

MORE POWER TO YOU



Feel confident and in control when you get care.



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Wells Fargo & Company
HRA-Based Medical Plan

Administered by HealthPartners

The information presented in this communication does not contain all the terms and provisions of the employee benefit plans sponsored by Wells Fargo & Company. Refer to each plan's Summary Plan Description (SPD) contained in the Benefits Book for applicable plan provisions. For fully insured plans or coverage options (including health maintenance organizations [HMOs]), also refer to the applicable insurance policy or group contract provided by the insurer. Additional plan details can be found in the official plan documents. If there is a discrepancy between the statements and information contained in this communication and the official plan documents, the official plan documents will govern. In the event of 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 employee benefit plans does not constitute a contract or guarantee of employment with Wells Fargo & Company or its subsidiaries or affiliates.



Understanding your plan

Sometimes health care terminology can be confusing. To help you understand the items discussed in this guide, we've included some standard definitions to help you get started.

GLOSSARY

Annual deductible: The amount you are required to pay before your plan begins to share the cost of certain services. Once you meet your annual deductible, you and the plan each pay a percentage of the cost for any eligible medical expenses, called coinsurance.

Annual out-of-pocket maximum: The maximum amount, including your annual deductible and coinsurance, you may have to pay with your own money for covered health services. If you reach the out-of-pocket maximum, your eligible expenses are covered 100% by the plan for the remainder of the plan year. The out-of-pocket maximum is higher for out-of-network services.

Coinsurance: The portion of the health care charges that you are required to pay after any applicable deductible is met. Coinsurance is a percentage of the total cost or a percentage of the cost remaining after you've met your deductible.

Eligible expense (allowed amount): Maximum amount in which benefits are determined for out-of-network covered health services. If an out-of-network provider charges more than the eligible expense (allowed amount) you may have to pay the difference between the out-of-network provider's billed charges and the eligible expense (allowed amount). This difference is not applied towards the annual deductible, coinsurance amount or annual out-of-pocket maximum and is your responsibility.

Eligible preventive care: Eligible preventive care includes screenings, check-ups and counseling to prevent illness, disease or other health problems before you have symptoms. These services are paid in full by your plan without a deductible when you use an in-network provider.

Health care or Explanation of Benefits (EOB) statement: A statement that details your medical claims and shows if you need to pay anything to a provider. An EOB is not a bill. EOBs are sent to you when you or one of your covered dependents use your benefit plan. You can see all claims processed for that period, plus remaining balances for your in-network and out-of-network balance information and deductibles. When you choose to receive your EOB online, we'll send you an email whenever a new statement is posted. You can view your current and past EOB statements or current claims activity at any time of the day or night at healthpartners.com/wf. Staying informed and up to date with your EOB statement can help you get the most out of your health care plan.

HRA-eligible compensation: Your annualized salary, plus bonuses and commissions earned. In 2015, Wells Fargo provides contributions for your health reimbursement account based on your eligible compensation. You will find your HRA category in your Personalized Benefits Statement. For new hires or newly eligible - you can find the HRA-eligible compensation category in the Summary Plan Description contained in your 2015 Benefits Book.

Continued next page

In-network provider: Your medical plan has a network of contracted health care providers, including physicians, hospitals, nursing homes and laboratories to provide services at negotiated rates. It is typically less expensive when you use an in-network provider.

Medical plan ID card: The card issued to you that includes your name, group and plan information, and important administrator phone numbers. Be sure to show your member ID card each time you visit a provider. If you need a replacement or temporary card, you can get another one by logging on to healthpartners.com/wf and selecting the 'Get ID Card' under the Medical Plan Services tab.

Out-of-network provider: Doctors, hospitals, nursing homes, laboratories, and other health care professionals who do not participate in our network and have not contracted with us. They may provide services at a higher cost. You'll typically pay more out-of-pocket when you use out-of-network providers. The HRA-Based Medical Plan also has higher deductibles, coinsurance, and out-of-pocket maximums for out-of-network services, and you may be subject to balance billing (the difference between the out-of-network provider's charge and the eligible expense (allowed amount) by an out-of-network provider.

Out-of-pocket costs: Money you pay out of your own pocket. Out-of-pocket costs include deductibles and coinsurance. Out-of-pocket costs may be covered by all or part of your HRA.

Primary care provider: A physician in the field of family medicine, general practice, internal medicine, obstetrics and gynecology, or pediatrics who acts as your main source for regular medical care. Ideally, your primary care physician knows you and your health history, provides preventive and routine care, and manages your medications.



Set up your online account

All of your medical health plan documents are delivered to your secure, online mailbox at **healthpartners.com/wf**, which means documents are no longer mailed to your home. For fast, convenient access to your plan documents, please set up a *myHealthPartners* account now. It's easy to get started and only takes a few minutes.

HOW IT WORKS

As a HealthPartners member, you can access your online account at any time, wherever you have an internet connection. Better yet, an online account is secure and free! With your online account, you can:

- Search for doctors and specialists by name, clinic, language, gender and more
- Look up cost and quality ratings for doctors and clinics
- View your health plan documents
- View eligible expenses
- See your claims and benefits
- Track your plan deductibles and out-of-pocket balances
- View and print a new medical plan ID card

Congratulations! You're signed up for an online account and doing your part to go green!

GETTING STARTED

Registering for an online account is quick and easy, plus you'll have access to everything you need in one convenient location. To sign up for an online account:

1.	• Go to healthpartners.com/wf
2.	• Click on Sign up for <i>myHealthPartners</i>
3.	• Select the 'I have HealthPartners' insurance link
4.	<ul style="list-style-type: none">• Fill in your eight-digit Member ID number located on your Member ID card and date of birth.• Click continue
5.	<ul style="list-style-type: none">• Create a username and password• Enter and confirm your email address• Choose three security questions• Accept the terms and conditions• Click continue
6.	• Click 'Yes, Continue' to confirm receiving many of your health plan materials online, including explanations of benefits (EOBs)

Please note that if you wish to have your health plan documents mailed to you, you opt-in to paper at **healthpartners.com/wf**. After you create a *myHealthPartners* account, log on and select *Manage My Account*. At the bottom of the page you will be able to select *Mail my plan documents*.



HRA-Based Medical Plan

HOW THIS PLAN WORKS

This plan is accompanied by a health reimbursement account (HRA). This plan includes an annual deductible and an annual out-of-pocket maximum.

Also, you have network access to many services like:

- Office visits
- Convenience and online care like virtuwell
- Urgent and emergency care
- Hospital care
- Specialty care
- Mental health
- Prescription medicines

HOW YOUR HRA WORKS

Knowing how your plan pays for services will help you budget for expenses and use your health care dollars more effectively throughout the year. To help you pay for these services, you have an account that may be funded with contributions from Wells Fargo, or health and wellness dollars you earn throughout the year. Contributions by Wells Fargo are determined by your HRA-eligible compensation category and the coverage level you elect. For more information on your HRA compensation category, you can access the Summary Plan Description contained in your 2015 Benefits Book from work or home on Teamworks.

The HRA pays 100 percent of eligible expenses until the HRA is exhausted.

- You pay 20 percent coinsurance, no deductible, for eligible in-network primary care office visits.*
- You pay 20 percent coinsurance, no deductible, for in-network mental health office visits.*
- You can also earn HRA dollars by completing certain health and wellness related activities.
- You can choose any in-network doctor. You don't need a referral to see an in-network specialist.
- Eligible preventive care is covered at 100 percent when you use an in-network provider.
- You cannot use the HRA for prescriptions.
- After you reach your annual deductible, you pay coinsurance until you meet your annual out-of-pocket maximum.

* The 20% coinsurance, no deductible, **only applies to the office visit charge** and does not apply to services and supplies you may receive in connection with your office visit, including but not limited to diagnostic services (for example, lab work, x-rays, MRI, or pathology), surgical services, or services performed by a specialist brought in to the PCP office visit to examine, diagnose, or provide you with treatment, even if these additional services are performed within the examination room or the provider's facility. If you receive any services and supplies during your office visit, those services and supplies may be billed separately from the office visit charge, and the annual deductible and coinsurance will apply to eligible expenses for covered health services. Once you have met your annual deductible, you will pay 20% of eligible expenses for other covered health services associated with your PCP office visit.

Using your HRA is easy

It's easy to use your HRA. Whenever you have an eligible expense and have money in your HRA, your provider will be paid.



You see your doctor.



Your doctor submits the claim to us.



We verify the amount in your HRA.



HealthPartners uses your HRA money to pay the bill from your doctor. If dollars are not available or are exhausted, you will be responsible for the covered expense.

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HOW THE HRA-BASED MEDICAL PLAN WORKS TO PAY FOR EXPENSES (IN-NETWORK)

Funding	First	Next	Then	Finally	Balance
How money is added to your HRA	Pay for eligible medical expenses	Meet the annual deductible	Share the cost through coinsurance	Reach annual out-of-pocket maximum	At the end of the plan year
Wells Fargo may contribute to the HRA at the start of the year. You earn health and wellness dollars throughout the year.	Deductible and coinsurance amounts are paid from the HRA if you have a balance. Prescription drug costs are not paid from the HRA. Eligible in-network preventive care is covered at 100%. In-network primary care & outpatient mental health office visits are covered at 80%, no deductible.	If you spend your HRA balance, then you are responsible for paying 100% of medical expenses until you meet the deductible.	After you meet the deductible, you pay 20% of in-network health care costs and the plan pays 80%. You pay 10% for maternity and the plan pays 90%.	There is one deductible and out-of-pocket maximum for medical expenses, plus a separate out-of-pocket maximum for all in-network prescription drugs purchased at a retail pharmacy in the CVS Caremark retail pharmacy network, the CVS Caremark Mail Service Pharmacy, or the CVS Caremark Specialty Pharmacy. After meeting out-of-pocket maximums, the plan pays 100% of eligible in-network services. You continue to pay applicable prescription drug costs.	Any remaining HRA balance rolls over to the next plan year if you remain enrolled in the HRA-Based Medical Plan. If you change plans or leave Wells Fargo, you lose the remaining HRA funds.

This summary does not cover all account-based plan features or show compatibility with the flexible spending accounts. Please refer to your 2015 Benefits Book for complete details. Out-of-network services are priced differently and could result in more out-of-pocket costs to you.

** When you receive services from an in-network physician or hospital, you take advantage of network negotiated rates. Benefits-eligible team members who live outside the network area will be offered the HRA-Based Medical Plan Out of Area. This plan allows you to choose any doctor or hospital. It is important to note that there is no guarantee that you will have access to an in-network provider.*

ELIGIBLE PREVENTIVE CARE

Eligible preventive care helps find and stop health issues before they become major problems. The preventive screenings and vaccines you need do change over the years. To see what preventive care you or your family need, visit healthpartners.com/wf.

WHAT PREVENTIVE CARE BENEFITS DO I HAVE?

Your HRA-based medical plan covers your eligible preventive care and routine vaccines at 100 percent when you see an in-network provider. If you have children, preventive care services like well-child physical exams, developmental screenings and routine vaccines are also covered. For a list of covered preventive services, see your Summary Plan Description contained in your 2015 Benefits Book.

Please note that for a service to be considered an eligible preventive care service, it must be a preventive care service recommended by one of several federal government or independent agencies responsible for the development and monitoring of various U.S. preventive care guidelines and must be coded as an eligible preventive health care service.

Your HRA-based medical plan covers eligible preventive care at 100 percent. To see what preventive care you or your family need, visit healthpartners.com/wf.

PREVENTIVE HEALTH CARE SERVICES

Your HRA-based medical plan covers eligible preventive health services like well-woman visits, support for breastfeeding equipment, contraception and domestic violence screening at 100 percent. For a list of covered preventive services, see your Summary Plan Description contained in your 2015 Benefits Book.

Please note that when the claim is filed with HealthPartners, the claim information will indicate the type of services you received. If the claim is coded as an eligible preventive health care service as described above with a routine diagnosis code, the claim will be paid as a preventive health care service. Non-preventive office visit charges are billed separately and are not covered under these provisions.

Also, if you receive eligible preventive health care services at the same time you receive other non-preventive care services, the non-preventive care services will be subject to the plan cost-sharing, including the deductible and coinsurance applicable to the type of service received.

If you have questions about how claims for your office visit, tests, or procedures will be coded, talk to your provider about the type of care you receive, or are recommended to receive before the claim is filed with HealthPartners. Once the claim is filed, the claim will be processed based on how your provider coded the claim.



Earn health and wellness dollars

When it comes to your health, each lifestyle choice you make can have an impact on your overall well-being. Take the next step on your health and well-being journey by completing health and wellness-related activities that can help you learn to make better choices and achieve your wellness goals. And, if you and your covered spouse or domestic partner complete the activities by November 15, 2015, you can each earn up to \$800 in health and wellness dollars for your HRA.

HEALTH AND WELLNESS DOLLARS AVAILABLE

Activity	For You	For your covered spouse or domestic partner
Get started		
Complete the online health assessment. It can help you identify lifestyle risks, reinforce healthy habits, and learn about resources to help improve your health.	Up to \$150	Up to \$150
Know your numbers		
Receive a biometric screening at an Optum on-site event at select work locations or through your personal physician (preferably as part of your annual preventive exam). Get a biometric screening to check your blood pressure, cholesterol and other health indicators.	Up to \$250	Up to \$250
Take action		
Complete an online wellness education program or actively participate in a telephonic wellness coaching program. You can choose the type of program that best fits your personal health and well-being goals.	Up to \$400	Up to \$400
Total maximum health and wellness dollars:	Up to \$800	Up to \$800

These amounts are prorated for midyear enrollments and midyear status changes that affect your level of coverage. Typically, it can take up to 30 days following the completion of an activity before the dollars are deposited into your Health Reimbursement Account.

Please note that the health and wellness dollars may be used for covered health services only after the funds have been earned and deposited into your HRA. Claims submitted and processed prior to the health and wellness dollars deposit will not be reprocessed.

READY TO GET STARTED?

Visit the Optum website today at <https://wellness.myoptumhealth.com>, or through Teamworks.wellsfargo.com. When there, go to I Get > My Rewards to begin completing your health and wellness activities. You must complete activities between January 1 and November 15, 2015, in order to earn 2015 health and wellness dollars.

This information is intended to provide only an overview and does not contain all the provisions for earning health and wellness dollars. It is very important that you carefully read the 2015 Benefits Book, which contains the provisions of the Wells Fargo-sponsored benefit plans.



Additional resources for care



PERSONAL, ONE-ON-ONE SUPPORT

Navigating health care can be difficult – especially if you’re dealing with something new, complicated or chronic. But as a HealthPartners member, you don’t have to go it alone. You have someone who’s available to work right alongside you: Your Health Advocate.

Your Health Advocate is a nurse and a key part of your Health Advocate Team. She or he is specially trained to work with Wells Fargo members. In much the same way that a financial planner can help you understand your options and manage your money, your Health Advocate can help you understand and manage your health care.



AS CLOSE AS YOUR PHONE

Your Health Advocate Team offers different kinds of help – all available at: **952-883-6677** or **888-487-4442**.

When you have questions about who to see, what to do, or which health care resources you need, connect with your Health Advocate. Your Health Advocate can help you with things like:

- Making decisions and solving problems
- Finding information and resources
- Preparing for a doctor visit or surgery
- Making connections to the right provider
- Coordinating your care with multiple providers
- Managing complications and medications
- Many other health-related matters



A LONG-TERM RELATIONSHIP

You can reach your Health Advocate by calling your Health Advocate Team. Or, at some point you may be invited to talk with a Health Advocate. In either case, once you begin a relationship, you’ll talk with the same nurse each time you call.



CARE MANAGEMENT

You may need Care Management Support if you have more than one health issue or a condition that could mean higher levels of health care. This program helps you reach your personal health goals by providing a care management nurse to work with you, your family, your doctors and other experts.

You get 24-hour access to care management nurses for one-to-one education, along with preventive care and self-management tips. The nurse helps you make better decisions about your options, helps you transition your care, and coordinates care between doctors and other health services.

A nurse will contact you if you qualify for the program. Some health care services may require approval, or “prior authorization,” before care is provided.



DISEASE MANAGEMENT

Disease management services are designed to help you or a covered dependent manage chronic health conditions more effectively. With disease management support, you’ll get the information that can help you feel your very best day after day.

Our disease management nurses gather information from you and your doctor. Then they create a customized plan for you. Health management programs and nurse consultations are available to help you and your family deal with certain conditions such as:

- Asthma
- Cancer management
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary artery disease
- Depression and alcohol use disorder
- Diabetes
- Healthy pregnancy
- Heart failure
- Low back pain
- Rare and chronic conditions



Maternity Support Program

The Maternity Support Program is a voluntary program that offers the support you need to make healthy choices and take care of yourself and your baby during and after your pregnancy. You'll discover everything you need to know to keep you and your baby safe and healthy. Plus, it's free!

TAKE THE SURVEY TODAY!

Take a quick confidential online survey to help us better understand how we can support you. If you're planning to get pregnant, there's a separate survey just for you.

To take the survey, log on to healthpartners.com/wf. Under *Get the support you need*, go to Maternity Support. If you have questions, call your Health Advocate Team nurse at **952-883-6677** or **888-487-4442**.

TIPS, TOOLS AND SUPPORT

- **Discover helpful tools.** Find useful information and tools in our Health Information Library. Visit healthpartners.com/healthlibrary.
- **Find the support you need.** If the survey shows that you may be at risk for a difficult pregnancy, you'll get a call from an experienced nurse trained to work with pregnant women. The nurse will provide extra support over the phone during your pregnancy.
- **Get great tips.** After you take the survey, you'll get emails with useful tips on eating right, being active and more. Plus, the emails are tailored to your stage of pregnancy or planning.

SIGN UP FOR FREE TEXTS

With text4babySM, you'll get helpful weekly texts throughout your pregnancy and your baby's first year. All texts are free, even if you don't have a text messaging plan on your phone. Sign up by texting **BABY** to 511411 (or **BEBE** for Spanish). For more information, visit text4baby.org.

"My Health Advocate Team nurse was amazing. She was there to answer all the questions I had about my pregnancy."

*– Maternity Support participant
Success stories are shared with permission from actual participants.*



Cancer Support Program

It can be overwhelming to find out you have cancer. The Cancer Support Program from HealthPartners gives you extra support to make it easier.

ONE-ON-ONE SUPPORT

Whether you've just been diagnosed or are being treated, we can help.

Depending on your needs, you may work with a health coach over the phone. Our health coaches are experienced nurses trained to provide cancer management support. Your health coach can help you feel more informed, understand your options for important decisions, organize your care, and connect you to valuable resources. To sign up for health coaching call your Health Advocate Team at **952-883-6677** or **888-487-4442**.

To learn more or sign up for health coaching, go to **healthpartners.com/wf** and view Cancer Support, or call HealthPartners Member Services at **952-883-6677** or **888-487-4442**.

ONLINE TOOLS

Use our online tools to:

- Learn more about Cancer Support by visiting **healthpartners.com/wf**. Under Get the support you need, select *Cancer support*. You'll find helpful topics, pictures and tools.
- Get help making decisions at **healthpartners.com/wf**. Under Get the support you need, choose *Decision support*. You'll find tools to walk you through making a choice that's right for you.
- Interact with a virtual coach at **healthpartners.com/wf**. Under Get the support you need, choose *Let's talk health*. Tailored to you, the online experience will help you achieve your goals.

"My nurse was my guardian angel! She was so kind and knowledgeable. She worked with my clinic to make sure I got what I needed when I needed it. This program is very valuable and comforting."

– Cancer Support participant

Success stories are shared with permission from actual participants.



Save time and money

Feeling sick? There are convenient, and less costly, alternatives to traditional office visits.

CARELINE: YOUR FIRST CALL

Not sure whether you need to see a doctor? Call HealthPartners CareLine, **952-883-6677** or **888-487-4442**. Nurses are available 24/7 to answer your questions, in English or Spanish, and help you determine the right care at the right time. They can also help you with information about your medicines or home treatment options.

WALK-IN CONVENIENCE CARE CLINICS

Convenience care includes walk-in clinics such as HealthPartners Quick Clinic, MinuteClinic, Target Clinic and others that treat minor health issues. Often a certified practitioner can diagnose and treat common illnesses for those 18 months and older.

For a list of in-network convenience care clinics, go to **healthpartners.com/wf**:

- Choose Find a doctor or specialist
- Choose Find a clinic or hospital
- Insert your zip code
- Choose Convenience Care under the All Specialty Care section from the drop down menu
- Hit search and find a clinic

VIRTUWELL.COM — YOUR 24/7 ONLINE CLINIC

Developed by HealthPartners, virtuwel is a great in-network convenience care option for getting help with more than 40 simple medical conditions like cold and flu, ear pain and sinus infections – all via your computer or smartphone. When you finish your interview a nurse practitioner reviews it and responds with a treatment plan – including prescriptions – in about 30 minutes. The nurse can also answer your questions during or after a visit.

Using virtuwel is simple:

- Go to **virtuwel.com**
- Take a quick online interview
- Get your treatment plan via email or text

Use virtuwel and convenience care for:

- Allergies
- Bladder infections
- Bronchitis
- Ear and sinus infections
- Pink eye and styes
- Strep throat
- Rashes and other skin irritations
- Vaccines
- ... and more





Know where to go for care

With so many options for receiving care, it can be confusing to know where to go. Use this guide to find the best care and help manage your out-of-pocket costs and minimize your wait time.

When you need	Go to	Average cost	Average time
Health advice from a nurse. For example, if you have questions about: <ul style="list-style-type: none">MedicinesCold or coughUpset stomach	CareLine SM Service — Call CareLine 24/7 at 612-339-3663 or 800-551-0859	Free	CareLine is available 24/7 and is just a quick phone call away.
Treatment and prescriptions for minor medical issues. For example: <ul style="list-style-type: none">Sinus infectionYeast and bladder infectionsPinkeye	virtuwell® (a 24/7 online clinic) or convenience clinics (found in retail and grocery stores)	\$	virtuwell provides an online diagnosis in 30 minutes or less.
A regular checkup or care for urgent problems during the day. For example: <ul style="list-style-type: none">ImmunizationsEar infectionStrep throat	Primary care clinics	\$\$	Primary care clinic wait times will vary, but making an appointment ahead of time generally lessens the wait.
Care for urgent problems when primary care clinics are closed. For example: <ul style="list-style-type: none">Cuts that need stitchesPossible broken bonesSprains	Urgent care clinics	\$\$\$	Urgent care clinic wait times will vary, but those with more severe symptoms will be treated first.
Help in an emergency. For example: <ul style="list-style-type: none">Chest pain or shortness of breathSerious cuts and burnsHead injury	Emergency room	\$\$\$\$\$\$	Emergency room wait times will vary, but those with the most severe symptoms will be treated first.

* Cost and time averages are estimates and may vary. To save yourself time and money, go to urgent care and the emergency room for only the most serious conditions.



No matter where you're traveling, you can count on HealthPartners.

Whether you're getting ready for a trip or not feeling your best, we can

help. Visit healthpartners.com/getcareeverywhere to learn more.



Help when you have questions

As a HealthPartners member, you have personal support whenever and wherever you need it. Call **952-883-6677** or **888-487-4442** for any of the following.

MEMBER SERVICES

Member Services answers questions about your benefits, from coverage and covered services, to claims to account balances. Is there something you don't understand about your health plan? Call us or chat with us after logging on to **healthpartners.com/wf**.

Health Advocate Team is staffed with nurses to help you with anything about your health and care. Get advice and advocacy on everything from your medical condition, to prescriptions to behavioral health and more.

Available 7 a.m. to 7 p.m., Monday through Friday, CT.

HELP ALL DAY – EVERY DAY

Not sure whether you need to see a doctor? Round-the-clock access to health information can be vital to your peace of mind and well-being. That's why we have registered nurse coaches who can talk with you about your general health issues any time of the day or night at **952-883-6677** or **888-487-4442**. They can answer questions such as: Can you treat the problem at home? Do you need to see your doctor? Or should you head straight to the emergency room?

Making the right call can help you avoid needless worry and expense. And, most importantly, safeguard your health and the health of your family. The nurse may even be able to make an appointment for you and assist you in coordinating your medical records.

OTHER CONTACTS

- CVS Caremark for prescriptions – **800-772-2301**.
Or at **caremark.com/wf** you can:
 - » Check drug costs
 - » Switch to mail service (FastStart®)
 - » Refill mail service prescriptions
 - » Check mail service order status
 - » View your prescription history
 - » Find a local pharmacy
- Carecheck to coordinate out-of-network hospitalizations and certain services: **952-883-6400** or **800-316-9807**.
- Optum for health and wellness activities – **877-440-9402** or **wellness.myoptumhealth.com**















HELP WHEN TRAVELING

When you're traveling and something unexpected happens, we'll make it easy for you to find the right care. Together, with Assist America Inc., we'll help you find quality health care providers, assist with hospital admission, help fill lost prescriptions, locate lost luggage and more. Just call the number on the back of your Member ID card. Or you can download the Assist America ID card found online at **healthpartners.com/getcareeverywhere**.



Your plan made easy

As a HealthPartners member, it's easy to manage your plan and feel confident when you get care. Whatever your preference, you can stay connected—online, on your mobile device or via text.

When you want to:	Find it:
See your benefits and specific plan information	
See your past care including claims, explanations of benefits (EOBs), test results and immunization	 
Check your plan balances, including your deductible, out-of-pocket maximum and more	  
Search for doctors in your network or near your current location	 
Get cost estimates specific to your plan, benefits and deductible when you search for a treatment or procedure	
View your HealthPartners Member ID card and fax it to your doctor's office	 
Find tips for getting and staying healthy	  



= Online



= yumPower iPhone app



= Text

*HealthPartners patients only

CONNECT ONLINE

With a myHealthPartners online account, your specific benefits, claims and tips for living healthy are just a click away. You'll even get cost saving tips based on your claims! Sign up at healthpartners.com/wf.

TEXT TO CONNECT

Check your plan balances by setting up your mobile phone to get texts from HealthPartners. Once you verify your phone number, text us to get your balance. You can also get weekly eat better texts from HealthPartners yumPower by texting YUM to 77199.

Looking to keep the whole family healthy? Text 'FAMILY' to 77199 to start receiving weekly texts tips on getting your family active, eating healthy together and how to talk to your kids about their health.

Trying to quit? You can also sign up for weekly text messages to help you quit smoking for good. Just text 'QUITNOW' to 77199 to start receiving texts.

* Message and data rates may apply.



Manage your health care costs

Managing your health care costs can be confusing, but it doesn't have to be. Make it simple and feel confident before and after you get care with a *myHealthPartners* account.

If you want to	Log on to your <i>myHealthPartners</i> account and use this tool	How it'll help
Search for a treatment or procedure, and get estimates to your plan, benefits and deductibles.	Find Care	Know what to expect in your doctor's bill and get peace of mind with a cost estimate.
Review your spending and view your deductible, HRA or HSA balance	View plan balances	Manage your health care costs and plan for future expenses.
View a past claim or Explanation of Benefits (EOB).	My activity timeline	Get a real-time look at how the care you receive works with your plan, including claims and costs on one easy page.

Get started today by visiting healthpartners.com/wf and choosing *Manage your health care costs*.



Your medical plan ID card

Your medical plan ID card is sent to you when you become a HealthPartners member. All individuals enrolled in the plan will receive their own ID card. You'll want to make sure to use your ID card each time you visit a provider.

USING YOUR MEDICAL PLAN ID CARD

Your medical plan ID card contains information that is important to know. This includes your name, group and plan information and important administrator phone numbers.



1. Your medical plan name
2. 24/7 online diagnosis, treatment and prescription for common conditions
3. Contact Member Services for all health plan questions
4. Contact CVS Caremark for all pharmacy questions

REPLACING YOUR MEDICAL PLAN ID CARD

Replacing your medical plan ID card is easy. If you need a replacement or temporary card, you can log on to healthpartners.com/wf and select the 'Get ID Card' option under the **Medical Plan Services** tab.



Understanding your Explanation of Benefits

After you visit the doctor's office, you'll get an Explanation of Benefits (EOB) Statement. This statement details your medical claims and shows if you need to pay anything to a provider. An EOB is not a bill. EOBs are sent to you when you or one of your covered dependents use your benefit plan. You can see all claims processed for that period, plus remaining balances for your in-network and out-of-network balance information and deductibles.

VIEWING YOUR EXPLANATION OF BENEFITS

Your EOBs are sent to you online at **healthpartners.com/wf**. We'll send you an email whenever a new statement is posted. You can view your current and past EOB statements or current claims activity at any time of the day or night at **healthpartners.com/wf**. Staying informed and up to date with your EOB statement can help you get the most out of your health care plan.

UNDERSTANDING YOUR STATEMENT

To help you better understand your Explanation of Benefits, please see the following page for a numbered diagram. Each number is associated with the field description.

WELLS FARGO HealthPartners®		EXPLANATION OF BENEFITS This is not a bill				DATE PREPARED: June 12, 2012					
Patient Name	JANE MEMBER	Claim Number	111111111		Receipt Date	06/04/2012					
Patient ID	33333333	Provider	JOHN DOE MD		Check Number	222222					
Subscriber Name	JANE MEMBER	Patient Control Number	3		Check Date	06/12/2012					
Group/Policy	60805 WELLS FARGO & COMPANY				Payment Made To	ANY CLINIC					
Date(s) of Service	Description	Charges	Provider Responsibility	Allowed Amount	Co-pay Amount	Deductible Amount	Co-insurance Amount	Patient Non-covered	Notes ID	Paid Amount	You Owe
06/18/2012	Outpatient Services	70.00	24.06	45.94	0.00	45.94	0.00	0.00		0.00	45.94
TOTALS		70.00	24.06	45.94	0.00	45.94	0.00	0.00		0.00	45.94
As of 06/12/2012 for benefit year start date 01/01/2012 you have		Remaining	Max Limit		Total Amount Paid by Other Insurance						
Family Deductible		In-Network	3,093.45		4,000.00		Provider Tax				
		Out-of-Network	7,093.45		8,000.00		Payments to Subscriber				
Family Out of Pocket		In-Network	7,093.45		8,000.00		Payment to Provider				
		Out-of-Network	15,093.45		16,000.00		Total Amount You Owe				
							45.94				
Total Amount Paid by Other Insurance											
Provider Tax											
Payments to Subscriber											
Payment to Provider											
Total Amount You Owe											
Payments to Subscriber will be sent in a separate mailing											
45.94											
The remaining amount shows the dollars applied when this EOB was prepared. It does not reflect any pending or unapplied charges.											
Unless otherwise elected, this claim has been forwarded to your health reimbursement account for payment.											



EXPLANATION OF BENEFITS

This is not a bill

1 DATE PREPARED: June 12, 2012

Patient Name	JANE MEMBER 2	Claim Number	111111111 6	Receipt Date	06/04/2012 9
Patient ID	33333333 3			Check Number	222222 10
Subscriber Name	JANE MEMBER 4	Provider	JOHN DOE MD 7	Check Date	06/12/2012 11
Group/Policy	60805 WELLS FARGO & COMPANY 5	Patient Control Number	3 8	Payment Made To	ANY CLINIC 12

Date(s) of Service	Description	Charges	Provider Responsibility	Allowed Amount	Co-pay Amount	Member Responsibility			Notes ID	Paid Amount	You Owe
						Deductible Amount	Co-insurance Amount	Patient Non-covered			
05/18/2012	Outpatient Services	70.00	24.06	45.94	0.00	45.94	0.00	0.00		0.00	45.94
13	14	15	16	17	18	19	20	21	22	23	24
TOTALS		70.00	24.06	45.94	0.00	45.94	0.00	0.00		0.00	45.94

As of 06/12/2012 for benefit year start date 01/01/2012 you have		Remaining	Max Limit
Family Deductible 25	In-Network	3,093.45	4,000.00
	Out-of-Network	7,093.45	8,000.00
Family Out of Pocket 26	In-Network	7,093.45	8,000.00
	Out-of-Network	15,093.45	16,000.00

Total Amount Paid by Other Insurance	27	0.00
Provider Tax	28	0.92
Payments to Subscriber	29	0.00
Payment to Provider	30	0.92
Total Amount You Owe	31	45.94

Payments to Subscriber will be sent in a separate mailing

32 The remaining amount shows the dollars applied when this EOB was prepared. It does not reflect any pending or unapplied charges.

- | | | |
|---|--|---|
| 1. Date EOB was generated | 14. Description of care | 24. Amount member owes |
| 2. Patient's name | 15. Total charges | 25. Family deductible balances |
| 3. Patient's member number | 16. Provider's responsibility | 26. Family in-network out-of-pocket balances |
| 4. Subscriber/owner of policy (not necessarily patient) | 17. Amount member owes + amount paid by HealthPartners | 27. Amount paid by patient's other benefit plan |
| 5. Employer's group number and policy name | 18. Member's cost based on co-pay | 28. Tax paid by provider |
| 6. Claim reference number | 19. Member's cost based on deductible | 29. Total plan covered amount payable to policyholder |
| 7. Provider of care | 20. Member's cost based on co-insurance | 30. Total plan covered amount payable to provider |
| 8. Patient control number | 21. Amount of services not covered by insurance | 31. Total member liability - what you owe |
| 9. Date claim was received | 22. Reference to notes (#32) on non-covered amounts | 32. Explanation of any non-covered amounts |
| 10. Check number | 23. Amount paid by HealthPartners | |
| 11. Date of check | | |
| 12. Check issued to | | |
| 13. Dates of patient care | | |



Important disclosures: Please read

OFFICIAL PLAN DOCUMENTS

This guide does not contain all the terms and provisions of the employee benefit plans sponsored by Wells Fargo & Company. Refer to each plan's Summary Plan Description (SPD) contained in the Benefits Book for applicable plan provisions. For fully insured plans or coverage options (including health maintenance organizations [HMOs]), also refer to the applicable insurance policy or group contract provided by the insurer. Additional plan details can be found in the official plan documents. If there is a discrepancy between the statements and information contained in this communication and the official plan documents, the official plan documents will govern. In the event of 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.

DISCLOSURE ABOUT HEALTH REIMBURSEMENT ACCOUNTS (HRA)

The HRA is a notional bookkeeping entry, and no specific funds will be set aside in an account for purposes of funding an HRA. No interest or earnings will be credited to an HRA. Amounts allocated to an HRA, including health and wellness dollars, 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.

GENERAL INFORMATION

Participation in the health and wellness activities is entirely voluntary.

The information presented in this guide is not intended to provide medical advice. Consult with your health care provider to determine the services or treatments that may be appropriate for your situation. The provisions governing your medical plan control what, if any, benefits are available for the services you receive. The fact that a health care provider has performed or prescribed a procedure or treatment does not mean that it is a covered service under your medical plan.



Want tips for eating better?

Check out HealthPartners yumPower—it's all about finding tasty, good-for-you foods that power your body and help you live the best life possible. After all, when you eat better, you feel better! Get started at **yumpower.com** — your mind, body and taste buds will thank you.

