

## Plan Comparison

# Nationwide and Kaiser Mid-Atlantic Plans

WELLS  
FARGO

The Kaiser HMO Plan is available in certain locations (see page 4 for details).

	HSA Plan		Copoly Plan with HRA			Kaiser HMO	
	In network <sup>2</sup>	Out of network	Tier 1 In network <sup>2</sup>	Tier 2 In network	Out of network	In network	Out of network
<b>Annual deductible</b>			Tier 1 and Tier 2 annual deductible and out-of-pocket maximum cross apply.				
You	\$3,250	\$6,500	\$800	\$1,600	\$3,200	\$500	No coverage
You + spouse <sup>4</sup>	\$5,200	\$10,400	\$1,250	\$2,500	\$5,000	\$1,000	
You + children <sup>5</sup>	\$4,250	\$8,500	\$1,050	\$2,100	\$4,200	\$1,000	
You + spouse <sup>4</sup> + children <sup>5</sup>	\$6,200	\$12,400	\$1,500	\$3,000	\$6,000	\$1,000	
<b>Coinsurance</b>	You pay <b>20%</b> after meeting deductible	You pay <b>50%</b> after meeting deductible	You pay <b>10%</b> after meeting deductible	You pay <b>30%</b> after meeting deductible	You pay <b>50%</b> after meeting deductible	You pay <b>20%</b> after meeting deductible	No coverage
<b>Annual out-of-pocket maximum</b>							
You	\$5,500	\$11,000	\$2,750	\$4,500	\$9,000	\$3,000	No coverage
You + spouse <sup>4</sup>	\$8,800	\$15,400	\$4,250	\$7,250	\$15,500	\$5,700	
You + children <sup>5</sup>	\$7,200	\$12,600	\$3,750	\$6,250	\$12,500	\$5,700	
You + spouse <sup>4</sup> + children <sup>5</sup>	\$10,400	\$18,200	\$5,250	\$8,750	\$17,500	\$5,700	
<b>Eligible preventive care services<sup>7</sup></b>	Plan pays <b>100%</b>	You pay <b>50%</b>	Plan pays <b>100%</b>	Plan pays <b>100%</b>	You pay <b>50%</b>	Plan pays <b>100%</b>	No coverage
<b>Office visit</b>							
Virtual provider			\$10	\$10		\$0	No coverage
Primary care physician		You pay <b>50%</b> after meeting deductible	\$20 <sup>6</sup>	\$40 <sup>6</sup>	You pay <b>50%</b> after meeting deductible	\$30	
Specialist	You pay <b>20%</b> after meeting deductible		\$40 <sup>6</sup>	\$80 <sup>6</sup>		\$50	
Urgent care			\$50 <sup>6</sup>	\$50 <sup>6</sup>		\$50	
Emergency room		You pay <b>20%</b> after meeting deductible	You pay <b>10%</b> after meeting deductible	You pay <b>10%</b> after meeting deductible	You pay <b>10%</b> after meeting deductible	You pay <b>20%</b> after meeting deductible	You pay <b>20%</b> after meeting deductible

## Plan Comparison

# Account Contributions

	Optum health savings account <sup>1</sup> (HSA) with the HSA Plan			Health reimbursement account (HRA) with the Copay Plan with HRA			Kaiser HMO		
Health and wellness dollars <sup>7</sup>	Earn up to <b>\$800</b> for yourself and up to <b>\$400</b> for your covered spouse <sup>3</sup>			Earn up to <b>\$800</b> for yourself and up to <b>\$400</b> for your covered spouse <sup>3</sup>			None		
Employer contribution by compensation category <sup>8</sup>	<\$48,000	\$48,000 – \$100,000	>\$100,000	<\$48,000	\$48,000 – \$100,000	>\$100,000	<\$48,000	\$48,000 – \$100,000	>\$100,000
You	<b>\$500</b>	<b>\$250</b>	<b>\$0</b>						
You + spouse <sup>3</sup>	<b>\$1,000</b>	<b>\$500</b>	<b>\$0</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
You + children <sup>4</sup>	<b>\$500</b>	<b>\$250</b>	<b>\$0</b>						
You + spouse <sup>3</sup> + children <sup>4</sup>	<b>\$1,000</b>	<b>\$500</b>	<b>\$0</b>						

# Plan Comparison

## Prescriptions

(30-day supply)<sup>9</sup>

	HSA Plan		Copay Plan with HRA		Kaiser HMO	
	In network <sup>2</sup>	Out of network	Tier 1 and Tier 2 In network	Out of network	In network	Out of network
	<b>Full cost until deductible reached, then:</b>	<b>Full cost until deductible reached, then:</b>	<b>Not subject to deductible</b>	<b>Not subject to deductible</b>	<b>Not subject to deductible</b>	
<b>Generic</b>	<b>\$12</b> copay	Pay in-network copays + cost difference between full cost and network rate	<b>\$12</b> copay	Pay in-network copays + cost difference between full cost and network rate	<b>\$10</b> copay	<b>No coverage</b>
<b>Preferred brand-name</b>	<b>\$50</b> copay		<b>\$50</b> copay		<b>\$25</b> copay	
<b>Nonpreferred brand-name</b>	<b>\$90</b> copay		<b>\$90</b> copay		<b>\$75</b> copay <sup>10</sup>	
<b>Specialty</b>						
Generic	<b>\$50</b> copay	<b>No coverage</b>	<b>\$50</b> copay	<b>No coverage</b>	Applicable copay for generic, preferred brand-name, and nonpreferred brand-name	<b>No coverage</b>
Preferred brand-name	<b>\$95</b> copay		<b>\$95</b> copay			
Nonpreferred brand-name	<b>\$145</b> copay		<b>\$145</b> copay			

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## Plan Comparison

# Network Provider Information

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### Anthem BCBS

[anthem.com](https://www.anthem.com)

**1-866-418-7749**

HSA Plan

Virginia

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### UnitedHealthcare

[myuhc.com](https://www.myuhc.com)

**1-800-842-9722**

**Copay Plan with HRA**

All states except Hawaii

You're required to select a Primary Care Physician (PCP) with UnitedHealthcare after your coverage effective date. Your PCP can help connect you with specialists, hospitals, and other providers if needed, but a referral is not required. You may change your PCP selection at any time.

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### Kaiser Permanente (Mid-Atlantic plans)

[my.kp.org/wf](https://www.my.kp.org/wf)

**301-468-6000** (D.C. area)

**1-800-777-7902** (Outside of D.C. metro)

Maryland; Washington, D.C.

The information presented provides a general summary of certain employee benefits sponsored or made available to you by Wells Fargo & Company. The employee benefit plans are maintained pursuant to and governed by official plan documents, which may consist of plan documents, Summary Plan Descriptions, insurance policies, and certificates of coverage (collectively, the “plan documents”). In the case of a discrepancy between the information presented herein and the official plan documents, the official plan documents will control. If there are any errors or omissions in such materials, Wells Fargo & Company, the plan administrator, or their authorized designees reserve the right to correct such errors or omissions. For a more detailed summary of the employee benefit plans, see the applicable Summary Plan Descriptions and certificates of coverage (for fully insured plans). Summary Plan Descriptions are found on the HR Services & Support site. Wells Fargo & Company reserves the unilateral right to amend, modify, or terminate any of its benefit plans (or benefit plan options), programs, policies, or practices at any time, for any reason, with or without notice. Any such amendment, modification, or termination may apply to both current and future participants and their dependents and beneficiaries. Eligibility for, or participation in, the plans does not constitute a contract or guarantee of employment with Wells Fargo.

1. An HSA is an individually owned account. It's not part of any employee benefit plan sponsored or maintained by Wells Fargo & Company or any of its subsidiaries or affiliates, and is not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).
2. In-network values also include Out of Area coverage. Out of Area coverage is available only if you do not live in the network area.
3. Includes domestic partner.

4. Includes domestic partner's children.
5. For information on eligible preventive care services, see the *Preventive care services (eligible preventive care services)* section in Chapter 2 of the *Benefits Book*.
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.
7. If you enroll midyear, the amount of health and wellness dollars you may earn will be prorated depending on the date your benefits take effect.
8. If you enroll midyear, your employer HSA contribution may be prorated depending on the date your benefits take effect.
9. 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.
10. Covered only when you meet formulary exception criteria.