

2020 Plan at a Glance

Dental Plan Options: Standard and Enhanced

Claims Administrator: Delta Dental of Minnesota

Administration in all states

General information		
Plan facts		
Provider network	Delta Dental PPO and Delta Premier	
Website for the plan	https://www.deltadentalmn.org/wf	
Member services phone number	1-877-598-5342	

	Delta Dental Standard	Delta Dental Enhanced
Plan features	You pay	You pay
Annual deductible	\$50 per person Diagnostic care, 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 care, 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.
Annual maximum benefit	\$1,500 per person Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum.	\$2,000 per person Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum.
Diagnostic and preventive care Routine exams, cleanings, x-rays, fluoride treatments, sealants, and periodontal maintenance	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 age 18, fluoride treatments, once per plan year. For children under age 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 age 18, fluoride treatments, once per plan year. For children under age 16, sealants.
Fillings and oral surgery Fillings, simple extraction, oral surgery	20% after deductible	10% after deductible
Composite (white) fillings	20% for front teeth after deductible 30% for back (posterior) teeth after deductible	10% for front teeth after deductible 20% for back (posterior) teeth after deductible
Periodontics Treatment for diseased gums and tissue	20% after deductible	10% after deductible
Endodontics Root canals	20% after deductible	10% after deductible
Major restorative services Crowns, inlays, onlays, bridgework, dentures	50% after deductible	40% after deductible
Dental implants	50% after deductible	40% after deductible

Dental Plan Options: Standard and Enhanced (continued)

	Delta Dental Standard	Delta Dental Enhanced
Plan features	You pay	You pay
Prosthetics and repairs	50% after deductible	40% after deductible
Child orthodontia Up to age 18	\$1,500 lifetime maximum benefit per person — you pay 50%*	\$2,000 lifetime maximum benefit per person — you pay 50%*
Adult orthodontia Age 18 and older	\$1,500 lifetime maximum benefit per person — you pay 50%*	\$2,000 lifetime maximum benefit per person — you pay 50%*
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.	

This information does not provide all the terms and provisions of the Wells Fargo & Company Health Plan. Additional plan details are stated in the plan's Summary Plan Description (SPD) and any applicable Summary of Material Modifications (SMM). In the case of a discrepancy between this information and the official plan documents, the official plan documents will govern. If there are any errors or omissions in such materials, Wells Fargo & Company, the plan administrator, or their authorized designees reserve the right to correct such errors or omissions. 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.

*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.

Online tools and resources

Learn to use your benefits year-round with convenient online tools and resources. 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).