

## Plan comparison

# Nationwide medical plans

WELLS  
FARGO

|  | HSA Plan   |   | Copay Plan with HRA                         |   |   |
|--|--|---|---|---|---|
|  | In network <sup>1</sup>  | Out of network                              | Tier 1 In network <sup>1</sup>              | Tier 2 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                                     |
| You + spouse <sup>2</sup>                            | \$5,200  | \$10,400                                    | \$1,250                                     | \$2,500                                     | \$5,000                                     |
| You + children <sup>3</sup>                          | \$4,250  | \$8,500                                     | \$1,050                                     | \$2,100                                     | \$4,200                                     |
| You + spouse <sup>2</sup> + children <sup>3</sup>    | \$6,200  | \$12,400                                    | \$1,500                                     | \$3,000                                     | \$6,000                                     |
| <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 |
| <b>Annual out-of-pocket maximum</b>                  |  |   |   |   |   |
| You  | \$5,500  | \$11,000                                    | \$2,750                                     | \$4,500                                     | \$9,000                                     |
| You + spouse <sup>2</sup>                            | \$8,800  | \$15,400                                    | \$4,250                                     | \$7,250                                     | \$15,500                                    |
| You + children <sup>3</sup>                          | \$7,200  | \$12,600                                    | \$3,750                                     | \$6,250                                     | \$12,500                                    |
| You + spouse <sup>2</sup> + children <sup>3</sup>    | \$10,400 <sup>4</sup>  | \$18,200                                    | \$5,250                                     | \$8,750                                     | \$17,500                                    |
| <b>Eligible preventive care services<sup>5</sup></b> | Plan pays <b>100%</b>  | Plan pays <b>50%</b>                        | Plan pays <b>100%</b>                       | Plan pays <b>100%</b>                       | Plan pays <b>50%</b>                        |
| <b>Common healthcare services</b>                    |  |   |   |   |   |
| Virtual provider                                     |  |   | \$10 copay                                  | \$10 copay                                  |   |
| Primary care physician office visit                  |  | You pay <b>50%</b> after meeting deductible | \$20 copay <sup>6</sup>                     | \$40 copay <sup>6</sup>                     | You pay <b>50%</b> after meeting deductible |
| Specialist office visit                              | You pay <b>20%</b> after meeting deductible                                |   | \$40 copay <sup>6</sup>                     | \$80 copay <sup>6</sup>                     |   |
| Urgent care  |  |   | \$50 copay <sup>6</sup>                     | \$50 copay <sup>6</sup>                     |   |
| 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 |

## Plan comparison

# Account contributions

|   | Optum health savings account <sup>7</sup> (HSA)<br>with the HSA Plan                                |                      |            | Health reimbursement account (HRA)<br>with the Copay Plan with HRA                                  |                      |             |
|---|---|----------------------|------------|---|----------------------|-------------|
| <b>Health and wellness dollars<sup>8</sup></b>                        | Earn up to <b>\$800</b> for yourself and<br>up to <b>\$400</b> for your covered spouse <sup>2</sup> |                      |            | Earn up to <b>\$800</b> for yourself and<br>up to <b>\$400</b> for your covered spouse <sup>2</sup> |                      |             |
| <b>Employer contribution<br/>by compensation category<sup>9</sup></b> | <\$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> | <b>None</b>   | <b>None</b>          | <b>None</b> |
| You + spouse <sup>2</sup>   | <b>\$1,000</b>  | <b>\$500</b>         | <b>\$0</b> |   |                      |             |
| You + children <sup>3</sup>   | <b>\$500</b>  | <b>\$250</b>         | <b>\$0</b> |   |                      |             |
| You + spouse <sup>2</sup> + children <sup>3</sup>                     | <b>\$1,000</b>  | <b>\$500</b>         | <b>\$0</b> |   |                      |             |

# Plan comparison

## Prescriptions

(30-day supply)<sup>10</sup>

|                                | HSA Plan   |  | Copay Plan with HRA              |  |
|--------------------------------|--|--|----------------------------------|--|
|                                | In network <sup>1</sup>                          | Out of network   | Tier 1 and Tier 2 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>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>Preferred brand-name</b>    | <b>\$50</b> copay                                |  | <b>\$50</b> copay                |  |
| <b>Nonpreferred brand-name</b> | <b>\$90</b> copay                                |  | <b>\$90</b> copay                |  |
| <b>Specialty<sup>11</sup></b>  |  | <b>No coverage</b>   |                                  | <b>No coverage</b>   |
| Generic                        | <b>\$50</b> copay                                |  | <b>\$50</b> copay                |  |
| Preferred brand-name           | <b>\$95</b> copay                                |  | <b>\$95</b> copay                |  |
| Nonpreferred brand-name        | <b>\$145</b> copay                               |  | <b>\$145</b> copay               |  |

## Plan comparison

# Claims administrator information

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### Anthem BCBS

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

1-866-418-7749

#### **HSA Plan**

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

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### UnitedHealthcare

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

1-800-842-9722

#### **HSA Plan**

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

#### **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.

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.
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. 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. 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).
8. 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. Additional eligibility rules may apply. See appendix C of the *Benefits Book* for details.
9. If you enroll midyear, your employer HSA contribution may be prorated depending on the date your benefits take effect. Additional eligibility rules may apply. See appendix C of the *Benefits Book* for details.
10. 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.
11. If you participate in the Copay Plan with HRA and you take a specialty medication, you may be eligible for the SaveOnSP program administered by Express Scripts and SaveOnSP. Please visit [www.saveonsp.com/wellsfargo](http://www.saveonsp.com/wellsfargo) or call 1-800-683-1074 to see if your medication is included in the program and to learn more about cost sharing.