

Plan comparison

UnitedHealthcare Global Solution — Expatriate Insurance

WELLS
FARGO

For designated U.S. employees on international assignment only

	Outside of the U.S. you pay	In network, inside the U.S. you pay	Out of network, inside the U.S. you pay
Annual deductible¹			
Individual	\$300	\$300	\$300
Family	\$600	\$600	\$600
Annual out-of-pocket maximum²			
Individual	\$1,500	\$1,500	\$3,000
Family	\$3,000	\$3,000	\$6,000
Hospital services			
Inpatient services	20% after meeting deductible	20% after meeting deductible	40% after meeting deductible
Outpatient services	20% after meeting deductible	20% after meeting deductible	40% after meeting deductible
Emergency room	20% after meeting deductible	20% after meeting deductible	20% after meeting deductible
Common healthcare services			
Primary care physician office visit	\$0	\$20 copay per visit	\$0
Specialist office visit	\$0	\$20 copay per visit	\$0
Eligible preventive care services	\$0	\$0	40% not subject to deductible

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Mental health and substance abuse care			
Inpatient services	20% after meeting deductible	20% after meeting deductible	40% after meeting deductible
Outpatient services	20% after meeting deductible	\$20 copay per visit	40% after meeting deductible
Other services			
Skilled nursing facility (120 days per calendar year)	20% after meeting deductible	20% after meeting deductible (combined 60 visits/year)	40% after meeting deductible
Hospice care facility	20% after meeting deductible	20% after meeting deductible	40% after meeting deductible
Home health care (120 visits per calendar year)	20% after meeting deductible	20% after meeting deductible	40% after meeting deductible
Hearing exam (One exam per calendar year)	20% after meeting deductible	20% after meeting deductible	40% after meeting deductible
Spinal disorder treatment (100 visits per calendar year)	20% after meeting deductible	\$20 copay per visit	40% after meeting deductible
Emergency evacuation and medical repatriation	\$0 not subject to deductible	N/A	N/A

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Outpatient prescription drugs (Tier 1)			
Retail (up to 30-day supply)	20% not subject to deductible	\$5 copay	40% not subject to deductible
Mail Order (up to 90-day supply)	Not available	\$10 copay	Not available
Outpatient prescription drugs (Tier 2)			
Retail (up to 30-day supply)	20% not subject to deductible	\$15 copay	40% not subject to deductible
Mail Order (up to 90-day supply)	Not available	\$30 copay	Not available
Vision — routine eye exam (covered under medical; includes one routine exam every 12 months)	20% after meeting deductible	\$20 copay	40% after meeting deductible
Additional services and programs			
My NurseLine (24-hour nurseline)	1-877-844-0280	1-877-844-0280	1-877-844-0280
Employee Assistance Program	5 sessions per calendar year	5 sessions per calendar year	5 sessions per calendar year

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Claims administrator information

UnitedHealthcare Global

Website: myuhc.com

Email: myuhc.com > Global > Contact Us

UHC Global will acknowledge receipt of your email immediately and respond to you with an answer within 24 hours.

Member services phone number (toll-free): Call the AT&T Direct Access number for the country from which you are calling (refer to your member kit or visit usa.att.com/traveler/index.jsp). When prompted for “the number you are calling,” dial **1-877-844-0280**.

If your country is not listed, call **+1-763-274-7362** (reversed charges accepted).

In the U.S. or Canada: toll-free at **1-877-UHI-0280** (1-877-844-0280).

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. Copayments and prescription drug costs do not accumulate toward the annual deductible. All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount. Deductibles cross-apply for U.S. in-network and out-of-U.S. services. Prescription drugs have no annual deductible to meet.
2. Member copayments and prescription drug costs accumulate toward the out-of-pocket maximum. All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum. The out-of-pocket maximum includes the annual deductible. Out-of-pocket maximums cross-apply for U.S. in-network and out-of-U.S. services. Prescription drugs have no annual out-of-pocket maximum to meet.