

## Florida

# 2024 Medical Plan Rates

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

Employees who identify themselves as tobacco users must pay a premium surcharge of approximately \$23.08 per pay period (or \$600 annually) for Wells Fargo medical plan coverage.<sup>†</sup> **This amount is not included in the rates below.** To qualify for a tobacco surcharge credit and pay the rates below, employees can enroll in the [Quit for Life tobacco cessation program](#). Any tobacco surcharge credit will apply prospectively. The program is voluntary and offered at no cost as part of the wellness program. An accommodation process is also available, as described on HR Services & Support.

Regular and fixed term full-time employees	You	You + spouse <sup>1</sup>	You + children	You + spouse <sup>1</sup> + children
<b>Based on annual eligible compensation of less than \$48,000</b>				
HSA Plan <sup>2</sup>	\$27.36	\$83.34	\$53.28	\$95.64
Copay Plan with HRA <sup>2</sup>	\$54.84	\$156.24	\$101.40	\$180.90
Local Copay Plan with HRA	\$35.28	\$100.62	\$67.08	\$118.26
<b>Based on annual eligible compensation of \$48,000 – \$100,000</b>				
HSA Plan <sup>2</sup>	\$44.04	\$125.46	\$81.48	\$145.32
Copay Plan with HRA <sup>2</sup>	\$80.76	\$230.10	\$149.40	\$266.46
Local Copay Plan with HRA	\$54.72	\$155.94	\$101.22	\$180.60
<b>Based on annual eligible compensation of more than \$100,000 – \$250,000</b>				
HSA Plan <sup>2</sup>	\$59.22	\$168.78	\$109.56	\$195.42
Copay Plan with HRA <sup>2</sup>	\$103.68	\$295.44	\$191.82	\$342.12
Local Copay Plan with HRA	\$72.36	\$206.28	\$133.86	\$238.80
<b>Based on annual eligible compensation of more than \$250,000 – \$500,000</b>				
HSA Plan <sup>2</sup>	\$71.34	\$203.40	\$132.00	\$235.50
Copay Plan with HRA <sup>2</sup>	\$116.28	\$331.44	\$215.16	\$383.76
Local Copay Plan with HRA	\$86.46	\$246.48	\$160.02	\$285.42
<b>Based on annual eligible compensation of more than \$500,000</b>				
HSA Plan <sup>2</sup>	\$80.46	\$229.38	\$148.86	\$265.56
Copay Plan with HRA <sup>2</sup>	\$129.60	\$369.30	\$239.76	\$427.62
Local Copay Plan with HRA	\$97.08	\$276.66	\$179.58	\$320.34

1. Includes domestic partner.

2. Includes Out of Area coverage.

Regular and fixed term part-time employees	You	You + spouse <sup>1</sup>	You + children	You + spouse <sup>1</sup> + children
<b>Based on annual eligible compensation of less than \$48,000</b>				
HSA Plan <sup>2</sup>	\$39.12	\$117.06	\$84.24	\$143.46
Copay Plan with HRA <sup>2</sup>	\$72.18	\$193.62	\$131.88	\$230.52
Local Copay Plan with HRA	\$52.50	\$134.34	\$97.56	\$165.78
<b>Based on annual eligible compensation of \$48,000 – \$100,000</b>				
HSA Plan <sup>2</sup>	\$68.82	\$172.20	\$124.32	\$211.56
Copay Plan with HRA <sup>2</sup>	\$104.70	\$282.24	\$191.58	\$335.46
Local Copay Plan with HRA	\$78.90	\$204.72	\$143.58	\$247.86
<b>Based on annual eligible compensation of more than \$100,000 – \$250,000</b>				
HSA Plan <sup>2</sup>	\$88.80	\$226.44	\$160.92	\$276.00
Copay Plan with HRA <sup>2</sup>	\$132.00	\$358.32	\$242.28	\$424.74
Local Copay Plan with HRA	\$101.52	\$266.04	\$184.80	\$320.22
<b>Based on annual eligible compensation of more than \$250,000 – \$500,000</b>				
HSA Plan <sup>2</sup>	\$106.98	\$272.88	\$193.92	\$332.58
Copay Plan with HRA <sup>2</sup>	\$148.08	\$402.00	\$271.80	\$476.46
Local Copay Plan with HRA	\$121.32	\$317.88	\$220.86	\$382.68
<b>Based on annual eligible compensation of more than \$500,000</b>				
HSA Plan <sup>2</sup>	\$120.66	\$307.74	\$218.70	\$375.06
Copay Plan with HRA <sup>2</sup>	\$165.06	\$447.96	\$302.88	\$530.94
Local Copay Plan with HRA	\$136.20	\$356.82	\$247.86	\$429.54

1. Includes domestic partner.

2. Includes Out of Area coverage.

† Tobacco user premium surcharge applies to all medical plan options other than the Flex HDHP and UHC Global plan.

#### HRS19900FL

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*.