

PLAN COMPARISON

Dental Plans

Claims administrator: Delta Dental of Minnesota (available in all states)

	Delta Dental Standard	Delta Dental Enhanced
	In network	In network
Annual deductible	<p>\$50 per person</p> <p>Diagnostic care, preventive care, and orthodontia are not subject to the annual deductible</p> <p>For all other services, you first pay the annual deductible before the plan pays for covered benefits</p>	<p>\$50 per person</p> <p>Diagnostic care, preventive care, and orthodontia are not subject to the annual deductible</p> <p>For all other services, you first pay the annual deductible before the plan pays for covered benefits</p>
Annual maximum benefit	<p>\$1,500 per person</p> <p>Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum</p>	<p>\$2,000 per person</p> <p>Diagnostic care, preventive care, and orthodontia are not applied to the annual maximum</p>
Diagnostic and preventive care Routine exams, cleanings, X-rays, fluoride treatments, sealants, and periodontal maintenance	<p>Covered at 100%</p> <p>Includes routine exams twice per year, full-mouth X-rays every 5 years, 1 series of bitewing X-rays every 12 months</p> <p>For children under age 18, fluoride treatments once per plan year; for children under age 16, sealants for 6- and 12-year permanent molars</p>	<p>Covered at 100%</p> <p>Includes routine exams twice per year, full-mouth X-rays every 5 years, 1 series of bitewing X-rays every 12 months</p> <p>For children under age 18, fluoride treatments once per plan year; for children under age 16, sealants for 6- and 12-year permanent molars</p>
Fillings and oral surgery Fillings, simple extraction, and oral surgery in office	<p>You pay 20% for front teeth after meeting annual deductible</p>	<p>You pay 10% for front teeth after meeting annual deductible</p>
Composite (white) fillings	<p>You pay 30% for white fillings on posterior teeth after meeting annual deductible</p>	<p>You pay 20% for white fillings on posterior teeth after meeting annual deductible</p>
Periodontics Treatment for diseased gums and tissue	<p>You pay 20% after meeting annual deductible</p>	<p>You pay 10% after meeting annual deductible</p>
Endodontics Root canals	<p>You pay 20% after meeting annual deductible</p>	<p>You pay 10% after meeting annual deductible</p>
Major restorative services Crowns, inlays, onlays, bridgework, and dentures	<p>You pay 50% after meeting annual deductible</p>	<p>You pay 40% after meeting annual deductible</p>

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	Delta Dental Standard	Delta Dental Enhanced
	In network	In network
Dental implants	You pay 50% after meeting annual deductible	You pay 40% after meeting annual deductible
Prosthetics and repairs	You pay 50% after meeting annual deductible	You pay 40% after meeting annual deductible
Child orthodontia (up to age 18)	You pay 50% \$1,500 lifetime maximum benefit per person ¹	You pay 50% \$2,000 lifetime maximum benefit per person ¹
Adult orthodontia (age 18+)	You pay 50% \$1,500 lifetime maximum benefit per person ¹	You pay 50% \$2,000 lifetime maximum benefit per person ¹
Pretreatment review	<p>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.</p>	
Allowed amounts	<p>The amount you owe for covered services is based on the allowed amount. If your participating provider charges more than the allowed amount, you are not responsible for the difference between the billed charges and the allowed amount.</p> <p>If you use an out-of-network provider, you must file the claim and claim payments are sent directly to you. Claim payments are based on the lesser of the treating provider's submitted charge or the amount established by Delta Dental. When services are received from an out-of-network provider, you are responsible for all charges not covered by the dental plan. It is your obligation to pay the out-of-network provider for all services received.</p>	

The information presented provides a general summary of certain employee benefits sponsored or made available to you by Wells Fargo & Company. The employee benefit plans are maintained pursuant to and governed by official plan documents, which may consist of plan documents, Summary Plan Descriptions, insurance policies, and certificates of coverage (collectively, the "plan documents"). In the case of a discrepancy between the information presented herein and the official plan documents, the official plan documents will control. 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. For a more detailed summary of the employee benefit plans, see the applicable Summary Plan Descriptions and certificates of coverage (for fully insured plans). Summary Plan Descriptions are found on the HR Services & Support site. 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.

1. Orthodontia lifetime benefit based on enrollment at time of appliance banding; only one benefit payable for both Delta Dental Standard and Delta Dental Enhanced.