

Delta Dental

2024 Dental Plan Rates

The following charts show your per-pay-period contributions for medical coverage. Contributions are per pay period, deducted 26 times per year.

Regular and fixed term full-time employees	You	You + spouse ¹	You + children	You + spouse ¹ + children
Delta Dental Standard	\$6.42	\$12.18	\$15.66	\$21.42
Delta Dental Enhanced	\$9.60	\$18.24	\$23.52	\$32.16

1. Includes domestic partner.

Regular and fixed term part-time employees	You	You + spouse ¹	You + children	You + spouse ¹ + children
Delta Dental Standard	\$8.28	\$15.78	\$20.28	\$27.72
Delta Dental Enhanced	\$11.46	\$21.84	\$28.14	\$38.46

1. Includes domestic partner.

HRS10551

By making your benefits elections (including default or automatic elections) for yourself and your dependents as part of the benefits enrollment process, you authorize your employer to deduct from your pay the necessary contribution and premium amounts for the benefits coverage you elected under the various Wells Fargo & Company employee benefit plans. This includes deducting from your pay any back contributions and premiums for coverage which you owe (including contributions and premiums retroactive to your date of hire or the date you became eligible for the benefit) to the extent permitted by applicable law. If you are no longer enrolled in coverage, a flat amount of up to \$125 per pay period will be deducted from your pay until your outstanding past-due balance is zero. If you are on a leave of absence, you may be billed directly. For more information, see Chapter 1 and Appendix D of the *Benefits Book*.