$500
You + spouse[3]	$5,200	$10,400	$1,500	$2,500	$5,000	$800	$1,000
You + children[4]	$4,250	$8,500	$1,400	$2,100	$4,200	$700	$1,000
You + spouse[3] + children[4]	$6,200	$12,400	$1,900	$3,000	$6,000	$1,000	$1,000
Coinsurance	20%	50%	10%	30%	50%	10%	20%
Annual out-of-pocket maximum							
You	$5,500	$11,000	$3,150	$4,500	$9,000	$2,500	$3,000
You + spouse[3]	$8,800	$15,400	$4,750	$7,250	$15,500	$4,100	$5,700
You + children[4]	$7,200	$12,600	$4,250	$6,250	$12,500	$3,500	$5,700
You + spouse[3] + children[4]	$10,400	$18,200	$6,050	$8,750	$17,500	$5,000	$5,700
Eligible preventive care services[5]	$0	50%	$0	$0	50%	$0	$0

Continued →

Plan details	HSA Plan		Copay Plan with HRA			Local Copay Plan with HRA	Kaiser HMO[1]
	In network[2]	Out of network	**Tier 1** In network[2]	**Tier 2** In network	Out of network	In network only	In network only
Common health care services							
Virtual provider	**20%** after annual deductible	**50%** after annual deductible	**$10** copay	**$10** copay	**50%** after annual deductible	**$0** copay	**$0** copay
Primary care physician office visit			**$20** copay[6]	**$50** copay[6]		**$0** copay[6]	**$30** copay[6]
Specialist office visit			**$40** copay[6]	**$100** copay[6]		**$25** copay[6]	**$50** copay[6]
Urgent care			**$50** copay[6]	**$50** copay[6]		**$50** copay[6]	**$30** copay in CA[6] **$50** in other states
Emergency room		**20%** after annual deductible	**10%** after annual deductible	**10%** after annual deductible	**10%** after annual deductible	**$250** copay	**20%** after annual deductible

1. This summary shows the most common Kaiser plan design. Some Kaiser regions have slightly different copay amounts for prescription drugs, office visits, and other services. Refer to the individual plan Summary of Benefits & Coverage for specific details.
2. 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.
3. Includes domestic partner
4. Includes domestic partner's children
5. For information on eligible preventive care services, refer to the Preventive care services (eligible preventive care services) section in Chapter 2 of the *Benefits Book*. Kaiser members should refer to the Kaiser website at choose.kaiserpermanente.org/wells-fargo to learn more about plans and what's covered.
6. 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.

Prescription drugs

For the HSA Plan, the Copay Plan with HRA, and the Local Copay Plan with HRA

Your prescription drug administrator is Express Scripts. Express Scripts has a broad network of more than 60,000 pharmacies nationwide, including large retail chains like Walgreens, Costco, Walmart, and CVS.

Avoid surprises at the pharmacy

Before you head to the pharmacy, find out what your new prescriptions are going to cost through the Price a Medication Tool at express-scripts.com/wf.

Save with the SaveOnSP Program

If you're enrolled in the Copay Plan with HRA or the Local Copay Plan with HRA, you may be eligible to pay a $0 copay for certain high-cost specialty drugs after you meet your annual deductible. Visit saveonsp.com/wellsfargo to check if your medication is included in the SaveOnSP program. To be eligible, you must enroll in the SaveOnSP Program by calling Express Scripts at **1-855-388-0352**. This program isn't available to HSA Plan participants.

For Kaiser HMO

You'll fill your prescriptions at a Kaiser facility. For member services, call the phone number on your medical plan ID card.

Continued →

Prescription drug[2]	HSA Plan		Copay Plan with HRA		Local Copay Plan with HRA	Kaiser HMO[1]
	In network[3]	Out of network	In network[3,4]	Out of network	In-network only	In-network only
Non-specialty (30-day supply)	**Full cost until deductible reached, then:**	**Full cost until deductible reached, then:**	**Not subject to deductible**	**Not subject to deductible**	**Not subject to deductible**	**Not subject to deductible**
Generic	**$12** copay	Pay in-network copays + cost difference between full cost and network rate	**$12** copay	Pay in-network copays + cost difference between full cost and network rate	**$12** copay	**$10** copay
Preferred brand-name	**$60** copay		**$60** copay		**$60** copay	**$60** copay
Non-preferred brand-name	**$125** copay		**$125** copay		**$125** copay	**$60** copay (CA) **$125** copay (other regions)
Specialty (30-day supply)[5]	**Full cost until deductible reached, then:**					
Generic	**$50** copay		**$50** copay		**$50** copay	**$150** copay
Preferred brand-name	**$150** copay	**No coverage**	**$150** copay	**No coverage**	**$150** copay	**$150** copay
Non-preferred brand-name	**$200** copay		**$200** copay		**$200** copay	**$150** copay

1. Kaiser plan copays may vary by location.
2. 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. Kaiser members should refer to Kaiser's website to review pharmacy benefits at choose.kaiserpermanente.org/wells-fargo to learn more about plans and what's covered.
3. 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.
4. There is no tiering associated with in-network pharmacies. Your prescription drug expenses accumulate toward both your Tier 1 and Tier 2 out-of-pocket maximum.
5. If you participate in the Copay Plan with HRA or the Local Copay Plan with HRA and you take a specialty medication, you may be eligible for the SaveOnSP program administered by Express Scripts and SaveOnSP. Please visit saveonsp.com/wellsfargo or call 1-800-683-1074 to see if your medication is included in the program and to learn more about cost sharing.

Thinking of switching medical plans?

Check out how switching medical plans could impact your care, costs, and account use.

Currently in the HSA Plan

Switching to the …	Copay Plan with HRA or Local Copay Plan with HRA	Kaiser HMO
Primary care physician (PCP)	You'll be required to have a PCP.	You'll be required to have a PCP.
Specialists	You'll continue to be able to see a specialist without a referral unless you enroll in a Centivo plan. The Centivo plan requires a referral.	You'll need a referral to see a specialist.
Copays	You'll have copays for primary care and prescription drugs before meeting the annual deductible.	You'll have copays for primary care and prescription drugs before meeting the annual deductible.
Out-of-network coverage	**Copay Plan with HRA:** You'll continue to have out-of-network coverage. **Local Copay Plan with HRA:** You won't have out-of-network coverage, except for emergency care.	You won't have out-of-network coverage, except for emergency care.
Accounts	**HSA:** You can't contribute to your HSA anymore, but the balance is yours to keep and spend on eligible health care expenses. **HRA:** You'll have an HRA. You don't contribute your own dollars, but Wells Fargo can allocate funds if you complete health and wellness activities. **FSAs:** You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.	**HSA:** You can't contribute to your HSA anymore, but the balance is yours to keep and spend on eligible health care expenses. **FSAs:** You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.
Health and wellness dollars	You'll still be eligible to earn up to **$800** for you and up to **$400** for your covered spouse or domestic partner, but money will be allocated to an HRA.	You won't be eligible.
Specialty prescription drug programs	You'll be eligible for the SaveOnSP Program, which allows you to use drug manufacturer assistance to reduce your copay for some specialty medications to **$0**. Learn more on page 23.	You'll need to transfer your prescription to a Kaiser pharmacy.

Continued →

Currently in the **Copay Plan**

with HRA or Local Copay Plan with HRA

Switching to the …	HSA Plan	Kaiser HMO
Primary care physician (PCP)	You'll no longer be required to have a PCP.	You'll continue to be required to have a PCP.
Specialists	You'll continue to be able to see a specialist without a referral.	You'll be required to have a referral to see a specialist.
Copays	You won't have copays for primary care anymore.	You'll continue to have copays for primary care and prescription drugs before meeting the annual deductible.
Out-of-network coverage	You'll have out-of-network coverage.	You won't have out-of-network coverage, except for emergency care.
Accounts	**HRA: You forfeit your HRA funds.** **HSA:** You can open an HSA that you and Wells Fargo can contribute money to. **FSAs:** You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA. Keep in mind, if you contribute to the Full-Purpose Health Care FSA, you're not eligible to contribute to the HSA.	**HRA: You forfeit your HRA funds.** **FSAs:** You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.
Health and wellness dollars	You'll still be eligible to earn up to **$800** for you and up to **$400** for your covered spouse or domestic partner, but money will be allocated to an HSA.	You won't be eligible.
Specialty prescription drug programs	If you're currently taking a specialty medication that's part of the SaveOnSP program, which allows you to use drug manufacturer assistance to reduce your copay to **$0**, you'll no longer be eligible for this program.	If you're currently taking a specialty medication that's part of the SaveOnSP program, which allows you to use drug manufacturer assistance to reduce your copay to **$0**, you'll no longer be eligible for this program. You'll also need to transfer your prescription to a Kaiser pharmacy.

Continued →

Currently in the **Kaiser HMO**

Switching to the …	HSA Plan	Copay Plan with HRA or Local Copay Plan with HRA
Primary care physician (PCP)	You'll no longer be required to have a PCP.	You'll continue to be required to have a PCP.
Specialists	You'll be able to see a specialist without a referral.	You'll continue to be able to see a specialist without a referral unless you enroll in a Centivo plan. The Centivo plan requires a referral.
Copays	You won't have copays for primary care anymore.	You'll continue to have copays for primary care and prescription drugs before meeting the annual deductible.
Out-of-network coverage	You'll have out-of-network coverage.	**Copay Plan with HRA:** You'll have out-of-network coverage. **Local Copay Plan with HRA:** You won't have out-of-network coverage, except for emergency care.
Accounts	**HSA:** You can open an HSA that you and Wells Fargo can contribute money to. **FSAs:** You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA. Keep in mind, if you contribute to the Full-Purpose Health Care FSA, you're not eligible to contribute to the HSA.	**FSAs:** You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.
Health and wellness dollars	You'll be eligible to earn up to **$800** for you and up to **$400** for your covered spouse or domestic partner. Money will be allocated to an HSA.	You'll be eligible to earn up to **$800** for you and up to **$400** for your covered spouse or domestic partner. Money will be allocated to an HRA.
Specialty prescription drug programs	You'll need to transfer your prescriptions to a pharmacy in the Express Scripts network.	You'll be eligible for the SaveOnSP Program, which allows you to use drug manufacturer assistance to reduce your copay for some specialty medications to **$0**. Learn more on page 23. You'll need to transfer your prescriptions to a pharmacy in the Express Scripts network.

Dental

Dental coverage is offered through Delta Dental, and you have two plans to choose from: Standard and Enhanced.

For in-network care	Standard	Enhanced
Annual deductible	**$50** per person	**$50** per person
Annual maximum benefit	**$1,500** per person	**$2,000** per person
Diagnostic and preventive care[1] Routine exams, cleanings, X-rays, fluoride treatments, sealants, and periodontal maintenance	You pay **0%**	You pay **0%**
Fillings and oral surgery Fillings, simple extraction, and oral surgery in office Composite (white) fillings	You pay **20%** You pay **30%**	You pay **10%** You pay **20%**
Endodontics and periodontics Root canals and treatment for diseased gums and tissue	You pay **20%**	You pay **10%**
Major restorative services Crowns, inlays, onlays, bridgework, dentures, dental implants, prosthetics, and repairs	You pay **50%**	You pay **40%**
Orthodontics For children and adults Lifetime maximum benefit[2]	You pay **50%** **$1,500** per child or adult	You pay **50%** **$2,000** per child or adult

1. Includes routine exams twice per year, full-mouth X-rays every five years, and one series of bitewing X-rays every 12 months. For children under age 18, fluoride treatments once per plan year. For children under age 16, sealants for 6- and 12-year permanent molars.

2. Orthodontia lifetime benefit based on enrollment at time of appliance banding; only one benefit payable for both Delta Dental Standard and Delta Dental Enhanced.

Continued →

2026 dental rates

The following charts show your per-pay-period contributions.

Standard	You	You + spouse[1]	You + children[2]	You + spouse[1] + children[2]
Regular and fixed term full-time employees	**$6.84**	**$13.02**	**$16.74**	**$22.92**
Regular and fixed term part-time employees	**$8.94**	**$16.98**	**$21.78**	**$29.82**

Enhanced	You	You + spouse[1]	You + children[2]	You + spouse[1] + children[2]
Regular and fixed term full-time employees	**$10.26**	**$19.44**	**$25.08**	**$34.32**
Regular and fixed term part-time employees	**$12.36**	**$23.40**	**$30.12**	**$41.22**

1. Includes domestic partner.

2. Includes domestic partner's children.

Vision

Vision coverage is offered through Vision Service Plan (VSP).

For in-network[1] care	VSP
Eye exam (once per calendar year)	**$10** copay
Lenses (once per calendar year)	**$15** copay
Frames (once per calendar year)	**$15** copay Plan pays **$175** toward frames of your choice[2]
Contact lenses (once per calendar year; in lieu of glasses) Elective Medically necessary	 Plan pays **$175** **$15** copay

2026 vision rates

The following chart shows your per-pay-period contributions.

	You	You + spouse[3]	You + children[4]	You + spouse[3] + children[4]
Regular and fixed term employees	**$2.34**	**$5.88**	**$5.88**	**$9.36**

1. Not all listed services are available from some participating retail chains. Contact VSP for details.
2. If you purchase both frames and lenses when you buy new glasses, you pay one $15 copay. However, if you only get new frames or only get new lenses, you still pay one $15 copay. The $15 copay for frames and lenses is limited to once per calendar year, whether you purchase them separately or combined. Note: The vision plan pays $95 toward frames of your choice at Costco or Walmart after you pay a $15 copay.
3. Includes domestic partner.
4. Includes domestic partner's children.

Health savings account (HSA)

Here's a quick rundown of why the Optum HSA[1] might be right for you.

If you enroll in the HSA Plan for your medical coverage, you can enroll in the HSA through Optum Bank.

1

Money in — no taxes[2]

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. Your contributions and the company's can't exceed the 2026 IRS limits of **$4,400** for individual coverage and **$8,750** for family coverage.[3] Those 55 and older can contribute an additional **$1,000** as a catch-up contribution.

Here's Wells Fargo's automatic contribution to the Optum HSA.

Your eligible compensation	You only or you + children[5]	You + spouse[4] and you + spouse[4] + children[5]
Less than $48,000	**$500**	**$1,000**
$48,000 – $100,000	**$250**	**$500**
More than $100,000	**$0**	**$0**

1. A health savings account is an individually owned account. It's separate from the HSA Plan. It's not part of any employee benefit plan sponsored or maintained by Wells Fargo & Company or any of its subsidiaries or affiliates, and it's not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA). Tax references are at the federal level; state taxes may apply.
2. Tax references are at the federal level; state taxes may apply.
3. Additional eligibility rules apply. Visit HR Services & Support for more details on your eligibility rules and contributions.
4. Includes domestic partner.
5. Includes domestic partner's children.

Continued →

2

Earn even more.

You and your covered spouse or domestic partner can each earn health and wellness dollars, deposited directly into your Optum HSA, by completing certain health and wellness activities — up to **$800** for you and up to **$400** for your covered spouse or domestic partner.

3

It's easy to use.

Think of your HSA like your bank account. You'll receive an Optum HSA payment card to use the funds in your account. You can use the card just like your debit card when you receive care, pay for a prescription, or buy an eligible item like sunscreen or a first aid kit. And if you choose not to use your Optum HSA card, it's easy to reimburse yourself from your Optum Bank account online.

4

Spend or invest those dollars, and still no taxes.[1]

Use those HSA dollars to pay for qualified medical, prescription drug, dental, and vision expenses.

Once your Optum HSA balance is over **$2,000**, you can invest[2] anything above that amount. All those earnings? You guessed it — tax-free.

1. Tax references are at the federal level; state taxes may apply.

2. Investments aren't guaranteed and may lose value. Contact Optum Bank for more details.

Health reimbursement account (HRA)

The HRA is a great way to help lower your out-of-pocket medical and prescription drug costs by earning health and wellness dollars.

You don't contribute your own dollars to the account, but Wells Fargo can allocate funds to an HRA if you complete certain health and wellness activities. To have an HRA, you must enroll in either the Copay Plan with HRA or the Local Copay Plan with HRA.

1

It's easy to use.

You'll receive a HealthEquity Visa® Card. You can use the card just like your debit card to pay for eligible medical and prescription drug expenses. When you use your HealthEquity Visa® Card, or submit a claim for reimbursement, your FSA balance will be used first for expenses until there are no funds remaining. Once your FSA account is depleted, your health reimbursement account (HRA) balance will be used for eligible medical and prescription drug expenses.

It's important to save your Explanation of Benefits (EOB) in case you're asked to substantiate expenses.

2

Earn money.

You and your covered spouse or domestic partner can earn health and wellness dollars, allocated directly to your HRA, by completing certain health and wellness activities — up to **$800** for you and up to **$400** for your spouse or domestic partner.

3

Carry it over.

Your unused account balance is carried over from year to year if you remain in a Wells Fargo HRA-eligible plan.

Change in how the HRA and Health Care FSA work together

If you have an HRA and a Full-Purpose Health Care FSA, your FSA balance will be used first when paying for eligible medical, prescription drug, dental, and vision expenses with your HealthEquity Visa® Card, or when submitting claims for reimbursement. When there are no funds remaining in your FSA, your HRA balance will be used for eligible medical and prescription drug expenses.

Keep this change in mind when making your elections, submitting claims, or using your card. If you would like to use your FSA for expenses that aren't covered by the HRA — such as glasses, braces, or other dental expenses — you can pay out of pocket for medical and prescription drug expenses until after you pay the dental or vision expenses and then submit your medical and prescription drug expenses for reimbursement. Or enroll in the Limited Dental and Vision Flexible Spending Account that can't be used for medical and prescription drug expenses.

The HRA is a notional bookkeeping entry, and no specific funds will be set aside in an account (or otherwise segregated) for purposes of funding an HRA. No interest or earnings will be credited to an HRA. Amounts allocated to an HRA are not vested and are subject to forfeiture. Wells Fargo & Company reserves the unilateral right to amend or modify the HRA at any time for any reason, with or without notice, including placing limitations or restrictions on amounts allocated to an HRA or terminating the HRA.

Health Care flexible spending accounts (FSAs)

You're eligible for an FSA if you're enrolled in any Wells Fargo-sponsored medical plan or if you waive medical plan coverage.

Things to consider if you're enrolled in a plan with an HRA

If you're enrolled in a plan with an HRA and you elect the Full-Purpose Health Care FSA, your FSA balance will be used first when paying for eligible medical, prescription drug, dental, and vision expenses with your HealthEquity Visa® Card or submitting claims for reimbursement. When there are no funds remaining in your FSA, your HRA balance will be used.

Keep this change in mind when making your elections, submitting claims, or using your card. If you'd like to use your FSA for expenses that aren't covered by the HRA — such as glasses, braces, or other dental expenses — you can pay out of pocket for medical and prescription drug expenses until after you pay the dental or vision expenses and then submit your medical and prescription drug expenses for reimbursement. Or enroll in the Limited Dental and Vision Flexible Spending Account that can't be used for medical and prescription drug expenses.

1

Don't forget!

You must elect a new contribution amount in the FSA every year to participate.

2

You've got options.

You can elect either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.

If you're enrolled in the HSA Plan, you can only enroll in the Limited Dental/Vision FSA and still be eligible to make or receive contributions in an HSA. If you're enrolled in the Copay Plan with HRA or Local Copay Plan with HRA, you can enroll in the Full-Purpose Health Care FSA, or the Limited Dental/Vision FSA.

Continued →

3

Easy savings.

You can make before-tax payroll contributions, up to **$3,300** in 2026, to pay for eligible health care expenses.

4

Keep an eye on your balance.

Any unused funds from 2025 are available during the 2026 grace period, which allows you to use funds for expenses incurred through March 15, 2026, as long as you're enrolled on December 31, 2025. You must submit requests for reimbursement no later than April 30, 2026.

5

Use it or lose it.

Any balance remaining at the end of the grace period is forfeited.

Day Care flexible spending account (FSA)

You must have children under the age of 13 in 2026 or elderly or disabled dependents you claim as tax dependents to be reimbursed from this account.

1 It takes a village — and a Day Care FSA.

For the first time in almost four decades, the Day Care FSA limit has increased. You can now contribute up to **$7,500** before taxes (**$3,000** if you're a highly compensated employee[1]) to pay for eligible day care costs like licensed day care centers or in-home providers.

2 Plan ahead.

Any unused funds from 2025 are available during the 2026 grace period, which allows you to incur expenses through March 15, 2026, as long as you're enrolled on December 31, 2025. You must submit requests for reimbursement no later than April 30, 2026. Any balance remaining at the end of the grace period is forfeited. Keep this in mind when making your 2026 Day Care FSA contribution election.

1. The IRS defines a highly compensated employee as someone who earns over $160,000 in 2025.

Comparing your account options

Here's a quick overview of your health account options.

	Health savings account (HSA)[1]	Health reimbursement account (HRA)	Health Care flexible spending account (FSA)	Limited Dental/Vision flexible spending account (FSA)
What health plans are eligible?	• HSA Plan	• Copay Plan with HRA • Local Copay Plan with HRA	• Copay Plan with HRA • Local Copay Plan with HRA • HSA Plan (as long as you're not contributing to or receiving dollars in an HSA) • Waive medical coverage	• HSA Plan • Copay Plan with HRA • Local Copay Plan with HRA • Waive medical coverage
What can I use this account for?	Eligible out-of-pocket medical, prescription drug, dental, and vision expenses for yourself and your eligible dependents Once your balance is over **$2,000**, you can invest your funds.	Eligible out-of-pocket medical and prescription drug expenses for yourself and your eligible dependents Dental and vision expenses **aren't** eligible expenses. Visit HealthEquity for a full list of eligible expenses.	Eligible out-of-pocket medical, prescription drug, dental, and vision expenses for yourself and your eligible dependents Visit HealthEquity for a full list of eligible expenses.	Eligible out-of-pocket dental and vision expenses only for yourself and your eligible dependents Visit HealthEquity for a full list of eligible expenses.
How much can I contribute in 2026?	**$4,400**/individual coverage **$8,750**/family coverage[2] 55 and older can contribute an additional **$1,000** as a catch-up contribution.	You don't contribute your own dollars, but Wells Fargo can allocate funds to an HRA if you complete certain health and wellness activities.	**$3,300** Keep in mind, if you contribute to this account, you can't receive or make contributions to an HSA.	**$3,300**

Continued ⟶

	Health savings account (HSA)[1]	Health reimbursement account (HRA)	Health Care flexible spending account (FSA)	Limited Dental/Vision flexible spending account (FSA)
Does Wells Fargo make a contribution to the account?	**Yes,** if you meet the eligibility criteria. Compensation must be less than **$100,000**. Wells Fargo can also allocate funds if you complete certain health and wellness activities.	Wells Fargo can allocate funds if you complete certain health and wellness activities.	**No**	**No**
Can I carry over any money I don't use in 2026 to the next year?	**Yes**	**Yes,** but if you move to the HSA Plan or drop medical coverage, your HRA is forfeited	**No,** but there is a grace period until **March 15** to incur claims in the following year.	**No,** but there is a grace period until **March 15** to incur claims in the following year.
Can I change my contribution amount during the year?	**Yes**	**N/A**	**No,** but certain qualified life events do allow for a change to your contribution amount. Refer to the *Benefits Book* for details.	**No,** but certain qualified life events do allow for a change to your contribution amount. Refer to the *Benefits Book* for details.

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. Your contributions and the company's can't exceed the 2026 IRS limits of $4,400 for individual coverage and $8,750 for family coverage.

Income protection

Term life coverage

You pay the full cost of optional coverage on an after-tax basis.

Basic for yourself

You're automatically enrolled in Basic Term Life coverage of one times your covered pay (minimum of $10,000 to a maximum of $50,000) at no cost to you.

Optional for yourself

You can enroll in additional life insurance from one to 10 times your covered pay, up to $3 million. If you enroll in or increase your coverage, you need to submit a Statement of Health and go through underwriting. MetLife must approve your application and you must be actively at work for coverage to take effect.

The following rates show your per-pay-period contributions per $1,000 of coverage. Your premium is calculated based on your chosen coverage amount, your age as of December 31 of the coverage period, and your tobacco-user status.

	Tobacco user rate	Non-tobacco user rate
≤ 34	$0.018	$0.012
35–39	$0.024	$0.018
40–44	$0.030	$0.024
45–49	$0.048	$0.036
50–54	$0.087	$0.047
55–59	$0.150	$0.082
60–64	$0.258	$0.159
65–69	$0.435	$0.270
70–74	$0.699	$0.467
75+	$0.903	$0.817

Continued

Optional for your spouse/domestic partner

You can enroll in Spouse/Partner Optional Term Life coverage in $25,000 increments, up to a total of $250,000. If you enroll in or increase your coverage, you need to submit a Statement of Health and go through underwriting. MetLife must approve your application and you must be actively at work for coverage to take effect.

The following rates show your per-pay-period contributions per $1,000 of coverage. Your premium is calculated based on the coverage amount chosen, your spouse/domestic partner's age as of December 31 of the coverage period, and your spouse/domestic partner's tobacco use status.

	Tobacco user rate	Non-tobacco user rate
≤ 24	$0.032	$0.016
25–29	$0.039	$0.019
30–34	$0.053	$0.026
35–39	$0.060	$0.030
40–44	$0.067	$0.034
45–49	$0.101	$0.052
50–54	$0.157	$0.079
55–59	$0.300	$0.151
60–64	$0.472	$0.237
65–69	$0.922	$0.461
70+	$1.683	$0.841

Optional for your dependent(s)

You can enroll in Dependent Optional Term Life coverage with $20,000 in coverage per eligible child. Your cost is the same no matter how many children are covered.

The following rate shows your per-pay-period contribution.

$20,000 for each eligible child → **$0.64**

Continued →

Short-Term Disability (STD)

You're automatically enrolled in STD. If you're unable to work because of an injury or illness for more than seven consecutive days, STD provides a benefit of 65% to 100% of your covered pay (based on your years of service), up to 25 weeks.

Your new disability administrator

Beginning January 1, 2026, Short- and Long-Term Disability coverages will be administered by MetLife. Your current elections for Optional LTD will automatically roll over, so there's nothing you need to do if you want to keep your Optional LTD coverage.

Long-Term Disability (LTD)

Basic

You're automatically enrolled in basic LTD at no cost to you. The coverage offers a benefit of 50% of your covered pay if you're unable to work because of an approved injury or illness for more than 26 weeks.

Optional

You can enroll in Optional LTD for an additional benefit of 15% of your covered pay.

Accidental Death & Dismemberment (AD&D)

You can enroll in AD&D coverage for financial protection in case a sudden covered accident causes death or certain permanent impairment for you or a covered family member.

You pay the full cost on an after-tax basis for the coverage level and option you elect. Your cost is based on whether you choose coverage just for yourself or for you and your family.

If you elect family coverage, the spouse or domestic partner benefit is 50% of your elected coverage amount (not to exceed $300,000) and the dependent child benefit is 15% of that amount (not to exceed $90,000).

The following rates show per-pay-period contributions for each coverage amount.

Coverage amount	You	You + family
$75,000	**$0.45**	**$0.60**
$150,000	**$0.90**	**$1.20**
$300,000	**$1.80**	**$2.40**
$600,000	**$3.60**	**$4.80**

Critical Illness Insurance Plan

The Critical Illness Insurance Plan provides a lump-sum payment directly to you if you experience a covered condition like a heart attack, cancer, or a stroke. You can use the money for medical bills, physical therapy, mortgage or rent, child care expenses, gas, groceries, and more.

Basic

You're automatically enrolled in employee-only coverage of up to $5,000 per covered critical illness with a $25,000 lifetime maximum.

Optional

You can enroll yourself and eligible dependents in additional Critical Illness Insurance Plan coverage for a benefit payment of up to $15,000 per covered condition, up to a $75,000 lifetime maximum per person.

The Critical Illness Insurance Plan is insured by the Metropolitan Life Insurance Company (MetLife). It's not health care coverage and it doesn't coordinate with any other benefit payments, and payments are predetermined based on the diagnosed covered conditions that are detailed in the Certificate of Insurance. Payment amounts aren't based on the amount of medical expenses you incur as a result of a covered diagnosis. If you receive a Basic Critical Illness Insurance payment, it may be taxable.

Continued →

You pay the full cost of coverage on an after-tax basis. Your cost is based on the coverage level selected, your age as of December 31, 2025, and your tobacco use status. The following rates show per-pay-period contributions and are based on $15,000 of coverage.

If you **don't** use tobacco	You	You + spouse[1]	You + children[2]	You + spouse[1] + children[2]
<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.

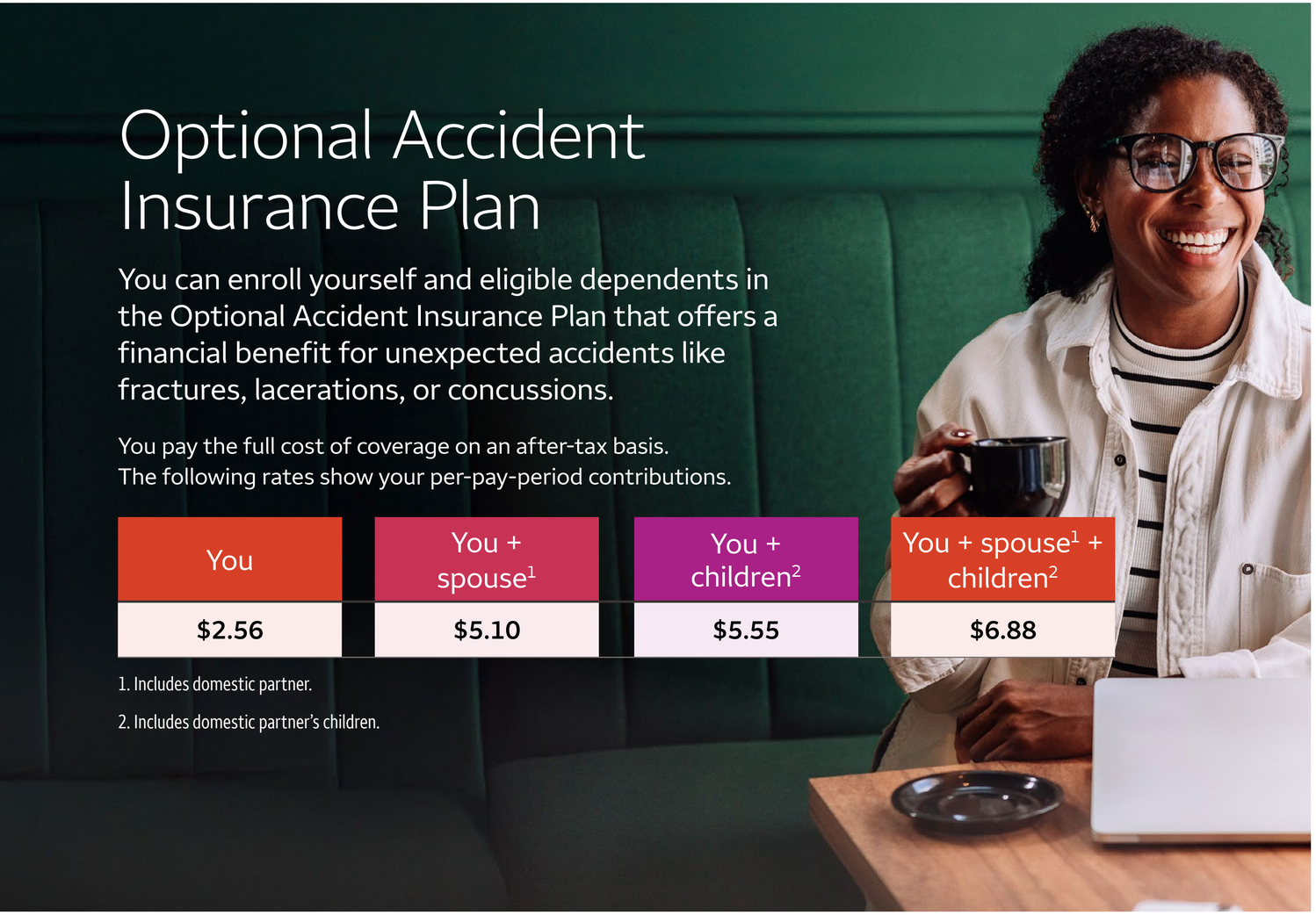
Continued →

You pay the full cost of coverage on an after-tax basis. Your cost is based on the coverage level selected, your age as of December 31, 2025, and your tobacco use status. The following rates show per-pay-period contributions and are based on $15,000 of coverage.

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

1. Includes domestic partner.

2. Includes domestic partner's children.



Optional Accident Insurance Plan

You can enroll yourself and eligible dependents in the Optional Accident Insurance Plan that offers a financial benefit for unexpected accidents like fractures, lacerations, or concussions.

You pay the full cost of coverage on an after-tax basis.
The following rates show your per-pay-period contributions.

You	You + spouse[1]	You + children[2]	You + spouse[1] + children[2]
$2.56	$5.10	$5.55	$6.88

1. Includes domestic partner.

2. Includes domestic partner's children.

The Optional Accident Insurance Plan isn't medical coverage and shouldn't be considered a replacement for enrolling in medical coverage. The Optional Accident Insurance Plan provides a predetermined benefit payment for certain accidental injuries or specific medical treatments or services associated with a covered accident.

Legal Services Plan

You can choose to enroll in the Legal Services Plan, administered by ARAG.

This plan gives you year-round access to a network of local professional attorneys for advice and representation on a wide variety of legal issues — all for a flat per-paycheck contribution. Get help with personal legal matters like buying or selling a home, creating a will or power of attorney, and much more. You can also extend the plan's full-service identity restoration, lost wallet services, and identity theft insurance to parents and grandparents (up to four).

You pay the full cost of coverage on an after-tax basis. Your cost is based on whether you choose coverage just for yourself or for you and your family. The following rates show your per-pay-period contributions.

	You	You + spouse[1] + children[2]
Regular and fixed term full-time employees	$5.76	$7.60
Regular and fixed term part-time employees	$5.76	$7.60

1. Includes domestic partner.

2. Includes domestic partner's children.

Health and wellness dollars

For those enrolled in the HSA Plan, Copay Plan with HRA, and Local Copay Plan with HRA

Staying on top of your health isn't only good for your body — it's good for your wallet. You can earn **up to $800** and your covered spouse or domestic partner can earn **up to $400** ($1,200 total) in a year in health and wellness dollars for completing the activities to the right by November 15.

The health and wellness dollars you earn are deposited into your HSA or allocated to your HRA. Then you can use your dollars for eligible medical expenses like medical plan copays, prescriptions drugs, and other out-of-pocket expenses.

If you're eligible for health and wellness dollars in 2025, make sure you complete your activities by November 15. Visit the Rewards tab on Rally to find a list of activities you haven't yet completed.

2026 Activities[1]	You can earn
Take the online Health Survey	**$50**
Second Medical Opinion through Included Health	**$150**
Watch a video about the Employee Assistance Program	**$50**
Get a dental checkup	**$100**
Get an annual physical	**$300**
Get a preventive care exam	**$150**/eligible exam
Get a biometric screening	**$150**
Track your physical activity with Stride	**$25**/month
Get weight management support (Real Appeal)	**$300**
Join Diabetes Care Management (Livongo)	**$300**

1. This list of activities is subject to change.

Health and wellness activities are completely voluntary. These activities are not a substitute for or intended to provide medical care or treatment and don't constitute individual medical advice or care. You should discuss specific questions about your individual health care with your personal health care providers.

Enroll

Start enrolling on Workday on October 27.

Ready?

Before you enroll:

Add or update dependents.

Before you enroll in your benefits, you must add any new dependents on Workday.

Need help?

If you need assistance with completing your enrollment, contact the Annual Benefits Enrollment Call Center. Beginning October 27, support is available Monday – Friday, from 7:00 a.m. – 7:00 p.m. Central Time. All relay service calls, including 711, are accepted.

1-877-HRWELLS
1-877-479-3557, option 7, 3

Go!

Don't need to make a change?

No problem — no further action is needed!

Need to make a change or enroll in the HSA or FSA?

1 **Go to Workday.**

On your homepage, go to Menu on the top left, select the Pay and U.S. Benefits app, select Benefits, under Needs Attention, find Benefit Event: Annual Benefits Enrollment, and select Enroll.

2 **Make your benefit elections.**

For each plan, you can elect or waive coverage. Follow the on-screen instructions to save your elections.

3 **Submit your elections.**

When you finish your elections, click Review and Sign, accept the terms of the electronic signature, and click Submit. For your elections to be effective January 1, 2026, you must **submit** by Friday, November 14 at 11:59 p.m. Central Time. To review, save, or print your elections, click View 2026 Benefits Statement.

A few important reminders

- Submit your enrollment elections Monday, October 27 – Friday, November 14 by 11:59 p.m. Central Time.
- You must elect flexible spending account and health savings account payroll contributions each year to participate.
- When making your benefit elections in Workday, you're responsible for ensuring your before-tax and after-tax pay is sufficient to cover all payroll deductions for your employee benefit elections.
- If you miss the deadline for enrolling in your benefits, you can't enroll until the next Annual Benefits Enrollment unless you experience a Qualified Event, like marriage or the birth of a child.

Then what?

After you enroll:

Make changes through Nov. 14.

If you need to make changes after submitting your elections and before the November 14 deadline, go to your Workday homepage and use the global navigation or go to **Menu** on the top left, select the **Pay and U.S. Benefits app**, select **Benefits**, under Needs Attention find **Benefit Event: Annual Benefits Enrollment**. Select Edit to reopen your enrollment.

Verify your dependents.

If you add a new dependent during enrollment, you need to provide documentation to confirm their eligibility after Annual Benefits Enrollment ends. If you don't provide the documentation needed, your dependent may lose coverage. You'll receive a letter in the mail from our vendor, Alight, in January with further instructions.

Provide Evidence of Insurability (EOI).

If you increase your life insurance coverage during enrollment, you may be required to provide EOI, which MetLife calls a Statement of Health. You'll receive additional information with instructions for completing this process by the end of November.

Remember, most benefit deductions will begin with the second paycheck in 2026.

The first paycheck of the year on January 2, 2026, will include deductions for 401(k) Plan contributions, 401(k) Plan loan repayments, and the commuter benefit, but many of the benefits elected during Annual Benefits Enrollment like medical, dental, vision, health accounts, and income protection benefits, such as life insurance, won't be deducted until the second paycheck of the year on January 16, 2026, because there are 27 paychecks in 2026 but only 26 benefit deductions. However, your elections are still in place with coverage effective January 1, 2026.

WELLS FARGO

well life

Enroll

Monday, October 27 – Friday, November 14 by 11:59 p.m. Central Time.

The information in this guide 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 (SPDs), 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 SPDs and certificates of coverage (for fully insured plans). SPDs are found on HR Services & Support. SPDs for the 2026 plan year will be issued early in 2026.

Health and wellness activities are completely voluntary. These activities are not a substitute for or intended to provide medical care or treatment and do not constitute individual medical advice or care. You should discuss specific questions about your individual health care with your personal health care providers.

A health savings account is an individually owned account. It's separate from the HSA Plan. It's not part of any employee benefit plan sponsored or maintained by Wells Fargo & Company or any of its subsidiaries or affiliates, and it's not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA). Tax references are at the federal level; state taxes may apply.

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 Wells Fargo & Company-sponsored plans does not constitute a contract or guarantee of employment with Wells Fargo & Company or its subsidiaries or affiliates.