

## Health Reimbursement Account (HRA)-Based Medical Plan

Background information					
<b>Plan facts</b>					
Plan description		The Health Reimbursement Account (HRA)-Based Medical Plan uses an HRA to pay for eligible medical expenses. The HRA is not used for prescription (Rx) expenses.			
Portability		Unused HRA balances are automatically rolled over from year to year if you remain enrolled in the HRA-Based Medical Plan, subject to any applicable restrictions. Your entire HRA balance will be forfeited if your HRA-Based Medical Plan coverage is terminated or waived for any reason.			
Contributions to your account		Amount			
Health reimbursement account annualized contribution amount for 2017 <sup>1</sup>	HRA-eligible compensation category	Category 1 under \$60,000	Category 2 \$60,000 – under \$100,000	Category 3 \$100,000 – under \$150,000	Category 4 \$150,000 and above
	You	\$700	\$600	\$200	\$0
	You + spouse or domestic partner	\$700	\$600	\$200	\$0
	You + children	\$1,200	\$1,000	\$400	\$0
	You + spouse or domestic partner + children	\$1,200	\$1,000	\$400	\$0
Health reimbursement account contribution amount by you		None			
Additional health reimbursement account health and wellness dollars <sup>1</sup>		Earn up to an additional \$800 for you, plus \$800 for your covered spouse or domestic partner.			

## Health Reimbursement Account (HRA)-Based Medical Plan (continued)

Deductible and out-of-pocket maximum	You pay in network (or for Out of Area coverage <sup>2</sup> )	You pay out of network <sup>3</sup>
Annual deductible (Rx does not apply)	\$2,000 you	\$4,000 you
	\$3,200 you + spouse or domestic partner	\$6,400 you + spouse or domestic partner
	\$2,600 you + children	\$5,200 you + children
	\$3,800 you + spouse or domestic partner + children	\$7,600 you + spouse or domestic partner + children
Annual out-of-pocket maximum* (Rx does not apply)	\$4,000 you	\$8,000 you
	\$6,400 you + spouse or domestic partner*	\$12,800 you + spouse or domestic partner
	\$5,200 you + children	\$10,400 you + children
	\$7,600 you + spouse or domestic partner + children*	\$15,200 you + spouse or domestic partner + children
* No one individual will pay more than \$6,150 in in-network out-of-pocket eligible medical expenses.  (Includes deductible; excludes Rx.) Expenses will be offset by any available HRA contributions, including dollars earned through participation in wellness activities. HRA dollars are not available until they are actually allocated to your HRA.		
Outpatient services	You pay in network (or for Out of Area coverage <sup>2</sup> )	You pay out of network <sup>3</sup>
Preventive care		
Physical exams (preventive) <sup>4</sup>	No copay, no deductible	HRA pays 100%, then 40%; no deductible
Office visits		
Primary care physician (PCP) office visit	HRA pays 100%, then 20%; no deductible	HRA pays 100%, then 40% after deductible
Outpatient services (includes specialist office visits and surgery)	HRA pays 100%, then 20% after deductible	HRA pays 100%, then 40% after deductible
Lab tests, x-rays (includes services ordered at PCP visit)	HRA pays 100%, then 20% after deductible	HRA pays 100%, then 40% after deductible
Maternity office visit: prenatal, postnatal	HRA pays 100%, then 10% after deductible (initial visit: HRA pays 100%, then 20%; no deductible)	HRA pays 100%, then 40% after deductible
Urgent care	HRA pays 100%, then 20% after deductible	HRA pays 100%, then 40% after deductible
Inpatient services	You pay in network (or for Out of Area coverage <sup>2</sup> )	You pay out of network <sup>3</sup>
Inpatient care		
Hospital care	HRA pays 100%, then 20% after deductible	HRA pays 100%, then 40% after deductible
Maternity: in-hospital delivery	HRA pays 100%, then 10% after deductible	HRA pays 100%, then 40% after deductible

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Inpatient services	You pay in network (or for Out of Area coverage <sup>2</sup> )	You pay out of network <sup>3</sup>
Emergency care		
Emergency services	HRA pays 100%, then 20% after deductible	HRA pays 100%, then 20% after in-network deductible
Other medical services	You pay in network (or for Out of Area coverage <sup>2</sup> )	You pay out of network <sup>3</sup>
Therapy and chiropractic services		
Occupational therapy (OT), physical therapy (PT), speech therapy (ST)	HRA pays 100%, then 20% after deductible; limit 90 visits per year (combined OT/PT/ST therapies, in and out of network)	HRA pays 100%, then 40% after deductible; limit 90 visits per year (combined OT/PT/ST therapies, in and out of network)
Chiropractic	HRA pays 100%, then 20% after deductible; limit 26 visits per year combined in and out of network	HRA pays 100%, then 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 <sup>4</sup>	HRA pays 100%, then 20%; no deductible	HRA pays 100%, then 40% after deductible
Inpatient services	HRA pays 100%, then 20% after deductible for services received in outpatient facility or hospital	HRA pays 100%, then 40% after deductible
Prescription drug background information		
Plan facts		
Prescription drug administrator	CVS Caremark	
Prescription drug website	<a href="https://www.caremark.com">caremark.com</a> Preenrollment: <a href="https://www.caremark.com/wf">caremark.com/wf</a>	
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 Caremark 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>3</sup>
In-network prescription drugs out-of-pocket maximum	\$1,000 you \$1,600 you + spouse or domestic partner \$1,300 you + children \$1,900 you + spouse or domestic partner + children	Not applicable
There is an individual in-network out-of-pocket maximum of \$1,000 per person		
Prescription drugs, retail, 30-day supplies		
Generic	\$7; generic contraceptives covered at 100%	\$7 copay plus difference between full cost and network rate
Brand preferred	50% up to \$75 max per script <sup>5</sup>	50%, plus cost difference between full cost and network rate <sup>5</sup>
Brand nonpreferred	50% up to \$110 max per script <sup>5</sup>	50%, plus cost difference between full cost and network rate <sup>5</sup>

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Prescription drug expenses	You pay in network	You pay out of network <sup>3</sup>
<b>Prescription drugs, 90-day supplies<sup>6</sup></b>		
Generic	\$14; generic contraceptives covered at 100%	Not available
Brand preferred	50% up to \$150 max per script <sup>5</sup>	Not available
Brand nonpreferred	50% up to \$220 max per script <sup>5</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
<b>Member website</b> <a href="http://www.anthem.com">www.anthem.com</a>	<b>Member website</b> <a href="http://www.myuhc.com">www.myuhc.com</a>	<b>Member website</b> <a href="http://www.healthpartners.com/wf">www.healthpartners.com/wf</a>
<b>Member Customer Service</b> 1-866-418-7749	<b>Member Customer Service</b> 1-800-842-9722	<b>Member Customer Service</b> 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.

<sup>1</sup>If you enroll midyear, Wells Fargo will allocate a prorated amount of benefit dollars to your HRA. Your earned health and wellness dollars will also be prorated depending on the date your benefits take effect.

<sup>2</sup>Out of Area coverage only available if you do not live in the network area.

<sup>3</sup>Benefits are determined using plans' allowed amounts.

<sup>4</sup>Check with plan to find out what is covered.

<sup>5</sup>If you buy a brand-name drug and generic is available, you pay the cost difference plus generic copay. This amount does not apply to in-network prescription drug out-of-pocket maximums.

<sup>6</sup>Ninety-day supplies are only available from CVS Caremark Mail Service Pharmacy, CVS Pharmacy stores, and CVS Caremark Specialty Pharmacy.

### 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](http://teamworks.wellsfargo.com)).