

Health Savings Account (HSA)-Based Medical Plan — Silver

Background information		
Plan facts		
Plan description	The Health Savings Account (HSA)-Based Medical Plan – Silver features a high deductible health plan that is compatible with a health savings account. ¹	
Portability	Unused HSA balances are automatically carried over from year to year. If you leave Wells Fargo, you may take your unused balances with you.	
Contributions to your account		Amount
Health savings account contribution amount by you ¹	Contribute before-tax dollars through payroll up to the following annual limits: \$2,350 for you only, \$4,850 if your coverage includes you + spouse or domestic partner, \$5,450 for you + children, or \$4,650 for you + spouse or domestic partner + children. ²	
Additional health savings account health and wellness dollars ^{1,3}	Earn up to an additional \$800 each for you and your covered spouse or domestic partner.	
Deductible and out-of-pocket maximum	You pay in network	You pay out of network ⁴
Annual deductible ¹	\$3,000 you	\$6,000 you
	\$4,800 you + spouse or domestic partner	\$9,600 you + spouse or domestic partner
	\$3,900 you + children	\$7,800 you + children
	\$5,700 you + spouse or domestic partner + children	\$11,400 you + spouse or domestic partner + children
Annual out-of-pocket maximum (Includes deductible)	\$5,000 you	\$10,000 you
	\$8,000 you + spouse or domestic partner	\$16,000 you + spouse or domestic partner
	\$6,500 you + children	\$13,000 you + children
	\$9,500 you + spouse or domestic partner + children	\$19,000 you + spouse or domestic partner + children
Outpatient services	You pay in network	You pay out of network ⁴
Preventive care		
Physical exams (preventive) ⁵	No copay, no deductible	40%, no deductible
Office visits		
Primary care physician (PCP) office visit	20% after deductible	40% after deductible
Outpatient services (includes specialist office visits and surgery)	20% after deductible	40% after deductible
Lab tests, x-rays	20% after deductible	40% after deductible
Maternity office visit: prenatal, postnatal	10% after deductible	40% after deductible
Urgent care	20% after deductible	40% after deductible

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Inpatient services		
	You pay in network	You pay out of network ⁴
Inpatient care		
Hospital care	20% after deductible	40% after deductible
Maternity: in-hospital delivery	10% after deductible	40% after deductible
Emergency care		
Emergency services	20% after deductible	20% after in-network deductible
Other medical services		
	You pay in network	You pay out of network ⁴
Therapy and chiropractic services		
Occupational therapy (OT), physical therapy (PT), speech therapy (ST)	20% after deductible; limit 90 visits per calendar year (combined OT/PT/ST therapies, in and out of network)	40% after deductible; limit 90 visits per year (combined OT/PT/ST therapies, in and out of network)
Chiropractic	20% after deductible; limit 26 visits per year, combined in and out of network	40% after deductible; limit 26 visits per year, combined in and out of network
Mental health and substance abuse care (MH/SA)		
Outpatient office visit ⁵	20% after deductible	40% after deductible
Inpatient services	20% after deductible	40% after deductible
Prescription drug background information		
Plan facts		
Prescription drug administrator	CVS Caremark	
Prescription drug website	caremark.com Preenrollment: caremark.com/wf	
Prescription drug member services phone number	1-800-772-2301	
Prescription drug notes	Some drugs require preservice authorization; most specialty drugs CVS Caremark Specialty Pharmacy only.	
Prescription drug expenses		
	You pay in network	You pay out of network ⁴
Prescription drugs, retail, 30-day supplies		
Generic	20% after deductible; generic contraceptives covered at 100%	20% after deductible, plus cost difference between full cost and network rate ⁴
Brand preferred	20% after deductible ⁶	20% after deductible, plus cost difference between full cost and network rate ⁴
Brand nonpreferred	20% after deductible ⁶	20% after deductible, plus cost difference between full cost and network rate ⁴
Preventive prescriptions	20%, no deductible ⁶	20%, no deductible, plus cost difference between full cost and network rate ⁴

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Prescription drug expenses	You pay in network	You pay out of network ⁴
Prescription drugs, 90-day supplies⁷		
Generic	20% after deductible; generic contraceptives covered at 100%	Not available
Brand preferred	20% after deductible ⁶	Not available
Brand nonpreferred	20% after deductible ⁶	Not available
Preventive prescriptions	20%, no deductible ⁶	Not available

Provider network information		
Anthem BCBS	UnitedHealthcare	HealthPartners
Alaska, California, Connecticut, Delaware, Georgia, Idaho, Indiana, Kansas, Kentucky, Michigan, Montana, North Carolina, North Dakota, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virginia, Vermont, Washington, West Virginia	Alabama, Arizona, Arkansas, Colorado, District of Columbia, Florida, Iowa, Illinois, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Utah, Wisconsin, Wyoming	Minnesota
Member website www.anthem.com	Member website www.myuhc.com	Member website www.healthpartners.com/wf
Member Customer Service 1-866-418-7749	Member Customer Service 1-800-842-9722	Member Customer Service 1-888-487-4442 or 952-883-6677 (Twin Cities metro area)

These materials do not contain all the terms and provisions of the Wells Fargo & Company Health Plan. Additional plan details can be found in the plan's Summary Plan Description (SPD) in the *Benefits Book on Teamworks*. If there is a discrepancy between the content of these materials and the official plan documents, the official plan documents will govern. In the event of any errors or omissions in such materials, the plan administrator or its authorized designee reserves the right to correct such errors.

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 & Company or its subsidiaries or affiliates.

¹Please note that while the account-based medical plans are ERISA covered plans, the health savings account itself is not part of any ERISA covered benefit plan sponsored or maintained by Wells Fargo & Company or its subsidiaries.

²IRS maximum adjusted to account for maximum health and wellness dollars earned.

³If you enroll midyear, your earned health and wellness dollars will be prorated depending on the date your benefits take effect.

⁴Benefits are determined using plans' allowed amounts.

⁵Check with plan to find out what is covered.

⁶If you buy a brand-name drug and generic is available, you pay the cost difference, which is not applied to deductible or out-of-pocket maximum.

⁷Ninety-day supplies are only available from CVS Caremark Mail Service Pharmacy, CVS/pharmacy stores, and CVS Caremark Specialty Pharmacy.