

## Health Savings Account (HSA)-Based Medical Plan — Gold

Background information			
Plan facts			
Plan description	The Health Savings Account (HSA)-Based Medical Plan — Gold is 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 any unused balance with you.		
Contributions to your account	Amount		
HSA contribution amount by you¹	Contribute before-tax dollars through payroll up to the following annual limits: \$2,650 for you only, \$5,300 if your coverage includes you + spouse or domestic partner, \$6,100 for you + children, or \$5,300 for you + spouse or domestic partner + children. <sup>2</sup> If you are age 55 or older, you may contribute an additional \$1,000 per year to your HSA.		
Additional HSA health and wellness dollars <sup>1, 3</sup>	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 <sup>5</sup> (or for out-of-area coverage <sup>4</sup> )	You pay out of network <sup>5, 6</sup>	
Annual deductible	\$2,000 you	\$4,000 you	
	\$3,200 you + spouse or domestic partner	\$6,400 you + spouse or domestic partner	
	\$2,700 you + children	\$5,400 you + children	
	\$3,800 you + spouse or domestic partner + children	\$7,600 you + spouse or domestic partner + children	
Annual out-of-pocket maximum	\$3,000 you	\$6,000 you	
(includes deductible)	\$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	
Outpatient services	You pay in network <sup>5</sup> (or for out-of-area coverage <sup>4</sup> )	You pay out of network <sup>5, 6</sup>	
Preventive care			
Physical exams (preventive)	No copay, no deductible	40%, no deductible	
Office visits			
Primary care physician 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	

## Health Savings Account (HSA)-Based Medical Plan — Gold (continued)

Inpatient services	You pay in network <sup>5</sup> (or for out-of-area coverage <sup>4</sup> )	You pay out of network <sup>5, 6</sup>	
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 <sup>5</sup> (or for out-of-area coverage <sup>s</sup> )	You pay out of network <sup>5, 6</sup>	
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 calendar 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			
Outpatient office visit <sup>6</sup>	20% after deductible	40% after deductible	
Inpatient services	20% after deductible	40% after deductible	
Prescription drug background infor	mation		
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 are available from CVS Specialty Pharmacy only. Maintenance medications must be filled in 90-day supplies after two 30-day fills, or call CVS Caremark to request 30-day refills.		
Prescription drug expenses	You pay in network	You pay out of network <sup>5</sup>	
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 <sup>6</sup>	
Brand preferred	20% after deductible <sup>7</sup>	20% after deductible, plus cost difference between full cost and network rate <sup>6</sup>	
Brand nonpreferred	20% after deductible <sup>7</sup>	20% after deductible, plus cost difference between full cost and network rate <sup>6</sup>	
Preventive prescriptions	20%, no deductible <sup>7</sup>	20%, no deductible, plus cost difference between full cost and network rate <sup>6</sup>	

## Health Savings Account (HSA)-Based Medical Plan — Gold (continued)

Prescription drug expenses	You pay in network	You pay out of network <sup>5</sup>
Prescription drugs, 90-day supplies <sup>8</sup>		
Generic	20% after deductible; generic contraceptives covered at 100%	Not available
Brand preferred	20% after deductible <sup>7</sup>	Not available
Brand nonpreferred	20% after deductible <sup>7</sup>	Not available
Preventive prescriptions	20%, no deductible <sup>7</sup>	Not available
Provider network information		
Anthem BCBS	UnitedHealthcare	HealthPartners
Alaska, California – Southern, 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, California – Northern, 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) and any applicable Summary of Material Modifications (SMM). 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.

## Online tools and resources

Learn how you can effectively use your benefits throughout the year with easy-to-use online tools and resources to manage your health and health care costs, find the right care options and providers, and achieve your personal health and well-being goals. Visit the Health & Well-Being site on *Teamworks* or *Teamworks* at Home (teamworks.wellsfargo.com).

<sup>&</sup>lt;sup>1</sup>Please 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.

<sup>&</sup>lt;sup>2</sup>IRS maximum adjusted to account for maximum health and wellness dollars earned.

<sup>&</sup>lt;sup>3</sup>If you enroll midyear, your earned health and wellness dollars will be prorated depending on the date your benefits take effect.

<sup>&</sup>lt;sup>4</sup>Out-of-area coverage is only available if you do not live in the network area.

<sup>&</sup>lt;sup>5</sup>In-network accumulators do not apply to out-of-network accumulators and out-of-network accumulators do not apply to in-network.

<sup>&</sup>lt;sup>6</sup>Benefits are determined using plan's allowed amounts.

If 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.

<sup>&</sup>lt;sup>8</sup>Ninety-day supplies are only available from CVS Caremark Mail Service Pharmacy, CVS Pharmacy stores, and CVS Specialty Pharmacy.