

## Plan comparison

# Flexible High-Deductible Health Plan

WELLS  
FARGO

This plan is available to flexible status employees in all states except for Hawaii.  
Flexible status employees in Hawaii are eligible for the POS Kaiser Added Choice — Hawaii Plan.

	You pay in-network <sup>1</sup>	You pay out-of-network <sup>1</sup>
<b>Annual deductible</b>		
You	\$3,250	\$6,500
You + spouse <sup>2</sup>	\$5,200	\$10,400
You + children <sup>3</sup>	\$4,250	\$8,500
You + spouse <sup>2</sup> + children <sup>3</sup>	\$6,200	\$12,400
<b>Annual out-of-pocket maximum</b>		
You	\$5,500	\$11,000
You + spouse <sup>2</sup>	\$8,800	\$15,400
You + children <sup>3</sup>	\$7,200	\$12,600
You + spouse <sup>2</sup> + children <sup>3</sup>	\$10,400 <sup>4</sup>	\$18,200
<b>Eligible preventive care services<sup>5</sup></b>	0%	50%
<b>Office visit (in-person or virtual)</b>	You pay <b>20%</b> after meeting deductible	You pay <b>50%</b> after meeting deductible

## Plan comparison

# Prescriptions

(30-day supply)<sup>6</sup>

	In-network <sup>7</sup>	Out-of-network
	<b>Full cost until deductible reached, then:</b>	<b>Full cost until deductible reached, then:</b>
<b>Generic<sup>8</sup></b>	<b>\$12</b> copay	Pay in-network copays + cost difference between full cost and network rate
<b>Preferred brand-name<sup>8,9</sup></b>	<b>\$50</b> copay	
<b>Nonpreferred brand-name<sup>8</sup></b>	<b>\$90</b> copay	
<b>Specialty</b>		<b>No coverage</b>
Generic	<b>\$50</b> copay	
Preferred brand-name	<b>\$95</b> copay	
Nonpreferred brand-name	<b>\$145</b> copay	

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# Claims administrator information

### Anthem BCBS

[anthem.com](http://anthem.com)

**1-866-418-7749**

Alabama, Alaska, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Kentucky, Maine, Massachusetts, Michigan, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Virginia, Washington, West Virginia, Wyoming

### UnitedHealthcare

[myuhc.com](http://myuhc.com)

**1-800-842-9722**

Arizona, Arkansas, Colorado, District of Columbia, Florida, Iowa, Kansas, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, Oklahoma, Tennessee, Utah, Wisconsin

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. In-network values also include out-of-area coverage. Out-of-area coverage is available only if you don't live in the network area. In-network accumulators do not apply to out-of-network accumulators and out-of-network accumulators do not apply to in-network. Out-of-network benefits are determined using the plan's allowed amounts.
2. Includes domestic partner.

3. Includes domestic partner's children.
4. The individual annual out-of-pocket maximum is \$9,200.
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. 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.
7. Certain drugs are considered preventive and the deductible does not apply to preventive drugs. You will pay the applicable copay. To view the preventive drug list, visit [express-scripts.com/wf](http://express-scripts.com/wf).
8. Certain insulins are available for a copay of \$25 for 30 days or \$75 for 90 days due to a Patient Assurance Program<sup>SM</sup> administered by Express Scripts. You can confirm if your insulin prescriptions are on this list by checking the Express Scripts website.
9. If you buy a brand-name drug and a generic is available, you pay the cost difference plus the generic copay. This amount does not apply to the annual deductible or the annual out-of-pocket maximum.