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# Important extensions to benefit plan deadlines for certain benefit plans

Please take the time to read this supplementary information describing important extensions to benefit plan deadlines for plans described in the *Benefits Book* to determine if these changes are applicable to you. Keep a copy of it with the *Benefits Book*.

## **Important extensions to benefits plan deadlines**

In response to the COVID-19 outbreak, the Department of Labor and the Department of Treasury issued a rule in 2020 extending certain deadlines for group health and other welfare benefit plans. As a result, certain deadlines stated in the *Benefits Book* for requesting special enrollment in the medical plan, electing and paying for COBRA continuation coverage, and filing claims and appeals have been extended during the “Outbreak Period” related to COVID-19.

## **What is being extended?**

The deadlines for requesting special enrollment in the medical plan, electing and paying for COBRA continuation coverage and for filing claims and appeals have been extended. When calculating the new deadlines, plans must disregard the period from March 1, 2020, until sixty (60) days after the announced end of the Presidentially declared National Emergency or other date announced later (the “Outbreak Period”), subject to an overall maximum period of one year. This extension is intended to provide relief for plan participants and beneficiaries during the National Emergency.

## **Who does this affect?**

All employees and their covered dependents, as well as COBRA participants should be aware of these changes. If you are trying to determine a deadline that occurs within the Outbreak Period, you may be affected by this regulatory update and may have additional time to take action. You should contact the relevant party listed in the “Questions” section at the end of this document for more information. Keep in mind that the examples provided are for illustrative purposes only and do not capture all nuances of the deadline extensions. If you experienced one of these events before March 1, 2020, a prorated deadline extension may apply.

### **Extension of HIPAA special enrollment period**

- **What plan(s) are affected?** Medical coverage under the Wells Fargo & Company Health Plan and the Wells Fargo & Company International Plan.
- **What is it?** A special enrollment period provides you with an opportunity to enroll yourself or eligible dependents in medical coverage mid-year in limited circumstances, such as marriage, birth of a child, or placement of a child for adoption, if you meet eligibility criteria. You are responsible to pay for premiums back to the coverage effective date. See the “Changing coverage” section in “Chapter 1: Eligibility, Enrollment, and More” in the *Benefits Book* for a list and explanation of special enrollment events and rules. Please note that not all qualified events are special enrollment events.
- **How is the deadline extended?** Under the Wells Fargo & Company Health Plan and the Wells Fargo & Company International Plan, a special enrollment period normally lasts 60 days from the date of your special enrollment event. Now, we are allowing special enrollment elections to be made until 60 days after the end of the Outbreak Period.
- **Illustrative example:** Alicia is enrolled in the Wells Fargo Health Plan. She gave birth on March 31, 2020, after the Outbreak Period started. She would normally have 60 days after March 31, 2020, to enroll her child mid-year retroactive to the date of birth. Under the new rules, she may exercise her special enrollment rights until 60 days after the end of the Outbreak Period and still enroll her child retroactive to the date of birth, provided that she pays the premiums for any period of coverage.

### **COBRA continuation coverage extensions**

#### **Extension of COBRA election period**

- **What plans are affected?** Medical, dental, and vision coverage under the Wells Fargo & Company Health Plan, the Wells Fargo & Company International Plan, and the Wells Fargo & Company Health FSA Plan (Full-Purpose and Limited Dental/Vision).
- **What is it?** COBRA requires that the Wells Fargo group health plans give covered employees and their covered dependents the opportunity to continue their health care coverage when there is a qualifying event that would result in a loss of coverage under the applicable Wells Fargo group health plan. The election period for COBRA normally runs from the later of the following time frames: 60 days from the date of the COBRA Election Notice, or 60 days from the date coverage terminates. For more information, see “Appendix E: Continuing Coverage Under COBRA” in the *Benefits Book*.
- **How is the deadline extended?** Our COBRA administrator is allowing COBRA elections to be made until 60 days after the end of the Outbreak Period.
- **Illustrative example:** Mark was provided his COBRA Election Notice on April 1, 2020, after the Outbreak Period started. He would normally have 60 days from April 1 to enroll in COBRA. Now, the last day of his COBRA election period is 60 days after the end of the Outbreak Period.

#### **Extension of COBRA premium payment deadlines**

- **What plans are affected?** Medical, dental, and vision coverage under the Wells Fargo & Company Health Plan, the Wells Fargo & Company International Plan, and the Wells Fargo & Company Health FSA Plan (Full-Purpose and Limited Dental/Vision).
- **What is it?** COBRA requires that initial premium payments be made within 45 days after the date a COBRA continuation coverage election is made. After the first payment is made, there is a 30-day grace period to make payments for subsequent months. For more information, see “Appendix E: Continuing Coverage Under COBRA” in the *Benefits Book*.
- **How is the deadline extended?** Our COBRA administrator is allowing 60 days after the Outbreak Period to make these payments.
- **Illustrative example.** On October 1, 2020, Naomi was already enrolled in COBRA continuation coverage under the Health Plan. Her monthly premium payments are due by the first of the month, but there is a 30-day grace period for making monthly premium payments. She made a timely October payment, but did not make the November or December payments. Now, the premium payments for both November and December will be due 60 days after the end of the Outbreak Period.

- **Important notes:**

- Once you elect COBRA continuation coverage and make your first premium payment, your coverage will be reinstated retroactive to the date your coverage terminated due to your qualifying event.
- If you defer making your COBRA premium payments, you could have a large bill due 60 days after the end of the Outbreak Period. To avoid needing to make a large lump sum payment, you can choose to continue to pay your monthly premiums when they would normally be due. We reserve the right to pend COBRA coverage for nonpayment. If this happens, the COBRA administrator will retroactively reinstate coverage when payment is received.
- Upon the end of the Outbreak Period, normal payment deadlines will resume and you will be responsible for all COBRA premiums unpaid during the Outbreak Period. If payments are not made by the new deadline, coverage will be terminated retroactive to the last month paid in full and you will be responsible for claims incurred during this period for which premiums were not paid.

**Extension of COBRA deadline to report a disability extension or qualifying event**

- **What plans are affected?** Medical, dental, and vision coverage under the Wells Fargo & Company Health Plan, the Wells Fargo & Company International Plan, and the Wells Fargo & Company Health FSA Plan (Full-Purpose and Limited Dental/Vision).
- **What is it?** Qualified beneficiaries have certain notice obligations under COBRA. They must provide notice of certain qualifying events (divorce, dependent ceasing to be an eligible dependent) in order to exercise their right to COBRA or to an extension of COBRA (for example, where it is a second qualifying event) and they must provide notice of a disability determination by the Social Security Administration in order to take advantage of the 11 month extension. For more information, see “Appendix E: Continuing Coverage Under COBRA” in the *Benefits Book*.
- **How is the deadline extended?** Our COBRA administrator is allowing 60 days after the Outbreak Period to report a disability extension or a second qualifying event.
- **Illustrative example:** Darrell’s dependent reached the maximum age for an eligible dependent under the plan during the Outbreak Period, and he did not report it timely. He will have until 60 days after the end of the Outbreak Period to report the event.

## Extensions for filing claims and appeals

**Extension of timeframe for filing benefit claims under the claims procedures**

- **What plans are affected?** Wells Fargo & Company Health Plan, Wells Fargo & Company International Plan, Wells Fargo & Company Health Care Flexible Spending Account (Full- Purpose and Limited Dental/Vision), Short-Term Disability Plan, Short-Term Disability Plan (Top Up), Long-Term Disability Plan, Wells Fargo & Company Life Insurance Plan, Wells Fargo & Company Legal Services Plan, Wells Fargo & Company Business Travel Accident Plan, Wells Fargo & Company Accidental Death and Dismemberment Plan, Wells Fargo & Company Critical Illness Insurance Plan, Wells Fargo & Company Optional Accident Insurance Plan, and Wells Fargo & Company Salary Continuation Plan.
- **What is it?** Employee benefit plans that are subject to the Employee Retirement Income Security Act of 1974 as amended (ERISA) must establish and maintain procedures for the filing and initial disposition of benefit claims. The claims procedures are stated in the applicable chapter of the *Benefits Book*.
- **How is the deadline extended?** Timeframes for submitting claims vary by plan. The Outbreak Period is disregarded in determining when claims must be submitted.
- **Illustrative example for medical treatment under a group health plan:** Vanessa is enrolled in the medical plan. On March 1, 2020, she received treatment for a medical condition under the plan, but a claim wasn’t submitted until April 1, 2021. Under the Plan, claims normally must be submitted within 365 days of the receipt of treatment, and, as a result, an April 1, 2021, submission would be too late. Under the new rules, submitting the claim on April 1, 2021, would be timely if we assume, for sake of the example, the Outbreak Period ended January 29, 2021.

### **Extension of timeframe for appealing an adverse benefit determination**

- **What plans are affected?** Wells Fargo & Company Health Plan, Wells Fargo & Company International Plan, Wells Fargo & Company Health Care Flexible Spending Account (Full- Purpose and Limited Dental/Vision), Short-Term Disability Plan, Short-Term Disability Plan (Top Up), Long-Term Disability Plan, Wells Fargo & Company Life Insurance Plan, Wells Fargo & Company Legal Services Plan, Wells Fargo & Company Business Travel Accident Plan, Wells Fargo & Company Accidental Death and Dismemberment Plan, Wells Fargo & Company Critical Illness Insurance Plan, Wells Fargo & Company Optional Accident Insurance Plan, and Wells Fargo & Company Salary Continuation Plan.
- **What is it?** ERISA-covered employee benefit plans must establish and maintain procedures governing benefit claims, including providing claimants with a reasonable opportunity to appeal adverse benefit determinations to an appropriate named fiduciary. The timeframes for filing claim appeals for medical, dental, vision and flexible spending account claims are stated in “Appendix A: Claims and Appeals” in the *Benefits Book*. The timeframes for filing claim appeals under the other plans are described in the applicable chapter of the *Benefits Book*.
- **How is the deadline extended?** Timeframes for filing appeals vary by plan. In calculating the deadline, the Outbreak Period is disregarded.
- **Illustrative example:** Maria received a notification of an adverse benefit determination under the short-term disability plan on March 10, 2020. The notification advised Maria that she has 180 days to file an appeal. When determining the appeal deadline, the Outbreak Period is disregarded. Therefore, the 180-day clock would start after the end of the Outbreak Period.

### **Extension of timeframe for requesting or perfecting a request for external review**

- **What plans are affected?** The Wells Fargo & Company Health Plan and the Wells Fargo & Company International Plan.
- **What is it?** The external review process is an appeal option available for appeals involving medical judgment after the internal claims and appeals review process has been exhausted and the adverse benefit determination has been upheld. You must request an external review within four (4) months of receiving the plan’s final adverse benefit determination. In addition, if you receive a notice that your request was incomplete, you must perfect the request within 48 hours or within the original four month filing period, whichever is later. See “Appendix A: Claims and Appeals” in the *Benefits Book* for more information about the external review process.
- **How is the deadline extended?** In calculating the external review timeframe, the Outbreak Period is disregarded.
- **Illustrative example:** On March 1, 2020, Carlos received a notice from the claims administrator that his request for external review was not complete. He used his full four month filing period for filing his request for external review after receiving the final internal adverse benefit determination. Therefore, he would normally have 48 hours to file the information needed to complete his request. Now, Carlos has 48 hours from the end of the Outbreak Period to file the additional information.

## Questions

### Medical

For questions about your medical coverage, or outstanding medical claims or appeals, contact your health insurance claims administrator:

- 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
- UnitedHealthcare Global – Expatriate Insurance: 1-877-844-0280

### COBRA

For questions about your COBRA continuation coverage rights contact the COBRA Administrator: BenefitConnect™ | COBRA at 1-877-29-COBRA (1-877-292-6272) (858-314-5108 International only). Representatives are available from Monday through Friday, 8:00 a.m. to 6:00 p.m. Central Time. You may also access <https://cobra.ehr.com>.

### Special enrollment rights

For questions about special enrollment rights under HIPAA, contact Wells Fargo Employee Care at 1-877-HRWELLS (1-877-479-3557). Please select menu options, 2, 2, and then 3 when prompted to be connected with an Employee Care HR Specialist. Support is available Monday through Friday from 7:00 a.m. to 7:00 p.m. Central Time. Employee Care accepts all relay service calls, including 711.

**Other questions**

For questions about other benefits, contact:

- Express Scripts (pharmacy/prescriptions drugs): 1-855-388-0352
- Delta Dental (dental):
  - Minneapolis and St. Paul metro area: 651-994-5342
  - All other areas: 1-877-598-5342
- Vision Service Plan (vision): 1-877-861-8352
- 401(k) plan: 1-877-HRWELLS (1-877-479-3557), option 1
- HealthEquity (flexible spending accounts): 1-877-924-3967
- Metropolitan Life Insurance Company (“MetLife”) (life insurance, business travel accident, accidental death and dismemberment, critical illness, and optional accident): 1-866-549-2320
- Lincoln Financial Group (short-term and long-term disability): 1-866-213-2937
- ARAG (legal services): 1-800-299-2345
- Wells Fargo Salary Continuation Pay Plan: SCPP.Admin@wellsfargo.com.

The information presented in this communication does not provide all of the terms and provisions of various Wells Fargo & Company employee benefit plans. 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 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.

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