

## Dental Plan Options: Standard and Enhanced

Claims administrator: Delta Dental of Minnesota  
Administration in all states

Background information		
Plan facts		
Provider network	Delta Dental PPO and Delta Premier	
Website for the plan	<a href="http://deltadentalmn.org/wf">deltadentalmn.org/wf</a>	
Member services phone number	1-877-598-5342	
Plan features	Delta Dental Standard You pay	Delta Dental Enhanced You pay
<b>Annual deductible</b>	\$50 per person Diagnostic and preventive care and orthodontia are not subject to the deductible. For all other services, you first pay the deductible before the plan pays for covered benefits.	\$50 per person Diagnostic and preventive care and orthodontia are not subject to the deductible. For all other services, you first pay the deductible before the plan pays for covered benefits.
<b>Annual maximum benefit</b>	\$1,500 per person Diagnostic and preventive care and orthodontia are not applied to the annual maximum.	\$2,000 per person Diagnostic and preventive care and orthodontia are not applied to the annual maximum.
<b>Diagnostic and preventive care</b> Routine exams, cleanings, x-rays, fluoride treatments, sealants	Covered at 100% Includes routine exams twice per year, full-mouth x-rays every five years, one series of bitewing x-rays every 12 months. For children under 18, bitewing x-rays every 12 months and fluoride treatments. For children under 16, sealants.	Covered at 100% Includes routine exams twice per year, full-mouth x-rays every five years, one series of bitewing x-rays every 12 months. For children under 18, bitewing x-rays every 12 months and fluoride treatments. For children under 16, sealants.
<b>Fillings and oral surgery</b> Fillings, simple extraction, oral surgery Composite (white) fillings	20%  20% for front teeth 30% for back (posterior) teeth	10%  10% for front teeth 20% for back (posterior) teeth
<b>Periodontics</b> Treatment for diseased gums and tissue and periodontal cleaning	20%	10%
<b>Endodontics</b> Root canals	20%	10%
<b>Major restorative services</b> Crowns, inlays, onlays, bridgework, dentures	50%	40%
<b>Dental implants</b>	50%	40%
<b>Prosthetics and repairs</b>	50%	40%
<b>Child orthodontia</b> Up to age 18	\$1,500 lifetime maximum benefit per person — you pay 50% <sup>1</sup>	\$2,000 lifetime maximum benefit per person — you pay 50% <sup>1</sup>

## Dental Plan Options: Standard and Enhanced (continued)

Plan features	Delta Dental Standard	Delta Dental Enhanced
	You pay	You pay
Adult orthodontia Age 18 and older	\$1,500 lifetime maximum benefit per person — you pay 50% <sup>1</sup>	\$2,000 lifetime maximum benefit per person — you pay 50% <sup>1</sup>
Pretreatment review	If dental treatment is expected to cost \$300 or more, Delta Dental recommends that you ask your dentist to submit a pretreatment estimate before dental work begins. The claim will be reviewed to determine if the proposed treatment will be covered.	
Allowed amounts	The amount you owe for covered services is based on the allowed amount. If your participating dentist charges more than the allowed amount, you are not responsible for the difference between the billed charges and the allowed amount. If you use an out-of-network dentist, you must pay for services and then file a claim with Delta Dental to be reimbursed for eligible expenses. When you use an out-of-network dentist, claim payments are based on the lesser of the nonparticipating dentist's submitted charge or Delta Dental of Minnesota's Table of Allowances. You will be responsible for any charges exceeding the allowed amount, as determined by Delta Dental of Minnesota.	

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.

<sup>1</sup>Orthodontia lifetime benefit based on enrollment at time of appliance banding; only one benefit payable for both Delta Dental Standard and Delta Dental Enhanced. Benefits paid under the former Wachovia Dental Plan are considered when determining the lifetime maximum orthodontia benefit under Delta Dental Standard or Delta Dental Enhanced.

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