
Testing and Evaluation for COVID-19

Please take the time to read this supplementary information to the Wells Fargo & Company Health Plan (Health Plan) describing how testing and evaluation for COVID-19 is covered effective January 1, 2021, and keep a copy of it with your 2021 *Benefits Book*.

Testing and evaluation coverage for COVID-19

The Families First Coronavirus Response Act passed in 2020 dictates how testing and evaluation services for COVID-19 are covered under the following medical options of the Health Plan:

- Copay Plan with HRA
- Higher Use Plan with HSA
- Lower Use Plan with HSA
- Narrow Network Copay Plan
- Narrow Network Plan with HSA
- Kaiser HMO
- HDHP – Kaiser
- POS Kaiser Added Choice – Hawaii
- Flexible High Deductible Health Plan

Under The Families First Coronavirus Response Act, while the federally-declared public health emergency related to COVID-19 is in effect, there is no cost sharing for (meaning, you will not pay for) deductibles, copayments, and coinsurance for items and services provided to a covered individual during a health care provider office visit (both in person and telehealth), urgent care and emergency room that results in an order for or administration of a test for COVID-19. The items and services must be medically necessary and relate to the furnishing or administration of the COVID-19 test or the evaluation of the individual to determine if the COVID-19 test is needed.

However, if a covered individual is diagnosed with COVID-19, all treatment including but not limited to hospital, transportation, and pharmacy services will be subject to deductibles, coinsurance, and copays in accordance with the terms of the applicable plan. Upon the expiration of the federally-declared public health emergency related to COVID-19 under Section 319 of the Public Health Service Act, all services related to COVID-19 testing will no longer be required to be provided without cost sharing and may be subject to deductibles, coinsurance, and copays in accordance with the terms of the applicable plan.

- Copay Plan with HRA, Higher Use Plan with HSA, Lower Use Plan with HSA, Narrow Network Copay Plan, Narrow Network Plan with HSA, and the Flexible High Deductible Health Plan terms are stated in the *Benefits Book*.
- Kaiser HMO, HDHP – Kaiser, and POS Kaiser Added Choice – Hawaii terms are stated in your certificate of coverage made available to you by Kaiser at <https://my.kp.org/wf>.

Questions

Please contact your health insurance claims administrator noted below for more information about your medical coverage or for assistance with navigating their websites. You may also refer to the information on the back of your plan ID card for contact information.

- Aetna: 1-877-320-4577
- Anthem: 1-866-418-7749
- UnitedHealthcare: 1-800-842-9722
- Kaiser
 - Kaiser California (Northern and Southern): 1-800-464-4000
 - Kaiser Colorado: 1-800-632-9000
 - Kaiser Georgia 1-888-865-5813
 - Kaiser Hawaii: 1-800-966-5955
 - Kaiser Mid-Atlantic:
 - D.C. area: 301-468-6000
 - Outside of D.C. area: 1-800-777-7902
 - Kaiser Northwest (Oregon and SW Washington): 1-800-813-2000
 - Portland area: 503-813-2000
 - Kaiser Washington: 1-888-630-4636
 - Seattle area: 206-630-4636

The information presented in this communication does not provide all of the terms and provisions of the Wells Fargo & Company Health Plan. The Health Plan is 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 description and certificates of coverage (for fully insured options).

Wells Fargo & Company reserves the unilateral right to amend, modify, or terminate any of its benefit plans, 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, covered spouses or domestic partners, covered dependents, and beneficiaries. Eligibility for, or participation in, the plans does not constitute a guarantee or contract of employment with Wells Fargo.