



2027 Annual Benefits Enrollment Guide

Enroll Monday, October 26 – Friday, November 13
by 11:59 p.m. Central Time.



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Summary of Material Modifications

Pages 4, 23, and 39 of this guide describe upcoming changes to the Wells Fargo & Company Health Plan, the Wells Fargo & Company Short-Term Disability Plan and the Wells Fargo & Company Short-Term Disability Top-Up Plan and serve as a Summary of Material Modifications (SMM). It is part of the Wells Fargo & Company Health Plan Summary Plan Description (SPD), the Wells Fargo & Company Short-Term Disability Plan SPD, and the Wells Fargo & Company Short-Term Disability Top-Up Plan SPD and should replace any information to the contrary. Please keep it with your important plan materials.

Welcome to Annual Benefits Enrollment

Most of your current benefit elections will automatically carry over. This includes:

- Medical (unless you're enrolled in the Local Copay Plan in Minnesota)
- Dental
- Vision
- Optional Term Life Insurance
- Spouse/Partner Optional Term Life Insurance
- Dependent Term Life Insurance
- Optional Long-Term Disability (LTD)
- Optional Critical Illness Insurance
- Optional Accident Insurance
- Legal Services Plan
- Accidental Death & Dismemberment (AD&D)

There's no need to take action on the plans listed above if you like your current coverage. However, [health savings account \(HSA\)](#) and [flexible spending account \(FSA\)](#) elections **don't** automatically carry over and **must** be elected each year for you to participate.

Looking to make a change?

You have resources to help.

- This **benefits enrollment guide** gives you details about your plan options, how they compare, where to view your personalized plan options and rates in Workday, and how to make your elections.
- **Looking to change your medical plan for 2027?** Compare plan features like primary care physician requirements, specialist referrals, out-of-network coverage, copays, and more on [pages 25 – 28](#).
- **Included Health** can help you weigh your medical plan options so you can choose the best fit for you and your family. They're available 24/7 to answer your questions, help you find providers, and talk through any anticipated health care needs — such as planned surgeries or pregnancy. Get started by calling **1-833-200-7683**, visiting the [Included Health](#) website, or [downloading the app](#).
- **ALEX®**, our interactive online benefits tool, models your benefits to help you find the best fit for you based on your personal situation. Compare your medical plan options, review rates and estimated out-of-pocket costs, and explore other benefits available to you. Visit the [ALEX®](#) website to get started.

What's new for 2027

Be sure to review what's changing to make the most of your benefits next year.



1

Center of Excellence Program enhancements

If you enroll in a plan option administered by UnitedHealthcare (UHC) and you're contemplating surgery, contact Lantern, the new surgical care support service, at **1-855-358-1871** before scheduling your procedure. Resources are available to help you evaluate treatment options and provide referrals to Center of Excellence (COE) providers. Some types of surgery like bariatric surgery, require you to use a COE provider to receive coverage. In other cases, like certain spine and joint surgeries, you may also be able to reduce your out-of-pocket costs by participating in support programs and using a COE provider.

2

Local Copay Plan with HRA no longer available in Minnesota

UnitedHealthcare will no longer offer the Local Copay Plan with HRA in Minnesota beginning in 2027. If you're currently enrolled in this plan, you'll need to elect a new medical plan during Annual Benefits Enrollment. If you don't make an election during Annual Benefits Enrollment, you'll automatically be enrolled in the Copay Plan with HRA, which offers coverage nationwide. If you're impacted by this change, you'll receive an email with information about available plan options and resources to help you choose.

What the pay schedule transition for U.S. salaried employees means for your benefit deductions

Starting January 2027, most U.S. salaried employees¹ will move to a semi-monthly pay schedule and receive 24 paychecks a year, paid on the 15th and the final day of the month (or the prior business day if these dates fall on a weekend or holiday). Hourly employees will remain on the current biweekly pay schedule with 26 paychecks a year. Keep in mind, deducting amounts over fewer paychecks will result in a higher per-paycheck deduction.

The benefit deduction amounts you see in Workday when you're making your Annual Benefit Enrollment elections will reflect your specific pay schedule.

1. This change does not apply to Wealth & Investment Management Financial Advisors or Wealth & Investment Management Area/Branch Managers.

What's new for 2027 (cont.)

Be sure to review what's changing to make the most of your benefits next year.



3

Health savings account (HSA) limit increase

The IRS annual HSA contribution limits are increasing in 2027. You can contribute up to \$4,500 if you cover yourself only and \$9,000 if you cover one or more dependents in the HSA Plan.¹ Those 55 and older can contribute an additional \$1,000 as a catch-up contribution.

Keep in mind, the amount you can elect in Workday² may be less than the maximum amount allowed by the IRS because any Wells Fargo HSA contributions and health & wellness dollars you're eligible to receive are included in the total amount allowed by the IRS. Review [page 31](#) for more information.

Remember to elect your HSA contribution amount during Annual Benefits Enrollment if you want to contribute through payroll deductions in 2027. **Current elections don't roll over.**

4

Health Care and Limited Dental/Vision flexible spending account (FSA) limits increase

The IRS annual contribution limits for a Full-Purpose Health Care FSA and Limited Dental/Vision FSA are increasing in 2027. You can make before-tax payroll contributions, up to \$3,400, to pay for eligible health care expenses.

Remember to elect your FSA contribution amounts during Annual Benefits Enrollment if you want to contribute in 2027. **Current elections don't roll over.**

5

Day Care flexible spending account (FSA) contribution limit update

The IRS annual contribution limit for a Day Care FSA is \$7,500. If you're considered a highly compensated employee (HCE) under IRS rules, meaning you earned more than \$160,000 in 2026, your Day Care FSA contribution limit is increasing from \$3,000 to \$5,000 in 2027.

1. Your contributions and the company's can't exceed the 2027 IRS limit.

2. You can contribute additional money directly to your Optum Bank HSA at any time, up to the annual IRS limit. See [page 31](#) for details.

Your benefit options

Let's learn more about your medical, dental, and vision plan options, spending accounts, and income protection options.



2027 medical plans

You have two nationwide medical plans to choose from. And depending on where you live, you may also have a local network plan option available to you through UnitedHealthcare (UHC), Anthem Blue Cross Blue Shield (BCBS), Kaiser, or Centivo.

Let's review how the plans work and where they're offered.

Find your personalized plan options and rates in [Workday](#).

Or contact the Annual Benefits Enrollment Call Center at **1-877-HRWELLS** option 7, 3.

Get the most out of your well-being resources.

You have access to benefits, tools, and programs that support your physical, mental, and financial health all year long.



1

HSA Plan

The **HSA Plan** offers a nationwide network of providers through **Anthem Blue Cross Blue Shield (BCBS)** or **UnitedHealthcare (UHC)** depending on the state you live in. It's a comprehensive high-deductible health plan (HDHP) that:

- Covers eligible preventive care at 100%.
- Has a higher annual deductible but lower premiums.
- Helps you save on eligible out-of-pocket health care expenses with a compatible [health savings account \(HSA\)](#) — plus, you may be eligible to receive an employer HSA contribution.
- Requires you to pay the full cost of non-preventive care and prescription drugs until you meet the annual deductible. After that, you and Wells Fargo share the cost of care — called coinsurance — until you reach the annual out-of-pocket maximum.
- Allows you and your spouse or domestic partner to earn [health & wellness dollars](#) in your HSA by completing certain health and wellness activities.

The Optum HSA you open in conjunction with enrollment in the HSA Plan isn't part of the health plan and isn't subject to ERISA.

The details

- You can go to both in-network and out-of-network providers, but your expenses are generally lower with in-network providers.
- If you receive services from an out-of-network provider, you pay a separate and higher annual deductible and annual out-of-pocket maximum.
- **The big advantage:** This plan is compatible with an [HSA](#), and you may be eligible to get a contribution from Wells Fargo too.

Consider this plan if you:

- ✓ Currently have an HSA and want to continue making contributions.
- ✓ Want to open an HSA to use toward eligible expenses and earn health & wellness dollars.
- ✓ Prefer a lower per paycheck deduction even if it means you may pay more when you receive care.
- ✓ Need a plan with nationwide providers and out-of-network coverage.

Offered nationwide, except Hawaii. Refer to the [map](#) for details.

2

Copay Plan with HRA

The **Copay Plan with health reimbursement account (HRA)** through UnitedHealthcare (UHC) offers coordinated care through doctors, hospitals, and other health care providers who work together to support the patients they serve. It's available in all U.S. states, except Hawaii, and offers:

- The predictability of copays for office visits and prescription drugs.
- Eligible preventive care covered at 100%.
- Access to two in-network tiers with different annual deductibles, copays, coinsurance, and out-of-pocket maximums. What you pay depends on what tier provider you choose.
- More control over your health care costs.
- A [health reimbursement account \(HRA\)](#).
- The ability for you and your spouse or domestic partner to earn [health & wellness dollars](#) in your HRA by completing certain health and wellness activities.

The details

- You can go to both in-network and out-of-network providers, but your expenses are generally lower with in-network providers.
- **This plan requires you and your eligible dependents to designate a primary care physician, or PCP, through UHC.**

If you are newly enrolling in this plan, UHC will automatically assign a Tier 1 provider to you if you don't make a selection. You can request a change to your assigned provider at any time by contacting UHC. If you were already enrolled in this plan, no action is needed — you will keep the PCP you currently have on file.
- **You don't need referrals from your PCP to see specialists and other providers.**
- **The big advantage:**

This plan comes with copays for office visits and prescription drugs, giving you more predictable costs.

Consider this plan if you:

- ✓ Like the predictability of copays.
- ✓ Want more control over your health care costs.
- ✓ Need a plan with nationwide providers and out-of-network coverage.
- ✓ Currently have an HRA and don't want to move to a non-HRA-eligible plan and forfeit your HRA.

Offered nationwide, except Hawaii. Refer to the [map](#) for details.

Continued →

About the tiers

There are two in-network tiers with different annual deductibles, copays, coinsurance, and out-of-pocket maximums depending on which tier provider or facility you visit. You have access to providers and facilities in both tiers in this plan.

Tier 1

Tier 1 providers and facilities give you the most bang for your buck. First, you'll save money with lower copays, coinsurance, annual deductibles, and out-of-pocket maximums than if you use Tier 2 providers and facilities. Plus, Tier 1 providers and facilities are recognized by UHC for high quality and effectiveness.

Tier 2

Tier 2 providers and facilities offer quality care, but they haven't met the same criteria required by UHC to be considered Tier 1. They're still in network, so you'll still pay less than using an out-of-network provider or facility.

Eligible expenses incurred in both Tier 1 and Tier 2 apply to the annual deductibles and out-of-pocket maximums in both tiers.

Find in-network care

To find in-network providers, including Tier 1 providers, contact [Included Health](#).



Provider Tier changes

Providers and facilities are reviewed each year by UHC using national quality and effectiveness measures. Tier 1 providers meet higher standards than Tier 2, and providers may move tiers. If a provider you've used is changing tiers, you'll receive a notice from UHC. You can confirm provider tier status anytime by contacting UHC or Included Health.

3

Local Copay Plan with HRA

The **Local Copay Plan with HRA** offers personalized local care through high-quality providers in select areas — providing you and your family with convenient community care when you need it most. This plan:

- Has a smaller network of providers than the other medical plans offered, and not all providers in your area are covered, so be sure to review in-network providers.
- Doesn't offer out-of-network coverage — except for emergency care, no matter where you are.
- Offers a \$0 copay for primary care physician (PCP) and behavioral health visits, in addition to preventive care and well-being visits.
- Offers predictable copays for certain eligible services and prescription drugs.
- Includes a variety of providers, like PCPs, specialists, hospitals, urgent care centers, emergency rooms, and walk-in clinics — **all within your community**.
- Allows you and your spouse or domestic partner to earn [health & wellness dollars](#) in your HRA by completing certain health and wellness activities.

The details

- ➔ The Local Copay Plan with HRA has a smaller network of providers and doesn't offer out-of-network coverage, except for emergencies.
- ➔ The plan is available in certain metropolitan areas across the country.
- ➔ Depending on your state, Anthem BCBS, UnitedHealthcare, or Centivo administers your plan.
- ➔ **The big advantage:** You have a \$0 copay for PCP and behavioral health visits — not just eligible preventive and well-being visits!

Consider this plan if you:

- ✓ Are comfortable with a smaller selection of providers and not having out-of-network coverage for all care other than emergencies.
- ✓ Like the predictability of copays for office visits and prescription drugs.
- ✓ Currently have an HRA and don't want to move to a non-HRA-eligible plan and forfeit your HRA.
- ✓ Don't have a dependent who needs to go to providers outside the local network (like a child in college).

Offered only in select locations. Refer to the [map](#) for details.

A doctor in your corner

Some plans require you to select a primary care physician (PCP). Your PCP is a trusted single point of contact who coordinates all aspects of your care and provides referrals to specialists when needed.

For Centivo participants:

If you live in Connecticut, Iowa, New Jersey, New York, or Pennsylvania, and enroll in the Local Copay Plan with HRA, you and your covered dependents must choose a PCP through Centivo within 60 days of enrolling in the plan.

If you need specialist care or services from a provider who isn’t your PCP (or part of your PCP care team), you’re required to first get a referral from your designated PCP, with some exceptions.

For UnitedHealthcare participants:

If you're enrolled in the Local Copay Plan with HRA, and you're using Banner Health in Arizona or the Charter Network in Illinois or Texas, you and your covered dependents must choose a PCP through UnitedHealthcare. If you need to see a specialist, you're required to first get a referral from your PCP.

Health systems

Depending on your location, the Local Copay Plan with HRA works with certain health systems in your area.

- **Arizona** — Banner Health
- **Connecticut (central and western)** — Trinity Health of New England, Griffin Health, Middlesex Health, Nuvance Health, Connecticut Children's, and Women's Health Connecticut
- **Florida** — Advent Health, Arnold Palmer Hospital for Children, Baptist Health, BayCare, Bethesda Health, Dr. P. Phillips Hospital, HCA Healthcare, Mayo Clinic, Mount Sinai, Orlando Health, St. Joseph's Hospital, Tampa General Hospital, Tenet Health, UF Health, and University of Miami Health System
- **Georgia (Atlanta-Sandy Springs-Roswell, Augusta, Columbus, and Savannah)** — Children's Healthcare of Atlanta, Emory Healthcare, Doctor's Hospital (HCA), Grady Memorial Hospital, Memorial Health (HCA), Northside Hospital, and St. Francis Emory Healthcare
- **Illinois (Chicago metro)** — Charter Network/Advocate Physician Partners
- **Iowa (Des Moines and surrounding area)** — MercyOne ACO
- **Missouri (St. Louis metro)** — SSM Health, Mercy
- **New Jersey (central and northern)** — Atlantic Health, RWJBarnabas Health, Valley Health System, Penn Medicine, and Summit Health
- **New York (New York Metro/Westchester, Long Island)** — Mount Sinai, Montefiore, and Northwell
- **North Carolina (Charlotte, Concord-Gastonia metro)** — Atrium Health, Carolina Neurosurgery and Spine, OrthoCarolina, Charlotte Eye Ear Nose and Throat Associates, Levine Cancer Institute, Levine Children's Hospital, Metrolina Nephrology Associates, and Tryon Medical Partners
- **Pennsylvania (Philadelphia and surrounding area, Lehigh Valley)** — Penn Medicine, Lehigh Valley Health Network, Children's Hospital of Philadelphia, and Trinity Mid-Atlantic
- **Texas (Dallas/Fort Worth, Houston, San Antonio metro)**
 - **Dallas/Fort Worth:** TX Clinically Integrated Network
 - **Houston:** Kelsey-Seybold ACO
 - **San Antonio:** HCA-Methodist and WellMed ACO

4

Kaiser HMO

The **Kaiser health maintenance organization (HMO) Plan** is offered in certain locations because of the provider relationships available exclusively through the Kaiser network. This plan:

- Includes a copay for certain office visits.
- Covers eligible preventive care at 100%.
- Covers a range of services, prescription drugs, and mental health and substance use benefits.
- Generally pays only for medical care that's referred by your primary care physician (PCP).
- Generally pays for medical care only if you use a Kaiser provider or facility.
- Provides emergency coverage at non-Kaiser providers or facilities when you need it.

The details

- The Kaiser HMO is only available in certain areas.
- If you need emergency care while you're away from your local Kaiser providers and facilities, you're still covered.
- **The big advantage:** The Kaiser HMO gives you access to Kaiser's integrated health care system and lower plan costs (like the annual deductible) than your other plan options.

Consider this plan if you:

- ✓ Want to use Kaiser providers and facilities.
- ✓ Prefer a lower annual deductible but higher premiums.
- ✓ Are comfortable using only Kaiser in-network providers and facilities for all care other than emergencies.

Offered only in select locations. Refer to the [map](#) for details.

Your medical plan administrators

Your claims administrator depends on the plan you enroll in and the location of your primary residence.

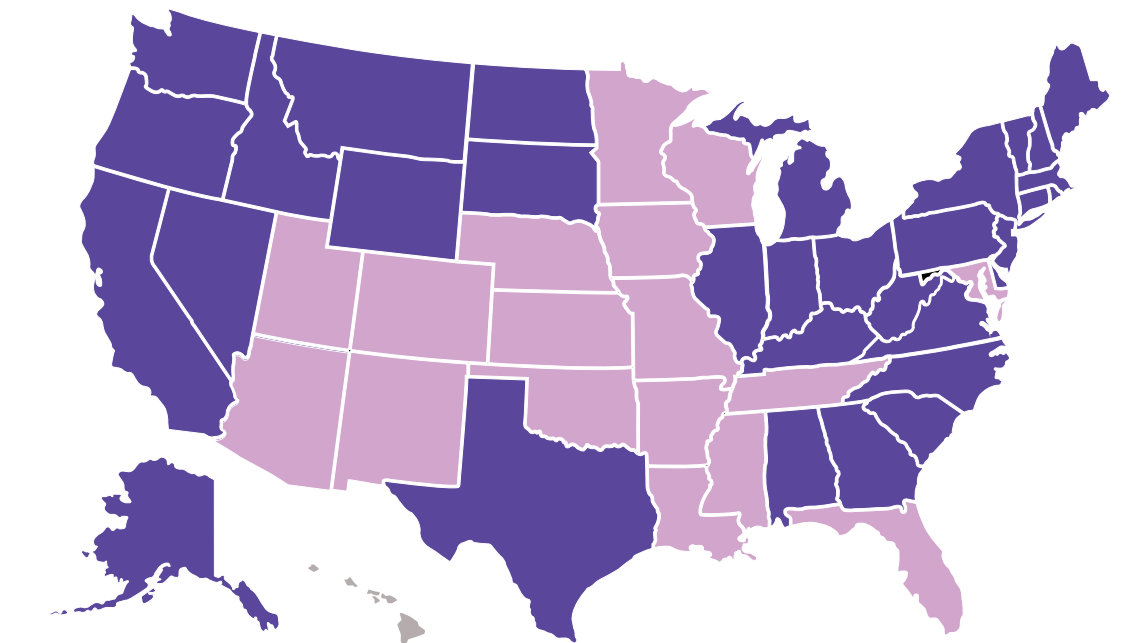
Want to find providers in your network?

Included Health is here to help!

HSA Plan

Nationwide except Hawaii

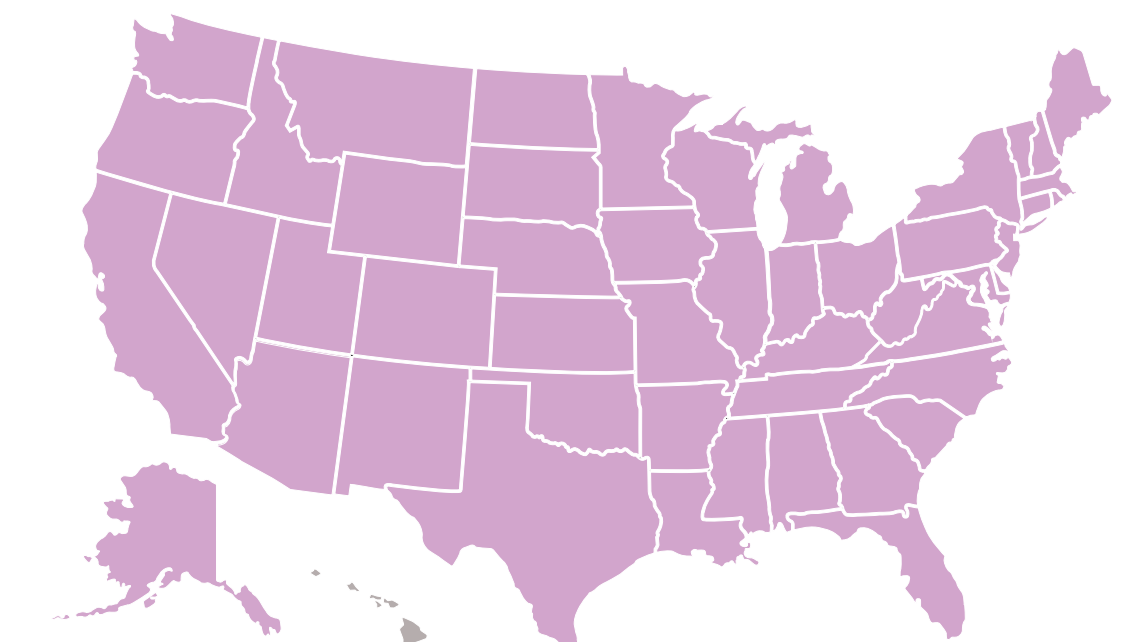
● Anthem BCBS ● UnitedHealthcare ● None



Copay Plan with HRA

Nationwide except Hawaii

● UnitedHealthcare ● None

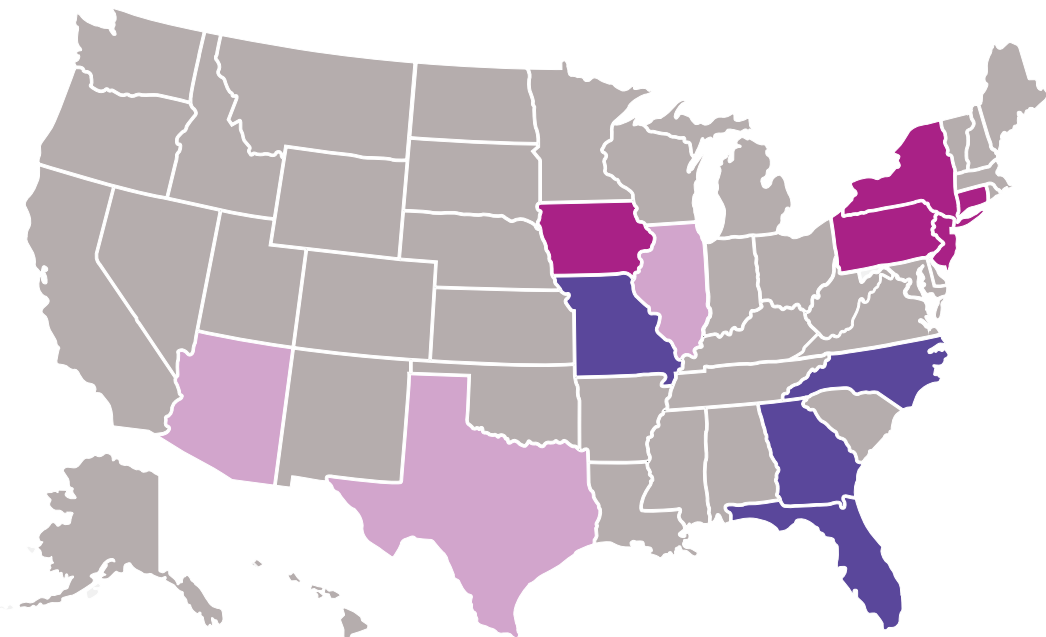


Continued →



Local Copay Plan with HRA

-
- Arizona
 - Connecticut (central and western)
 - Florida
 - Georgia (Atlanta-Sandy Springs-Roswell, Augusta, Columbus, and Savannah)
 - Illinois
 - Iowa (Des Moines and surrounding area)
 - Missouri (St. Louis Metro Area)
 - New Jersey (central and northern)
 - New York (New York Metro/ Westchester, Long Island)
 - North Carolina (Charlotte, Concord-Gastonia Metro Area)
 - Pennsylvania (Philadelphia and surrounding area, Lehigh Valley)
 - Texas

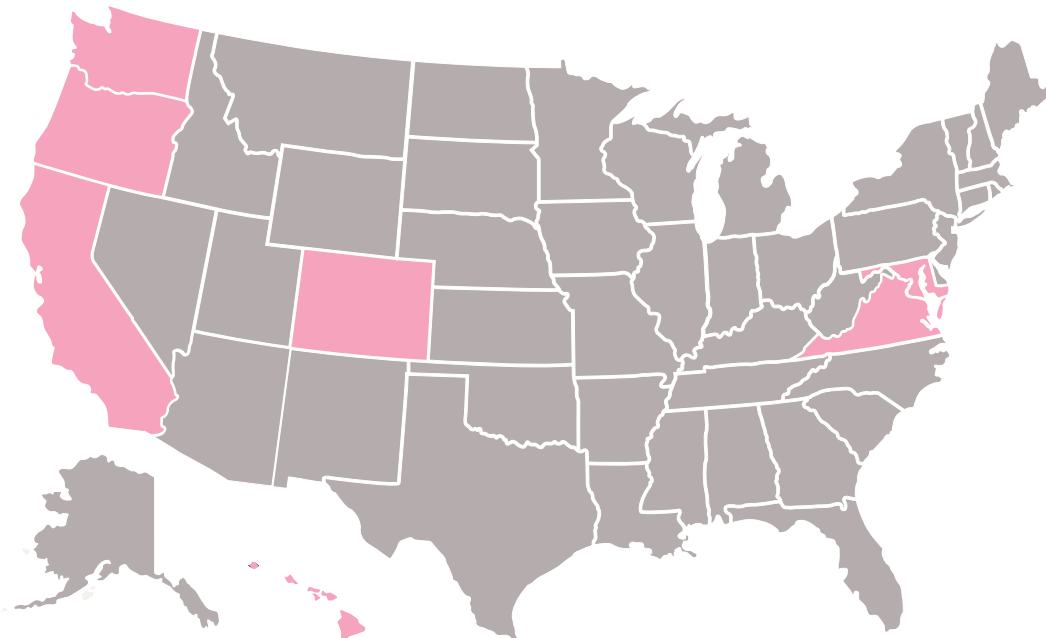


● Anthem BCBS ● UnitedHealthcare ● Centivo ● None

Kaiser Plans

Kaiser HMO:

-
- California (Northern and Southern)
 - Colorado (Denver, Canon City, Colorado Springs, Falcon, Monument, Pueblo, Woodland Park, Fort Collins, Greeley, and Loveland)
 - District of Columbia
 - Maryland
 - Oregon (Greater Eugene, Portland, and Salem)
 - Virginia
 - Washington (Seattle, Tacoma, Spokane, Greater Vancouver, Longview, and Kelso)



POS Kaiser Added Choice:

- Hawaii

● Kaiser Permanente ● None

Things to know about your medical plan



Medical plan tobacco surcharge

Employees who use tobacco products are charged a tobacco surcharge of \$600 annually (approximately \$23.08 per paycheck for hourly employees and \$25.00 per paycheck for salaried employees) on top of their 2027 Wells Fargo medical premiums. This surcharge is applicable to all tobacco use (including, but not limited to, cigarettes, electronic cigarettes, cigars, pipes, and chewing tobacco).

Quit For Life[®] tobacco cessation program

If you're designated as a tobacco user in Workday, the tobacco surcharge applies to your medical premium. You can avoid the cost of the surcharge by enrolling in the Quit For Life[®] tobacco cessation program through Optum by December 15, 2026. To enroll or talk to a Quit For Life[®] coach, call **1-866-QUIT-4-LIFE** or visit quitnow.net. By enrolling in this program, you get a credit equal to the cost of the tobacco surcharge. If you enroll after December 15, the credit will be provided prospectively against future premium contributions.

Tobacco Surcharge Accommodation

If you're a designated tobacco user but you believe it's unreasonably difficult or medically inadvisable for you to enroll in a tobacco cessation program, you and your physician can complete and submit the Tobacco Surcharge Accommodation Form.

Network provider changes

Providers can sometimes leave the network during the year. If this happens, you can find a new in-network provider by contacting Included Health. Or, you can remain with your current provider, but you'll pay more if claims are reimbursed at the out-of-network coverage level. Since a provider or health system leaving the network is not a Qualified Event, you can't change plans midyear for this type of change. (Note: Kaiser members should contact Kaiser directly for assistance finding a provider.)

Medical plan compensation categories

Your medical plan rates are based on your "medical plan compensation" which is calculated using your annual base salary¹ as of October 1, plus any eligible incentive compensation² paid in the preceding 12 months. Wells Fargo contributes a larger share of medical premium costs for employees with lower compensation. Two new compensation categories are being introduced for 2027, so your compensation category may have changed. View your personalized medical plan options and rates in [Workday](#).

1. Annual base salary is your monthly or hourly rate of pay indicated on Workday, with monthly and hourly pay annualized for the purpose of determining your compensation for medical premiums.

2. Eligible incentive compensation includes commissions, bonuses, and other earnings indicated on Workday as eligible incentive compensation.

Included Health

When you enroll in the HSA Plan, the Copay Plan with HRA, or the Local Copay Plan with HRA, you have access to Included Health.

Virtual health care at your fingertips

Get medical and mental health care anytime, anywhere from board-certified doctors, licensed therapists, and psychologists for common to complex needs for kids, teens, and adults. Virtual medical and mental health visits are subject to the telemedicine cost through your Wells Fargo medical plan.

Expert medical opinions

Connect with a specialist from one of the nation's leading medical institutions for a secondary medical review so you can focus on getting the best care for your situation.

24/7 support with the app

Get quick and easy access to all your Wells Fargo health care benefits in the Included Health app. You can:

- Connect with a provider within minutes.
- Quickly access your medical insurance information, similar to what's on your ID card.
- Access plan details about your Wells Fargo health care benefits.
- Get 24/7 support from the Included Health care team.

A dedicated care team

Included Health's care team is available 24/7 for all of your health care plan questions, whether you have a concern about a medical bill or the benefits of your plan.

Connect with the care team anytime, anywhere through the app, live chat on the website, or by phone. The care team can also follow up on labs, schedule appointments, and help you understand your treatment plan.

Find in-network care

To find in-network providers, contact Included Health.

Getting started is easy!

Visit includedhealth.com/wf.

Call 1-833-200-7683 or [download the app](#).

Comparing your medical plan options

Let's take a high-level look at the plans and compare them side by side.

Find your personalized plan options and rates in [Workday](#).

Or contact the Annual Benefits Enrollment Call Center at 1-877-HRWELLS option 7, 3.



Plan features	HSA Plan	Copay Plan with HRA	Local Copay Plan with HRA	Kaiser HMO
Locations available	Nationwide, except Hawaii	Nationwide, except Hawaii	Metropolitan areas of AZ, CT, FL, GA, IL, IA, MO, NJ, NY, NC, PA, TX	Select areas of CA, CO, DC, MD, OR, VA, WA
Primary care physician (PCP) required	No , but recommended	Yes	Anthem: No UnitedHealthcare and Centivo: Generally yes¹	Yes
See a specialist without a referral	Yes	Yes	Anthem: Yes UnitedHealthcare and Centivo: Generally no¹	No
Medical claims administrator	Anthem Blue Cross Blue Shield UnitedHealthcare	UnitedHealthcare	Anthem Blue Cross Blue Shield UnitedHealthcare Centivo	Kaiser
Copays for primary care and prescription drugs before meeting the annual deductible	No Except for preventive prescription drugs	Yes	Primary care: \$0 copay Prescription drugs: Yes	Yes
Out-of-network coverage	Yes	Yes	No Emergency care is covered	No Emergency care is covered
Compatible accounts	Health savings account (HSA) ² Limited Dental/Vision flexible spending account (FSA)	Health reimbursement account (HRA) Full-Purpose Health Care FSA Limited Dental/Vision FSA	HRA Full-Purpose Health Care FSA Limited Dental/Vision FSA	N/A
Account contribution from Wells Fargo (if you earn \$100,000 or less)	Yes	No	No	No
Earn health & wellness dollars Up to \$800 for yourself and up to \$400 for your covered spouse or domestic partner	Yes Contributed to HSA	Yes Allocated to HRA ³	Yes Allocated to HRA ³	No

1. If your claims administrator is UnitedHealthcare and you’re using Banner Health in Arizona or the Charter Network in Illinois or Texas, you must designate a primary care physician (PCP) and obtain referrals to see specialists. If your claims administrator is Centivo, and you live in Connecticut, Iowa, New Jersey, New York, or Pennsylvania, you must designate a PCP and in most cases obtain referrals to see specialists.

2. 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 not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).

3. The HRA is a notional bookkeeping entry, and no specific funds will be set aside in an account (or otherwise segregated) for purposes of funding an HRA. No interest or earnings will be credited to an HRA. Amounts allocated to an HRA are not vested and are subject to forfeiture.

	HSA Plan		Copay Plan with HRA			Local Copay Plan with HRA	Kaiser HMO ¹
Plan details	In network ²	Out of network	Tier 1 In network ²	Tier 2 In network	Out of network	In network only	In network only
Annual deductible			Tier 1 and Tier 2 annual deductible and out-of-pocket maximum cross apply.				
You	\$3,250	\$6,500	\$1,000	\$1,600	\$3,200	\$500	\$500
You + spouse ³	\$5,200	\$10,400	\$1,500	\$2,500	\$5,000	\$800	\$1,000
You + children ⁴	\$4,250	\$8,500	\$1,400	\$2,100	\$4,200	\$700	\$1,000
You + spouse ³ + children ⁴	\$6,200	\$12,400	\$1,900	\$3,000	\$6,000	\$1,000	\$1,000
Coinsurance	20%	50%	10%	30%	50%	10%	20%
Annual out-of-pocket maximum							
You	\$5,500	\$11,000	\$3,150	\$4,500	\$9,000	\$2,500	\$3,000
You + spouse ³	\$8,800	\$15,400	\$4,750	\$7,250	\$15,500	\$4,100	\$5,700
You + children ⁴	\$7,200	\$12,600	\$4,250	\$6,250	\$12,500	\$3,500	\$5,700
You + spouse ³ + children ⁴	\$10,400	\$18,200	\$6,050	\$8,750	\$17,500	\$5,000	\$5,700
Eligible preventive care services ⁵	\$0	50%	\$0	\$0	50%	\$0	\$0

Review footnotes on [page 21](#).



Plan details	HSA Plan		Copay Plan with HRA			Local Copay Plan with HRA	Kaiser HMO ¹
	In network ²	Out of network	Tier 1 In network ²	Tier 2 In network	Out of network	In network only	In network only
Common health care services							
Virtual provider			\$10 copay	\$10 copay		\$0 copay	\$0 copay
Primary care physician office visit		50% after annual deductible	\$20 copay ⁶	\$50 copay ⁶	50% after annual deductible	\$0 copay ⁶	\$30 copay ⁶
Specialist office visit	20% after annual deductible		\$40 copay ⁶	\$100 copay ⁶		\$25 copay ⁶	\$50 copay ⁶
Urgent care			\$50 copay ⁶	\$50 copay ⁶		\$50 copay ⁶	\$30 copay in CA ⁶ \$50 in other states
Emergency room		20% after annual deductible	10% after annual deductible	10% after annual deductible	10% after annual deductible	\$250 copay	20% after annual deductible

1. This summary shows the most common Kaiser plan design. Some Kaiser regions have slightly different copay amounts for prescription drugs, office visits, and other services. Refer to the individual plan Summary of Benefits & Coverage for specific details.

2. 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.

3. Includes domestic partner

4. Includes domestic partner’s children

5. For information on eligible preventive care services, refer to the Preventive care services (eligible preventive care services) section in Chapter 2 of the *Benefits Book*. Kaiser members should refer to the Kaiser website at choose.kaiserpermanente.org/wells-fargo to learn more about plans and what’s covered.

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.

Prescription drugs

For the HSA Plan, the Copay Plan with HRA, and the Local Copay Plan with HRA

Your prescription drug administrator is Express Scripts, which offers a broad network of more than 60,000 pharmacies nationwide, including large retail chains like Walgreens, Costco, Walmart, and CVS.

Avoid surprises at the pharmacy

Before you head to the pharmacy, find out what your new prescriptions are going to cost through the Price a Medication Tool at express-scripts.com/wf.

Save with the SaveOnSP Program

If you're enrolled in the Copay Plan with HRA or the Local Copay Plan with HRA, you may be eligible to pay a \$0 copay for certain high-cost specialty drugs after you meet your annual deductible. Visit saveonsp.com/wellsfargo to check if your medication is included in the SaveOnSP program. To be eligible, you must enroll in the SaveOnSP Program by calling Express Scripts at 1-855-388-0352. This program isn't available to HSA Plan participants.

For Kaiser HMO

You'll fill your prescriptions at a Kaiser facility. For member services, call the phone number on your medical plan ID card.



Stretch your prescription dollars further.

Switching to generics can significantly lower your out-of-pocket costs. Ask your doctor if a generic is right for you. If you choose a brand-name drug when a generic is available, you'll pay the generic drug copay plus the difference in cost between the generic and the brand-name drug.

Prescription drug ²	HSA Plan		Copay Plan with HRA		Local Copay Plan with HRA	Kaiser HMO ¹
	In network ³	Out of network	In network ^{3,4}	Out of network	In-network only	In-network only
Non-specialty (30-day supply)	Full cost until deductible reached, then:	Full cost until deductible reached, then:	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible
Generic	\$12 copay	Pay in-network copays + cost difference between full cost and network rate	\$12 copay	Pay in-network copays + cost difference between full cost and network rate	\$12 copay	\$10 copay
Preferred brand-name	\$60 copay ⁵		\$60 copay ⁵		\$60 copay ⁵	\$60 copay
Non-preferred brand-name	\$125 copay ⁶		\$125 copay ⁶		\$125 copay ⁶	\$60 copay (CA) \$125 copay (other regions)
Specialty (30-day supply) ⁷	Full cost until deductible reached, then:	No coverage		No coverage		
Generic	\$50 copay					
Preferred brand-name	\$150 copay					
Non-preferred brand-name	\$200 copay ⁶					

1. Kaiser plan copays may vary by location.

2. 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. Kaiser members should refer to Kaiser’s website to review pharmacy benefits at [choose.kaiserpermanente.org/wells-fargo](#) to learn more about plans and what’s covered.

3. 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.

4. There is no tiering associated with in-network pharmacies. Your prescription drug expenses accumulate toward both your Tier 1 and Tier 2 out-of-pocket maximum.

5. Starting January 1, 2027, Wegovy®, Zepbound®, and any future brand formulation in the weight loss GLP-1 class/category will have a \$125 copay for a 30-day supply. If you or a covered family member has an existing prescription for these medications, you'll receive more details from Express Scripts, including information about manufacturer savings programs that may help reduce your out-of-pocket cost to an amount similar to what you're paying today.

6. Covered only when you meet formulary exception criteria.

7. If you participate in the Copay Plan with HRA or the Local 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 [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.

Health & wellness dollars

For those enrolled in the HSA Plan, Copay Plan with HRA, and Local Copay Plan with HRA

Staying on top of your health isn't only good for your body — it's good for your wallet. You can earn **up to \$800** and your covered spouse or domestic partner can earn **up to \$400** (\$1,200 total) in a year in health & wellness dollars for completing the activities to the right by November 15.

The health & wellness dollars you earn are deposited into your [HSA](#) or allocated to your [HRA](#). Then you can use your dollars for eligible medical expenses like medical plan copays, prescription drugs, and other out-of-pocket expenses.

If you're eligible for health & wellness dollars in 2026, make sure you complete your activities by November 15. Visit [Optum Engage](#) to find a list of activities you haven't yet completed.

2027 Activities ¹	You can earn
Take the online Health Survey	\$50
Second Medical Opinion	\$150
Watch a video about the Employee Assistance Program	\$50
Get a dental checkup	\$100
Get an annual physical	\$300
Get a preventive care exam	\$150/eligible exam
Get a biometric screening	\$150
Track your physical activity with Stride	\$25/month
Get weight management support (Real Appeal)	\$300
Join Diabetes Care Management Teladoc (formerly Livongo)	\$300

1. This list of activities is subject to change.

Health and wellness activities are completely voluntary. These activities are not a substitute for or intended to provide medical care or treatment and don't constitute individual medical advice or care. You should discuss specific questions about your individual health care with your personal health care providers.



Thinking of switching medical plans?

Check out how switching medical plans could impact your care, costs, and account use.





Currently in the HSA Plan

Switching to the ...	Copay Plan with HRA	Local Copay Plan with HRA	Kaiser HMO
Primary care physician (PCP)	You'll be required to have a PCP.	You may be required to have a PCP. Review page 12 for details.	You'll be required to have a PCP.
Specialists	You'll continue to be able to see a specialist without a referral.	You may need a referral to see a specialist. Review page 12 for details.	You'll be required to have a referral to see a specialist.
Copays	You'll have copays for primary care and prescription drugs before meeting the annual deductible.		
Out-of-network coverage	You'll continue to have out-of-network coverage.	You won't have out-of-network coverage, except for emergency care.	
Accounts	HSA: You can't contribute to your HSA anymore, but the balance is yours to keep and spend on eligible health care expenses. HRA: You'll have an HRA. You don't contribute your own dollars, but Wells Fargo can allocate funds if you complete health and wellness activities. FSAs: You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.		HSA: You can't contribute to your HSA anymore, but the balance is yours to keep and spend on eligible health care expenses. FSAs: You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.
Health & wellness dollars	You'll still be eligible to earn up to \$800 for you and up to \$400 for your covered spouse or domestic partner, but money will be allocated to an HRA.		You won't be eligible.
Specialty prescription drug programs	You'll be eligible for the SaveOnSP Program, which allows you to use drug manufacturer assistance to reduce your copay for some specialty medications to \$0 . Learn more on page 22 .		You'll need to transfer your prescription to a Kaiser pharmacy.



Currently in the Copay Plan with HRA or Local Copay Plan with HRA

Switching to the ...	HSA Plan	Kaiser HMO
Primary care physician (PCP)	You won't be required to have a PCP.	You'll be required to have a PCP.
Specialists	You won't be required to have a referral to see a specialist.	You'll be required to have a referral to see a specialist.
Copays	You won't have copays for primary care anymore. Instead you'll pay the full cost of services until you meet the annual deductible.	You'll continue to have copays for primary care and prescription drugs before meeting the annual deductible.
Out-of-network coverage	You'll have out-of-network coverage.	You won't have out-of-network coverage, except for emergency care.
Accounts	HRA: You forfeit your HRA funds. HSA: You can open an HSA that you and Wells Fargo can contribute money to. FSAs: You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA. Keep in mind, if you contribute to the Full-Purpose Health Care FSA, you're not eligible to contribute to the HSA.	HRA: You forfeit your HRA funds. FSAs: You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.
Health & wellness dollars	You'll still be eligible to earn up to \$800 for you and up to \$400 for your covered spouse or domestic partner, but money will be allocated to an HSA.	You won't be eligible.
Specialty prescription drug programs	If you're currently taking a specialty medication that's part of the SaveOnSP program, which allows you to use drug manufacturer assistance to reduce your copay to \$0 , you'll no longer be eligible for this program.	If you're currently taking a specialty medication that's part of the SaveOnSP program, which allows you to use drug manufacturer assistance to reduce your copay to \$0 , you'll no longer be eligible for this program. You'll also need to transfer your prescription to a Kaiser pharmacy.



Currently in the Kaiser HMO

Switching to the ...	HSA Plan	Copay Plan with HRA	Local Copay Plan with HRA
Primary care physician (PCP)	You won't be required to have a PCP.	You'll continue to be required to have a PCP.	You may be required to have a PCP. Review page 12 for details.
Specialists	You won't be required to have a referral to see a specialist.		You may continue to be required to have a referral to see a specialist. Review page 12 for details.
Copays	You won't have copays for primary care anymore. Instead you'll pay the full cost of services until you meet the annual deductible.	You'll continue to have copays for primary care and prescription drugs before meeting the annual deductible.	
Out-of-network coverage	You'll have out-of-network coverage, but you won't have access to Kaiser providers.		You won't have out-of-network coverage, except for emergency care, and you won't have access to Kaiser providers.
Accounts	HSA: You can open an HSA that you and Wells Fargo can contribute money to. FSAs: You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA. Keep in mind, if you elect the Full-Purpose Health Care FSA, you're not eligible to contribute to the HSA.	FSAs: You can enroll in either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.	
Health & wellness dollars	You'll be eligible to earn up to \$800 for you and up to \$400 for your covered spouse or domestic partner. Money will be allocated to an HSA.		You'll be eligible to earn up to \$800 for you and up to \$400 for your covered spouse or domestic partner. Money will be allocated to an HRA.
Specialty prescription drug programs	You'll need to transfer your prescriptions to a pharmacy in the Express Scripts network.		You'll be eligible for the SaveOnSP Program, which allows you to use drug manufacturer assistance to reduce your copay for some specialty medications to \$0 . Learn more on page 22 . You'll need to transfer your prescriptions to a pharmacy in the Express Scripts network.

Dental

Dental coverage is offered through Delta Dental, and you have two plans to choose from: Standard and Enhanced.

View your dental plan options and rates in [Workday](#).

Or contact the Annual Benefits Enrollment Call Center at 1-877-HRWELLS option 7, 3.



For in-network care	Standard	Enhanced
Annual deductible	\$50 per person	\$50 per person
Annual maximum benefit	\$1,500 per person	\$2,000 per person
Diagnostic and preventive care ¹ Routine exams, cleanings, X-rays, fluoride treatments, sealants, and periodontal maintenance	You pay 0%	You pay 0%
Fillings and oral surgery Fillings, simple extraction, and oral surgery in office Composite (white) fillings	You pay 20% You pay 30%	You pay 10% You pay 20%
Endodontics and periodontics Root canals and treatment for diseased gums and tissue	You pay 20%	You pay 10%
Major restorative services Crowns, inlays, onlays, bridgework, dentures, dental implants, prosthetics, and repairs	You pay 50%	You pay 40%
Orthodontics For children and adults Lifetime maximum benefit ²	You pay 50% \$1,500 per child or adult	You pay 50% \$2,000 per child or adult

1. Includes routine exams twice per year, full-mouth X-rays every five years, and one series of bitewing X-rays every 12 months. For children under age 18, fluoride treatments once per plan year. For children under age 16, sealants for 6- and 12-year permanent molars.

2. Orthodontia lifetime benefit is based on enrollment at time of appliance banding; only one benefit payable for both Delta Dental Standard and Delta Dental Enhanced.

Vision

Vision coverage is offered through Vision Service Plan (VSP).

For in-network ¹ care	VSP
Eye exam (once per calendar year)	\$10 copay
Lenses (once per calendar year)	\$15 copay
Frames (once per calendar year)	\$15 copay Plan pays \$175 toward frames of your choice ²
Contact lenses (once per calendar year; in lieu of glasses)	
Elective	Plan pays \$175
Medically necessary	\$15 copay

1. Not all listed services are available from some participating retail chains. Contact VSP for details.
2. If you purchase both frames and lenses when you buy new glasses, you pay one \$15 copay. However, if you only get new frames or only get new lenses, you still pay one \$15 copay. The \$15 copay for frames and lenses is limited to once per calendar year, whether you purchase them separately or combined. Note: The vision plan pays \$95 toward frames of your choice at Costco or Walmart after you pay a \$15 copay.

View your vision plan rates
in [Workday](#).

Or contact the Annual Benefits Enrollment
Call Center at **1-877-HRWELLS** option 7, 3.



Health savings account (HSA)

Here's a quick rundown of why the Optum HSA¹ might be right for you.

If you enroll in the HSA Plan for your medical coverage, you can enroll in the HSA through Optum Bank if you meet eligibility criteria.



1 Money in — no taxes²

Wells Fargo may contribute money to your HSA through Optum Bank, and you can contribute too. All of it goes in your account, free of federal income tax. Your contributions and the company's can't exceed the 2027 IRS limits of **\$4,500** for individual coverage and **\$9,000** for family coverage.³ Those 55 and older can contribute an additional **\$1,000** as a catch-up contribution. Keep in mind, the amount you can elect to contribute in Workday may be less than the maximum amount allowed by the IRS because any Wells Fargo HSA contributions and health & wellness dollars you're eligible to receive are included in the total amount allowed by the IRS.⁴

Here's Wells Fargo's automatic contribution to the Optum HSA:

Your eligible compensation	You only or you + children ⁶	You + spouse ⁵ or you + spouse ⁵ + children ⁶
Less than \$48,000	\$500	\$1,000
More than \$48,000 – \$100,000	\$250	\$500
More than \$100,000	\$0	\$0

1. A health savings account is an individually owned account. It's separate from the HSA Plan. It's not part of any employee benefit plan sponsored or maintained by Wells Fargo & Company or any of its subsidiaries or affiliates, and it's not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).

2. Tax references are at the federal level; state taxes may apply.

3. Additional eligibility rules apply.

4. To contribute additional funds directly to your Optum Bank HSA at any time, visit [Optum Bank](#) and complete the online form on the Contributions tab. If you make contributions outside of payroll, you may be able to claim them as an HSA deduction when you file your federal income tax return. Wells Fargo doesn't monitor whether you've exceeded your personal contribution limit. You're solely responsible for monitoring this limit.

5. Includes domestic partner.

6. Includes domestic partner's children.

2

Earn even more.

You and your covered spouse or domestic partner can each earn health & wellness dollars, deposited directly into your Optum HSA, by completing certain health and wellness activities — up to **\$800** for you and up to **\$400** for your covered spouse or domestic partner.

3

It's easy to use.

Think of your HSA like your bank account. You'll receive an Optum HSA payment card to use the funds in your account. You can use the card just like your debit card when you receive care, pay for a prescription, or buy an eligible item like sunscreen or a first aid kit. And if you choose not to use your Optum HSA card, it's easy to reimburse yourself from your Optum Bank account online.

4

Spend or invest those dollars, and still no taxes.¹

Use those HSA dollars to pay for qualified medical, prescription drug, dental, and vision expenses. Once your Optum HSA balance is over **\$2,000**, you can invest² anything above that amount. All those earnings? You guessed it — tax-free.

1. Tax references are at the federal level; state taxes may apply.
2. Investments aren't guaranteed and may lose value. Contact Optum Bank for more details.



Health reimbursement account (HRA)

The HRA is a great way to help lower your out-of-pocket medical and prescription drug costs by earning health & wellness dollars.

You don't contribute your own dollars to the HRA, but Wells Fargo can allocate funds to an HRA if you complete certain health and wellness activities. To have an HRA, you must enroll in either the Copay Plan with HRA or the Local Copay Plan with HRA.

1

It's easy to use.

You'll receive a HealthEquity Visa® Card. You can use the card just like your debit card to pay for eligible medical and prescription drug expenses. When you use your HealthEquity Visa® Card, or submit a claim for reimbursement, your FSA balance will be used first for expenses until there are no funds remaining. Once your FSA account is depleted, your health reimbursement account (HRA) balance will be used for eligible medical and prescription drug expenses.

It's important to save your Explanation of Benefits (EOB) in case you're asked to substantiate expenses.

2

Earn money.

You and your covered spouse or domestic partner can earn health & wellness dollars, allocated directly to your HRA, by completing certain health and wellness activities — up to **\$800** for you and up to **\$400** for your spouse or domestic partner.

3

Carry it over.

Your unused HRA balance is carried over from year to year if you remain in a Wells Fargo HRA-eligible plan.

How the HRA and Health Care FSA work together

If you have an HRA and a Full-Purpose Health Care FSA, your FSA balance will be used first when paying for eligible medical, prescription drug, dental, vision, and over-the-counter expenses with your HealthEquity Visa® Card, or when submitting claims for reimbursement. When there are no funds remaining in your FSA, your HRA balance will be used for eligible medical and prescription drug expenses.

Keep this in mind when making your elections, submitting claims, or using your card. Learn more about how to use your flexible spending account for expenses that aren't covered by the HRA on [page 34](#).

The HRA is a notional bookkeeping entry, and no specific funds will be set aside in an account (or otherwise segregated) for purposes of funding an HRA. No interest or earnings will be credited to an HRA. Amounts allocated to an HRA are not vested and are subject to forfeiture. Wells Fargo & Company reserves the unilateral right to amend or modify the HRA at any time for any reason, with or without notice, including placing limitations or restrictions on amounts allocated to an HRA or terminating the HRA.

Health Care flexible spending accounts (FSAs)

You're eligible for an FSA if you're enrolled in any Wells Fargo-sponsored medical plan or if you waive medical plan coverage.

If you have an HRA and elect a Full-Purpose Health Care FSA

If you're enrolled in a plan with an HRA and you elect the Full-Purpose Health Care FSA, your FSA balance will be used first when paying for eligible medical, prescription drug, dental, and vision expenses with your HealthEquity Visa® Card or submitting claims for reimbursement. When there are no funds remaining in your FSA, your HRA balance will be used. Keep this in mind when making your elections, submitting claims, or using your card.

How to use your FSA for expenses that aren't covered by the HRA

If your goal is to preserve your HRA funds for medical and prescription drug expenses, consider enrolling in the Limited Dental/Vision FSA instead of a Full-Purpose Health Care FSA. The Limited Dental/Vision FSA can only be used for eligible dental and vision expenses — such as braces, glasses, and contact lenses — which are generally not covered by the HRA. This allows you to set aside pre-tax dollars for dental and vision expenses while keeping your HRA available for eligible medical and prescription drug costs.

1

Easy savings.

You can make before-tax payroll contributions, up to **\$3,400** in 2027, to pay for eligible health care expenses.

Don't forget! You must make a new election each year to contribute to the FSA.

2

You've got options.

You can elect either the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA depending on your needs and the medical plan you're enrolled in.

If you're enrolled in the **HSA Plan**, the Limited Dental/Vision FSA allows you to contribute to an HSA and receive Wells Fargo contributions to your HSA, such as health & wellness dollars. If you enroll in a Full-Purpose Health Care FSA, you won't be eligible to contribute to an HSA or receive HSA contributions from Wells Fargo.

If you're enrolled in the **Copay Plan with HRA** or **Local Copay Plan with HRA**, you can enroll in the Full-Purpose Health Care FSA or the Limited Dental/Vision FSA.

3

Keep an eye on your balance.

Any unused funds from 2026 are available during the 2027 grace period, which allows you to use funds for expenses incurred through March 15, 2027, as long as you're enrolled on December 31, 2026. You must submit requests for reimbursement no later than April 30, 2027. Keep this in mind when making your 2027 Health Care FSA contribution election.

4

Use it or lose it.

Any balance remaining at the end of the grace period is forfeited.

Day Care flexible spending account (FSA)

You must have children under the age of 13 in 2027 or elderly or disabled dependents you claim as tax dependents to be reimbursed from this account.

1

It takes a village — and a Day Care FSA.

You can contribute up to **\$7,500** before taxes (**\$5,000** if you're a highly compensated employee¹) to pay for eligible day care costs like licensed day care centers or in-home providers.

2

Plan ahead.

Any unused funds from 2026 are available during the 2027 grace period, which allows you to incur expenses through March 15, 2027, as long as you're enrolled on December 31, 2026. You must submit requests for reimbursement no later than April 30, 2027. Any balance remaining at the end of the grace period is forfeited. Keep this in mind when making your 2027 Day Care FSA contribution election.

1. The IRS defines a highly compensated employee in 2027 as someone who earns over \$160,000 in 2026.



Comparing your account options

Here's a quick overview of your health account options.

	Health savings account (HSA) ¹	Health reimbursement account (HRA)	Full-Purpose Health Care flexible spending account (FSA)	Limited Dental/Vision flexible spending account (FSA)
What health plans are eligible?	HSA Plan	- Copay Plan with HRA - Local Copay Plan with HRA	- Copay Plan with HRA - Local Copay Plan with HRA - HSA Plan (as long as you're not contributing to or receiving dollars in an HSA) - Waive medical coverage	- HSA Plan - Copay Plan with HRA - Local Copay Plan with HRA - Waive medical coverage
What can I use this account for?	Eligible out-of-pocket medical, prescription drug, dental, and vision expenses for yourself and your eligible dependents Once your balance is over \$2,000 , you can invest your funds. ²	Eligible out-of-pocket medical and prescription drug expenses for yourself and your eligible dependents Dental and vision expenses aren't eligible expenses. Visit HealthEquity for a full list of eligible expenses.	Eligible out-of-pocket medical, prescription drug, dental, and vision expenses for yourself and your eligible dependents Visit HealthEquity for a full list of eligible expenses.	Eligible out-of-pocket dental and vision expenses only for yourself and your eligible dependents Visit HealthEquity for a full list of eligible expenses.
How much can I contribute in 2027?	\$4,500 /individual coverage \$9,000 /family coverage ³ 55 and older can contribute an additional \$1,000 as a catch-up contribution	You don't contribute your own dollars, but Wells Fargo can allocate funds to an HRA if you complete certain health and wellness activities .	\$3,400 Keep in mind, if you contribute to this account, you can't receive or make contributions to an HSA.	\$3,400

Review footnotes on [page 37](#).

	Health savings account (HSA) ¹	Health reimbursement account (HRA)	Full-Purpose Health Care flexible spending account (FSA)	Limited Dental/Vision flexible spending account (FSA)
Does Wells Fargo make a contribution to the account?	Yes , if you meet the eligibility criteria . Compensation must be less than \$100,000 . Wells Fargo can also allocate funds if you complete certain health and wellness activities .	Wells Fargo can allocate funds if you complete certain health and wellness activities .	No	
Can I carry over any money I don't use in 2027 to the next year?	Yes	Yes , but if you move to the HSA Plan or drop medical coverage, your HRA is forfeited.	No , but there is a grace period until March 15 to incur claims in the following year.	
Can I change my contribution amount during the year?	Yes	N/A	No , but certain qualified life events do allow for a change to your contribution amount. Refer to the Benefits Book for details.	

1. 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).

2. Investments aren't guaranteed and may lose value. Contact Optum Bank for more details.

3. Your contributions and the company's can't exceed the 2027 IRS limits of \$4,500 for individual coverage and \$9,000 for family coverage.





Income protection

Term life coverage

Basic for yourself

You're automatically enrolled in Basic Term Life coverage of one times your covered pay (minimum of \$10,000 to a maximum of \$50,000) at no cost to you.

Optional for yourself

You can enroll in additional life insurance from one to 10 times your covered pay, up to \$3 million. If you enroll in or increase your coverage, you need to submit a Statement of Health and go through underwriting. MetLife must approve your application and you must be actively at work for coverage to take effect.

Your premium is calculated based on your chosen coverage amount, your age as of December 31 of the coverage period, and your tobacco use status.

Optional for your spouse/domestic partner

You can enroll in Spouse/Partner Optional Term Life coverage in \$25,000 increments, up to a total of \$250,000. If you enroll in or increase your coverage, you need to submit a Statement of Health and go through underwriting. MetLife must approve your application and you must be actively at work for coverage to take effect.

Your premium is calculated based on the coverage amount chosen, your spouse/domestic partner's age as of December 31 of the coverage period, and your spouse/domestic partner's tobacco use status.

Optional for your dependent(s)

You can enroll in Dependent Optional Term Life coverage with \$20,000 in coverage per eligible child. Your cost is the same no matter how many children are covered.

Find your coverage options and rates
in [Workday](#).

Or contact the Annual Benefits Enrollment Call Center at **1-877-HRWELLS** option 7, 3.

Short-Term Disability (STD)

You're automatically enrolled in STD. If you're unable to work because of an injury or illness for more than seven consecutive days and your claim is approved, STD provides a benefit of 65% to 100% of your covered pay (based on your years of service), up to 25 weeks.

Beginning January 1, 2027, the STD Plan and the Short-Term Disability Top-Up (STD Top-Up) Plan will no longer include a Survivor Benefit. If an employee whose date of disability is on or after January 1, 2027 passes away while receiving STD benefits, eligible beneficiaries will not receive a separate death benefit through the STD and the STD Top-Up Plan. Employees will continue to be covered under the Basic Term Life Insurance Plan and Optional Term Life Insurance Plan if they were enrolled prior to going on leave.

Long-Term Disability (LTD)

Basic

You're automatically enrolled in basic LTD at no cost to you. The coverage offers a benefit of 50% of your covered pay if you're unable to work because of an approved injury or illness for more than 26 weeks.

Optional

You can enroll in Optional LTD for an additional benefit of 15% of your covered pay.

Your cost is based on your age and LTD covered pay. View your personalized rates in [Workday](#).

Accidental Death & Dismemberment (AD&D)

You can enroll in AD&D coverage for financial protection in case a sudden covered accident causes death or certain permanent impairment for you or a covered family member.

Your cost is based on whether you choose coverage just for yourself or for you and your family.

If you elect family coverage, your spouse or domestic partner is covered for 50% of your elected coverage amount (up to \$300,000) and each dependent child is covered for 15% of your elected amount (up to \$90,000).

View your personalized rates in [Workday](#).



Critical Illness Insurance Plan

The Critical Illness Insurance Plan provides a lump-sum payment directly to you if you experience a covered condition like a heart attack, cancer, or a stroke. You can use the money for medical bills, physical therapy, mortgage or rent, child care expenses, gas, groceries, and more.

Basic

You're automatically enrolled in employee-only coverage of up to \$5,000 per covered critical illness, up to a \$25,000 lifetime maximum.

Optional

You can enroll yourself and your eligible dependents in additional Critical Illness Insurance Plan coverage for a benefit payment of up to \$15,000 per covered condition, up to a \$75,000 lifetime maximum per person. Your cost is based on the coverage level selected, your age as of December 31, 2026, and your tobacco use status.

Optional Accident Insurance Plan

You can enroll yourself and your eligible dependents in the Optional Accident Insurance Plan, which provides a lump-sum payment if you experience a covered accidental injury like a fracture, laceration, or concussion.

Legal Services Plan

You can choose to enroll in the Legal Services Plan, administered by ARAG.

This plan gives you year-round access to a network of local professional attorneys for advice and representation on a wide variety of legal issues — all for a flat per-paycheck contribution. Get help with personal legal matters like buying or selling a home, creating a will or power of attorney, and much more.

Your cost is based on whether you choose coverage just for yourself or for you and your family.



Find your personalized rates in [Workday](#).

Or contact the Annual Benefits Enrollment Call Center at **1-877-HRWELLS** option 7, 3.

The Critical Illness Insurance Plan is insured by the Metropolitan Life Insurance Company (MetLife). It's not health care coverage and it doesn't coordinate with any other benefit payments, and payments are predetermined based on the diagnosed covered conditions that are detailed in the Certificate of Insurance. Payment amounts aren't based on the amount of medical expenses you incur as a result of a covered diagnosis. If you receive a Basic Critical Illness Insurance payment, it may be taxable.

The Optional Accident Insurance Plan isn't medical coverage and shouldn't be considered a replacement for enrolling in medical coverage. The Optional Accident Insurance Plan provides a predetermined benefit payment for certain accidental injuries or specific medical treatments or services associated with a covered accident.

Enroll

by November 13
at 11:59 p.m.
Central Time



Don't need to make a change?

No problem — no further action is needed!

Need to make a change or enroll in the HSA or FSA?

1

Go to [Workday](#).

If you need to add a new dependent in Workday, you must complete that step before you can enroll your dependent in benefits.

1. Select **Personal** on the left side navigation menu.
2. Select **Pay and U.S. Benefits app > Benefits**.
3. Under **Needs Attention** find **Benefit Event: Annual Benefits Enrollment** and select **Enroll**.

2

Make your benefit elections.

For each plan, you can elect or waive coverage. Follow the on-screen instructions to save your elections.

3

Submit your elections.

When you finish your elections, click **Review and Sign**, accept the terms of the electronic signature, and click **Submit**. For your elections to be effective January 1, 2027, you must **submit** by Friday, November 13 at 11:59 p.m. Central Time. To review, save, or print your elections, click **View 2027 Benefits Statement**.

A few important reminders

- Submit your enrollment elections Monday, October 26 – Friday, November 13 by 11:59 p.m. Central Time.
- When making your benefit elections in Workday, you're responsible for ensuring your before-tax and after-tax pay is sufficient to cover all payroll deductions for your employee benefit elections.
- If you miss the deadline for enrolling in your benefits, you can't enroll until the next Annual Benefits Enrollment unless you experience a Qualified Event, like marriage or the birth of a child.

Need help?

If you need assistance with completing your enrollment, contact the Annual Benefits Enrollment Call Center. Support is available Monday – Friday, from 7:00 a.m. – 7:00 p.m. Central Time. All relay service calls, including 711, are accepted.

1-877-HRWELLS 1-877-479-3557, option 7, 3

Then what?

After you enroll:

Make changes through Nov. 13.

If you need to make changes after submitting your elections and before the November 13 deadline:

1. Go to [Workday](#).
2. Select **Personal** on the left side navigation menu.
3. Select **Pay and U.S. Benefits app > Benefits**.
4. Under **Needs Attention** find **Benefit Event: Annual Benefits Enrollment** and select **Enroll**.

Verify your dependents.

If you add a new dependent during enrollment, you need to provide documentation to confirm their eligibility after Annual Benefits Enrollment ends. If you don't provide the documentation needed, your dependent may lose coverage. You'll receive a letter in the mail from our vendor, Alight, in January with further instructions.

Provide Evidence of Insurability (EOI).

If you increase your life insurance coverage during enrollment, you may be required to provide EOI, which MetLife calls a Statement of Health. You'll receive additional information with instructions for completing this process by the end of November.





Enroll

Monday, October 26 – Friday, November 13
by 11:59 p.m. Central Time

The information in this guide 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 (SPDs), 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 SPDs and certificates of coverage (for fully insured plans). SPDs are found on [Teamworks at Home](#). SPDs for the 2027 plan year will be issued early in 2027.

Health and wellness activities are completely voluntary. These activities are not a substitute for or intended to provide medical care or treatment and do not constitute individual medical advice or care. You should discuss specific questions about your individual health care with your personal health care providers.

A health savings account is an individually owned account. It’s separate from the HSA Plan. It’s not part of any employee benefit plan sponsored or maintained by Wells Fargo & Company or any of its subsidiaries or affiliates, and it’s not subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA). Tax references are at the federal level; state taxes may apply.

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 Wells Fargo & Company-sponsored plans does not constitute a contract or guarantee of employment with Wells Fargo & Company or its subsidiaries or affiliates.