



2024 U.S. ANNUAL BENEFITS ENROLLMENT

Your guide to health & insurance coverage for the year ahead

BANK OF AMERICA 

2024 Annual Benefits Enrollment is Oct. 3–18

It's time to make your 2024 health & insurance benefits elections

This guide is for teammates earning less than \$100,000 in **Performance Year Cash Compensation (PYCC)**.*

Annual Benefits Enrollment is your opportunity to make changes to your existing health and insurance coverage for the coming year. These could include electing new coverage; declining current coverage; changing carriers, plans or health care accounts; modifying the amount of your supplemental insurance; or adding or removing a spouse, partner or eligible child to or from your coverage.



* Your 2024 PYCC is your annual base pay as of Dec. 31, 2022 (or date of hire, if later), plus any benefits-eligible cash incentives, such as most cash commission pay and any annual cash bonus, earned for 2022 and paid by June 30, 2023 (not including cash incentives, bonuses, relocation payments or similar compensation paid to employees from a non-U.S. payroll). If you're in an Annual Benefits Base Rate (ABBR) role, your ABBR is used as your PYCC.

How to make the most of Annual Benefits Enrollment

- ✓ Review your current coverage and carriers on **My Benefits Resources** (mybenefitsresources.bankofamerica.com) and consider how your needs may have changed.
- ✓ Compare your 2024 medical plan options, premiums and estimated out-of-pocket costs using the **Medical Expense Estimator on My Benefits Resources**. You may be able to save money by selecting a new medical plan or carrier.
- ✓ Ensure that your doctors, labs and hospitals are in network to keep your out-of-pocket expenses lower by searching for a provider on **My Benefits Resources > Health & Insurance > Take Action > Find a Doctor or Dentist**.
- ✓ Take advantage of other helpful resources by visiting the Annual Benefits Enrollment pages on **HR Connect** while on the bank network or on **Employee Resources at Home** (bankofamerica.com/employee) from a personal device.
- ✓ Select, change or confirm your beneficiaries for your insurance, Health Savings Account (HSA), 401(k), and equity and/or long-term incentive plan:
 - Insurance:
My Benefits Resources > Manage Beneficiaries
 - Health Savings Account (HSA):
Health Benefit Solutions (myhealth.bankofamerica.com)
 - 401(k), equity and/or long-term incentive plan:
Benefits OnLine® (benefits.ml.com)
- ✓ Confirm or update your personal contact information to ensure you receive all Annual Benefits Enrollment and other Bank of America health and insurance information by visiting **Workday** through **Flagscape > Essential links > Workday > Personal information > Contact information**.

Important reminders

- **The choices you make during Annual Benefits Enrollment will generally remain in effect for the 2024 calendar year** unless you have a qualified status change — such as a marriage or divorce, or the birth or adoption of a child. **You must notify the Global HR Service Center within 31 calendar days following the date of a new qualified status change in order to make updates to your coverage during the plan year.** For example, enrollment in Parental Leave, or using the Family Planning Reimbursement Program or another related benefit, would not in itself be sufficient to allow you to add a new dependent to your coverage in 2024.
- **If you don't make elections during Annual Benefits Enrollment**, your current coverage will continue — as long as it's available and you remain eligible. **Two exceptions require annual re-enrollment** — purchased time off (PTO) and Child Care Plus (CCP). You'll also need to obtain manager approval each year that you wish to enroll or re-enroll in PTO. To re-enroll in CCP, you'll need to submit updated documentation to re-verify eligibility. If you're eligible, you may enroll or re-enroll in CCP during Annual Benefits Enrollment or at any time during the year.
- **If you add an adult to your coverage**, Bank of America reserves the right to request verification/evidence of your dependent's eligibility, such as tax returns, a marriage license, proof of joint residency or certificate/affidavit of common-law marriage, or eligibility for partner or other adult dependent status. Failure to provide any requested verification documents in a timely manner will result in the dependent being removed from coverage.
- **If you and/or your family members are enrolled in Medicare or will become eligible for Medicare in the next 12 months**, you may be eligible for a Medicare Part D plan, which provides prescription coverage. [Learn more](#) about your options and how enrollment in Medicare's prescription coverage might affect your current medical and prescription coverage.

For quick reference:

Benefits Education & Planning Center: **866.777.8187**

Global HR Service Center: **800.556.6044** (you'll need your phone PIN)

Employee Resources at Home: [bankofamerica.com/employee](https://www.bankofamerica.com/employee) (also accessible from your personal device)

HR Connect: hrconnect.bankofamerica.com

My Benefits Resources: Use the [My Benefits Resources](#) link on Flagscape (Essential links) or enter mybenefitsresources.bankofamerica.com

Make your 2024 health & insurance benefits elections Oct. 3–18

Enroll online:

- 1 Log in to **My Benefits Resources** either by:
 - Using the [My Benefits Resources](#) link on **Flagscape (Essential links)**
 - Entering mybenefitsresources.bankofamerica.com
- 2 From the Home page, select **Enroll Now**.
- 3 **Once you've made your elections, you must confirm and save them** by selecting **Complete Enrollment**. Print your **Confirmation Statement** for your records.

Have questions or need assistance? Contact a Global HR Service Center representative using [chat](#) or the **Submit a Request** option on the [Contact Us](#) page, or call using the number shown below.

Enroll by phone:

Call the Global HR Service Center at **800.556.6044**.

Representatives are available Monday through Friday, 8 a.m. to 8 p.m. Eastern (excluding certain holidays).

When you call, be ready with your benefit elections and phone PIN. If you haven't established a phone PIN or need to reset your phone PIN, log in to mybenefitsresources.bankofamerica.com > **My Profile** > **Log On Information**. If you need to reset your My Benefits Resources password, you'll need the last four digits of your Bank of America Person Number.

Once authenticated, say "Annual Benefits Enrollment" to speak to a Global HR Service Center representative.

Things to consider when making your decisions

Even if you've been happy with your health and insurance coverage, your needs may change from year to year. Here are some things to consider as you prepare to make your elections for 2024:

- Are your current carriers, plans and health care account(s) meeting your needs?
- Do you anticipate any changes to your or your family's health and insurance needs?
- Will you need to change which family members are covered?
- Do you have a dependent who is turning age 26 next year? If so, their coverage under your plan will end on the last day of their birthday month (although COBRA continuation coverage may be available).
- Are you interested in electing additional benefits during Annual Benefits Enrollment? (See page 13 for details.)



It pays to stay in network!

Out-of-network deductibles, maximums and other costs are significantly higher than those in network. Find out if your providers are in network across the carriers by going to [My Benefits Resources \(mybenefitsresources.bankofamerica.com\)](https://mybenefitsresources.bankofamerica.com) and selecting **Health & Insurance > Take Action > Find a Doctor or Dentist**.

Using the Medical Expense Estimator tool

Be sure to use the **Medical Expense Estimator** on [My Benefits Resources](https://mybenefitsresources.bankofamerica.com) to compare your medical plan options, premiums and estimated out-of-pocket costs across plans and carriers.

Thinking of expanding your family?

Remember that you must be enrolled in one of the bank's national medical plans (through Aetna, Anthem or UnitedHealthcare) to take advantage of our **Family Support program**¹ — which offers expert pregnancy, fertility, egg freezing, adoption, surrogacy, infancy and postpartum support up until your child's fifth birthday. The program is available at no cost to new or future parents — including covered spouses or partners. Visit getfamilysupport.com to enroll.

You must also be enrolled in one of the bank's national medical plans — or Kaiser Permanente — to receive fertility treatment reimbursement,² one of the features of the **Family Planning Reimbursement program**. The program provides you with the flexibility to choose reimbursement for eligible adoption, fertility treatment and/or surrogacy expenses, up to a collective \$20,000 lifetime maximum over the course of your career at the bank.³ **If you are enrolled in a bank Consumer Directed High Deductible plan: Due to U.S. tax laws, YOU MUST satisfy your entire in-network deductible before any fertility services/treatments are eligible for reimbursement. Services used to satisfy the medical deductible are not eligible for reimbursement.**

¹ Kaiser Permanente members have access to similar resources.

² To be eligible for fertility treatment reimbursement, a diagnosis of infertility is not required. If you do have a medical diagnosis of infertility, most fertility treatment expenses will be covered by your bank medical plan, but you may request reimbursement through the Family Planning Reimbursement program for some eligible expenses not covered under your medical plan.

³ You do not have to be enrolled in a bank medical plan to be eligible for surrogacy or adoption reimbursement.

2024 highlights

Plan premiums

You may experience an increase in your annual medical premium, depending on your pay tier and which medical plan or carrier you choose. Teammates making less than \$50,000 in Performance Year Cash Compensation (PYCC) won't see an increase. Life and disability insurance premiums will not increase, unless you change age brackets or your annual base salary changes.

NEW No- or low-pay copay assistance programs for specialty medications

The out-of-pocket costs for specialty medications that you or a loved one may need can be expensive, but new programs the bank is offering to those in a bank PPO or Consumer Directed medical plan — in Aetna or Anthem now, through CVS Caremark®/ PrudentRx, and through UnitedHealthcare's OptumRx starting in 2024 — could help reduce costs considerably. These programs will allow you to pay \$0 out of pocket in an Aetna or Anthem plan or just \$5 in a UnitedHealthcare plan for certain, covered specialty medications. These programs will not be available to those in a Consumer Directed High Deductible plan. Learn more at [HR Connect > Benefits > Health > Medical Plans > Prescription coverage](#).

NEW Predictable copay for Consumer Directed plan specialist visits

In a Consumer Directed plan and going to see a specialist? In past years you'd pay the full negotiated rate until you met your annual deductible, and then you'd pay coinsurance. But, starting in 2024, you'll simply pay a \$75 copay, so you can address more serious and chronic conditions while knowing your costs up front.

Take advantage of primary care physician (PCP) visits

Having and maintaining a relationship with a PCP is important. They can provide preventive care and screenings, identify and treat common medical conditions, catch health issues early before they progress into something more serious and help you get more advanced care when you need it. You can also consult with a PCP virtually, when that's more convenient (see the Teladoc Health info on page 6). All in-network preventive care — in person or virtual, including annual checkups — is always available at no cost for those enrolled in a bank medical plan.

NEW Critical illness insurance

Protect yourself and your family from the financial impact of a critical illness. Medical insurance can cover much of your medical costs, but critical illness insurance can help pay for those unexpected expenses, including childcare, transportation and meal delivery, while you are receiving treatment or recovering. Starting in 2024, the bank will offer critical illness insurance through MetLife that teammates can purchase for themselves and their eligible dependents to provide a lump sum payment of up to \$20,000, depending on the eligible diagnosed condition. The payout is nontaxable, since it's paid on a post-tax basis.

Get Well, get rewarded

Well Rewards, a daily health partner that pairs a smart app with live, personalized health and wellness support, will be available in early 2024 to all teammates enrolled in a U.S. national bank medical plan. You'll be able to use Well daily to get tailored recommendations on meeting your health goals, while earning points you can redeem for gift cards to popular brands like Amazon, CVS and Starbucks. There's no cost to teammates and a covered spouse or partner. Well is available now if you're enrolled in a bank medical plan with Anthem. Search for and download the Well Digital app on your personal phone. Learn more at [HR Connect > Benefits > Health > Health & wellness support](#).

Wellness activities

Complete the voluntary wellness activities to gain insight into your health and keep a credit of up to \$500 toward your annual medical plan premiums (or up to \$1,000 if your covered spouse or partner completes theirs as well). To keep your 2024 credit, complete the activities on mywellnessresources.com by Feb. 29, 2024.

Medical plans

You have two medical choices to make during Annual Benefits Enrollment: your medical carrier and your medical plan

Our national medical carriers — **Aetna**, **Anthem** and **UnitedHealthcare** — offer medical plans with the same core design and are high-quality options with similar services and networks. **Kaiser Permanente** will continue to be offered as a carrier in select markets where it's currently an option. For **specific Kaiser Permanente** plan information, refer to the **All Coverage Details** feature on **My Benefits Resources** (mybenefitsresources.bankofamerica.com).

When choosing your medical plan, consider your payment preferences for coverage and services. For example, would you prefer to pay less each month and pay more when you receive care — or vice versa? Review this high-level plan comparison:

Comprehensive PPO Plan	Consumer Directed Plan	Consumer Directed High Deductible Plan
<ul style="list-style-type: none">• Highest premium costs• Lower expenses when you need care• Lowest deductible	<ul style="list-style-type: none">• Premium costs lower than PPO• Deductible lower than the High Deductible Plan• You pay the negotiated rate for most services until you meet the deductible	<ul style="list-style-type: none">• Lowest premium costs• Highest deductible• You pay the negotiated rate until you meet the deductible

Deductibles and out-of-pocket maximums for family coverage may work differently across plans

To learn how deductibles and out-of-pocket maximums for teammates with family coverage compare, go to bankofamerica.com/employee, click on the **2024 Annual Benefits Enrollment banner**, then select **Family coverage** under **Medical options & resources**.

Insurance terms you should know

Annual premium: The annual cost you pay for access to medical coverage. Premiums are based on your pay tier, the plan and carrier you choose, how many people you cover, your ZIP code and whether you complete wellness activities or use tobacco.

Annual deductible: The dollar amount you pay each calendar year before the plan begins to pay for covered services. You won't pay for in-network preventive care, like annual checkups. Generally, for all other covered care, you'll pay out of pocket until you reach your annual deductible. Then, your plan will start to pay for most covered in-network services.

Coinsurance: The amount you pay for covered services after you meet your annual deductible. After you meet the annual deductible, generally, you'll continue to pay coinsurance — 20% of the cost for in-network covered medical services — until you meet the out-of-pocket maximum. The plan pays the rest.

Out-of-pocket maximum: The most you'll pay for covered medical services in a calendar year. Once you meet it, your plan pays the full cost of additional covered expenses.

Are you a tobacco user?

The **tobacco-user rate** for medical coverage will remain the same (\$900 per year) and, again, tobacco users and spouses or partners will have the opportunity to be eligible for the non-tobacco-user rate if they indicate they intend to quit next year or complete the reasonable alternative standard form.

Do you live in the greater Dallas, Jacksonville, Phoenix or Tucson area?

If you enroll (or remain enrolled) in an Aetna medical plan, you'll receive coverage from a medical network provided by **Texas Health Aetna** if you live in the greater **Dallas, TX**, region; **Aetna's Baptist Health & St. Vincent's HealthCare** if you live in the greater **Jacksonville, FL**, region; or **Banner|Aetna** if you live in the **Phoenix** or **Tucson, AZ**, regions.*

These Aetna Accountable Care Organizations (ACOs) will only cover health care services received from their in-network providers while you are within their service area — with the exception of emergencies. When traveling outside your ACO's service area, in-network care will be covered through Aetna's national network.

For more information, visit aetna.com/bankofamerica and, when prompted to choose a plan for your search, select the Bank of America EPO Plan available in your region. Or call the ACO directly:

Banner|Aetna: **866.676.7362**

Texas Health Aetna: **833.383.2659**

Aetna's Baptist Health & St. Vincent's HealthCare: **833.383.2660**

* Eligibility for Aetna ACO networks is determined by your home ZIP code.

Medical plans (continued)

Teladoc Health services

Teladoc Health services will continue to be available at no cost¹ to most teammates and covered family members enrolled in a U.S. bank medical plan with Aetna, Anthem or UnitedHealthcare.

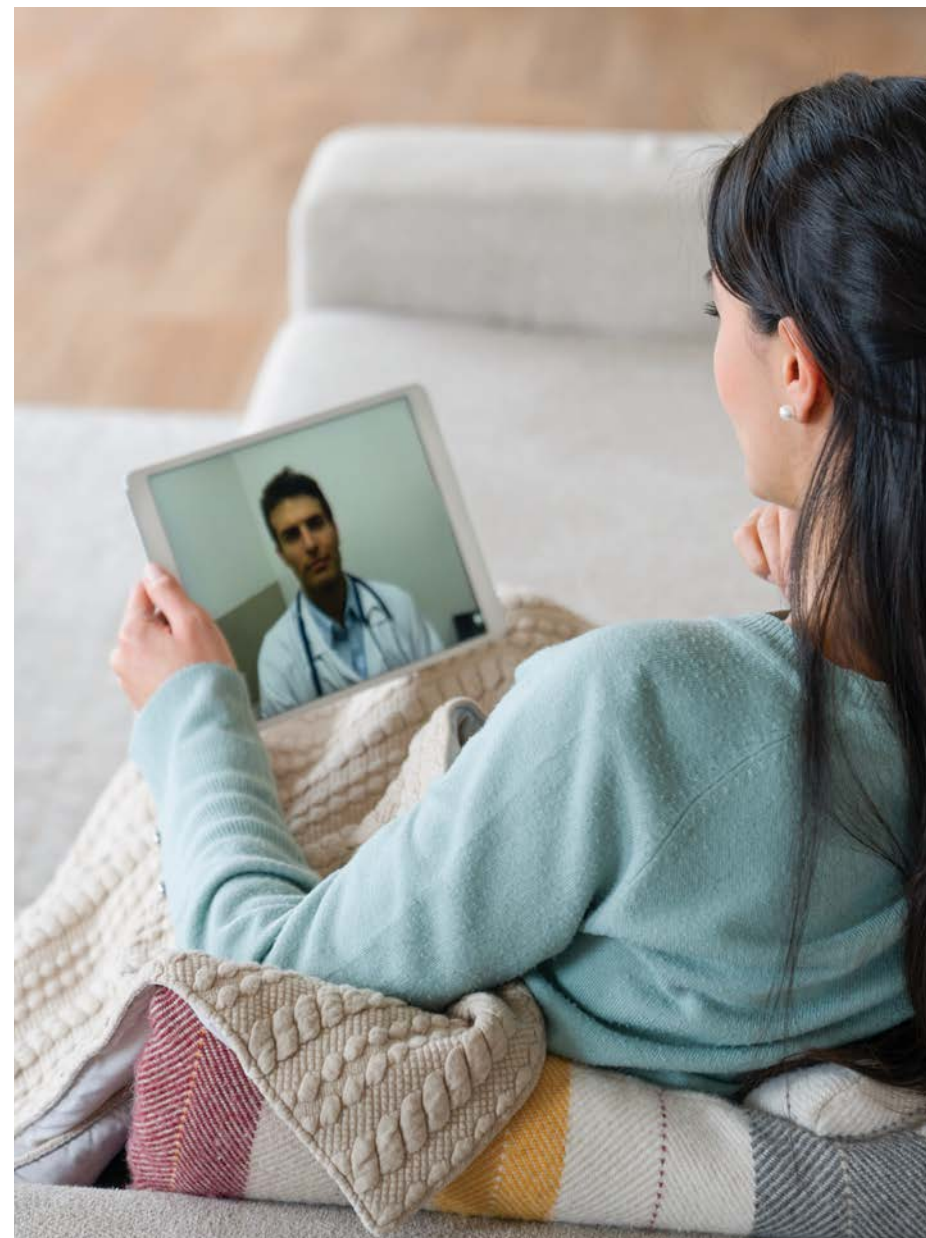
Teladoc Health provides 24/7 access to board-certified doctors, including mental health specialists and primary care physicians (PCPs), by phone or online video for virtual care.

- Primary360 allows eligible teammates and covered family members ages 18 and older to schedule virtual consultations with a PCP — for an annual physical or other routine and preventive care needs.
- Doctors of general medicine can provide a diagnosis, treatment and a prescription (when needed) for a range of minor health issues — from colds and allergies to rashes and migraines.
- Eligible teammates and covered family members ages 13 and older can consult with psychiatrists, licensed psychologists or therapists on a wide variety of issues, such as stress, depression, family/marriage issues and eating disorders.²

Call **855.835.2362** or visit teladoc.com/bankofamerica. Appointments for mental health and Primary360 (PCP) consultations must be scheduled online in advance.

¹ Teladoc Health is available only in the U.S. The state of Idaho allows video visits only, and Arkansas and Delaware require the first visit be completed by video. For multiple consults on the same day, by the same covered individual, for the same issue, you may incur a temporary charge for which you will be reimbursed. Kaiser Permanente members can contact Kaiser Permanente for details about a similar program offered through their plan and any associated costs.

² While talk therapy is available for those 13–17, psychiatric support for medication management is not.



Compare medical plans

	Comprehensive PPO Plan		Consumer Directed Plan		Consumer Directed High Deductible Plan	
Annual deductible	In network, you pay up to \$500 per individual or \$1,000 per family.	Out of network, you pay up to \$1,000 per individual or \$2,000 per family.	In network, you pay up to \$1,200 per individual or \$2,400 per family.	Out of network, you pay up to \$2,400 per individual or \$4,800 per family.	In network, you pay up to \$2,250 employee only or \$4,500 per family.	Out of network, you pay up to \$4,500 employee only or \$9,000 per family.
Coinsurance	In network, you pay 20% .	Out of network, you pay 40% .	In network, you pay 20% .	Out of network, you pay 40% .	In network, you pay 20% .	Out of network, you pay 40% .
Out-of-pocket maximum	In network, you will pay no more than \$2,000 per individual or \$4,000 per family.	Out of network, you will pay no more than \$4,000 per individual or \$8,000 per family.	In network, you will pay no more than \$3,500 per individual or \$7,000 per family.	Out of network, you will pay no more than \$7,000 per individual or \$14,000 per family.	In network, you will pay no more than \$4,000 employee only, \$7,350 per individual or up to \$8,000 per family.	Out of network, you will pay no more than \$8,000 employee only or \$16,000 per family.
Preventive services	In network, you pay \$0 , according to government guidelines.	Out of network, you pay the full negotiated rate until you meet the deductible, then you pay coinsurance.	In network, you pay \$0 , according to government guidelines.	Out of network, you pay the full negotiated rate until you meet the deductible, then you pay coinsurance.	In network, you pay \$0 , according to government guidelines.	Out of network, you pay the full negotiated rate until you meet the deductible, then you pay coinsurance.
Office visits	In network, you pay \$10 copayment for primary care visits \$25 copayment for specialist visits	Out of network, you pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance.	In network, you pay \$20 copayment for primary care visits NEW: \$75 copayment for specialist visits	Out of network, you pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance.	You pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance for primary care and specialist visits.	
Prescription medication at retail <i>(30-day supply)</i>	In network, you pay Preventive: \$0 Nonpreventive: Generic: \$0 Preferred brand: \$25 copayment Nonpreferred brand: \$50 copayment	Out of network, you pay 40% coinsurance.	In network, you pay Preventive: \$0 Nonpreventive: Generic: \$0 Preferred brand: 30% coinsurance (\$100 max) Nonpreferred brand: 45% coinsurance (\$150 max)	Out of network, you pay 40% coinsurance.	In network, you pay Preventive: \$0 Nonpreventive: The full negotiated price until you meet your deductible, then: Generic: \$0 Brand: 20% coinsurance	Out of network, you pay 40% coinsurance after you meet your deductible.
Health care account(s) <i>(Details on pages 8 & 9)</i>	Health Flexible Spending Account (Health FSA)		Health Reimbursement Arrangement (HRA) Health Flexible Spending Account (Health FSA)		Health Savings Account (HSA) Limited Purpose Flexible Spending Account (Limited Purpose FSA)	

Filling your prescriptions

CVS Health (Caremark) is the prescription administrator for Aetna and Anthem plans. UHC/OptumRx is the prescription administrator for UnitedHealthcare (UHC). Both provide access to most national pharmacy chains for non-maintenance prescription medications. Note:

- Most in-network preventive prescription medications—both brand-name and generic—are available at no cost.
- Most in-network, generic nonpreventive prescription medications are also available at no cost if you're in a PPO or Consumer Directed plan, or if you're in a Consumer Directed High Deductible plan or Kaiser Permanente plan in CA, CO, GA, Mid-Atlantic, Northwest or WA after you meet your deductible.
- Once enrolled in a medical plan, visit your prescription administrator's website, at caremark.com or myuhc.com, to confirm whether there's a cost for your prescription.
- Maintenance prescription medications must be filled through your prescription administrators' mail order service, or your prescription may not be covered.

Health care accounts

Health care accounts allow you to use pretax money* to pay for eligible health care expenses such as copayments, prescription medications, eyeglasses and lab work. And one—the Health Savings Account (HSA)—will let you invest unused funds and pay no taxes on the earnings.

Your medical plan determines which health care account(s) you can choose to elect. And the type of health care account you have determines whether you, the bank, or both can contribute to your account. Any amount the bank contributes is based on your PYCC and the family members you cover. (To find your 2024 PYCC, log in to [My Benefits Resources](#) and click the person icon on the top right of the page to view **My Profile > Personal Information > Personal Details**.)

If you remain eligible, any health care account contributions you receive from the bank next year will not change during the year, even if you have a qualified status change that changes the number of people you cover under your medical plan.

If you decline coverage during Annual Benefits Enrollment, but need to enroll following a qualified status change, you may be eligible for prorated health care account contributions from the bank.

* California and New Jersey tax employer and employee contributions to HSAs. In addition, New Jersey taxes employee contributions to Health and Limited Purpose FSAs. This information was accurate as of this guide's release date.

A Consumer Directed medical plan with an HRA
















If you elect a Consumer Directed medical plan with the Health Reimbursement Arrangement (HRA), only your eligible expenses and those of your dependents who are also covered under the same Bank of America medical plan will be eligible for reimbursement from the HRA.

Medicare and an existing HSA balance

While the IRS prohibits you from making or receiving contributions to an HSA while enrolled in Medicare Part A or Part B, you can still use any existing HSA balance to pay for eligible health care expenses now or in the future.



Compare health care account options

	Health Flexible Spending Account (FSA)	Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	Limited Purpose FSA <small>Only available if you also elect an HSA</small>												
Which plan(s) is this account available with?	Comprehensive PPO Plan Consumer Directed Plan Or even if you're not enrolled in a bank medical plan	Consumer Directed Plan With the Consumer Directed Plan, an FSA and an HRA account can be paired. You add pretax money from your paycheck to the FSA, and the bank contributes to the HRA.	Consumer Directed High Deductible Plan With the Consumer Directed High Deductible Plan, an HSA and a Limited Purpose FSA can be paired to save for future health care expenses while paying for eligible dental and vision care today.	Consumer Directed High Deductible Plan												
What would I use this account for?	For any eligible health care expense  View list of eligible expenses.	For any eligible health care expense  View list of eligible expenses.	For any eligible health care expense and to save for health care expenses in retirement  View list of eligible expenses.	Only for eligible dental and vision expenses 												
What is the maximum I can contribute for 2024?	 \$3,050 The IRS pretax contribution limit	Employee contributions may not be made to an HRA.	\$4,150 Employee-only coverage \$8,300 Family coverage If you'll be at least 55 years old in 2024, you can make an additional \$1,000 catch-up contribution.	 \$3,050 The IRS pretax contribution limit												
How much will the company contribute?	The bank does not contribute to this account.	<p style="text-align: center;">If your PYCC is:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="background-color: #333; color: white;">Less than \$50K</th> <th style="background-color: #333; color: white;">\$50K to less than \$100K</th> </tr> </thead> <tbody> <tr> <td> Employee only</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$400</td> </tr> <tr> <td> Employee plus spouse/partner OR plus child(ren)</td> <td style="text-align: center;">\$750</td> <td style="text-align: center;">\$600</td> </tr> <tr> <td> Family</td> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">\$800</td> </tr> </tbody> </table> <p>In the HSA, these amounts count toward the IRS maximum.</p>			Less than \$50K	\$50K to less than \$100K	 Employee only	\$500	\$400	 Employee plus spouse/partner OR plus child(ren)	\$750	\$600	 Family	\$1,000	\$800	The bank does not contribute to this account.
	Less than \$50K	\$50K to less than \$100K														
 Employee only	\$500	\$400														
 Employee plus spouse/partner OR plus child(ren)	\$750	\$600														
 Family	\$1,000	\$800														
When are the funds available?	Your entire contribution amount is available at the beginning of the year, or when your coverage begins.	The bank's entire contribution is available at the beginning of the year, or when your coverage begins.	The bank's contribution is available at the beginning of the year, or when your coverage begins. Your contributions build over time with each paycheck. Balances over \$1,000 can be invested.	Your entire contribution amount is available at the beginning of the year, or when your coverage begins.												
What happens if there's money left in my account at the end of the year?	Up to \$610 in unused funds will automatically roll over to your 2025 account.	All unused funds roll over from one year to the next and remain available, as long as you stay enrolled in a plan that works with an HRA.	All unused funds will roll over from one year to the next.	Up to \$610 in unused funds will automatically roll over to your 2025 account.												
What happens if I leave the company or retire?	Coverage ends, but you can submit claims for eligible expenses incurred while an active employee. Or, if you elect COBRA and pay applicable premiums, coverage is extended through the end of the plan year.	When you leave, any balance will be forfeited unless you've met the Rule of 60 (at least 10 years of vesting service, and that number plus your age equals at least 60).	You can take HSA funds with you when you leave the bank or retire.	Coverage ends, but you can submit claims for eligible expenses incurred while an active employee. Or, if you elect COBRA and pay applicable premiums, coverage is extended through the end of the plan year.												

Dental plans

MetLife is the carrier for our dental PPO plan. Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) to see if your dentist is in network. In select markets, the Aetna Dental DMO Plan is also available. If you choose this plan, your primary care dentist must be in the Aetna DMO network in order for you to receive coverage. Visit [aetna.com/bankofamerica](https://www.aetna.com/bankofamerica) to see if your dentist is in network, and make sure any new dentist is in network and accepting new DMO patients before you elect this dental plan.

MetLife out-of-network coverage

Since a dentist who is out of network hasn't agreed to negotiated rates, the MetLife Dental PPO Plan pays benefits based on the usual and customary charge for a particular service. If the out-of-network provider charges more, you'll be responsible for paying the amount that exceeds the usual and customary limit plus the applicable coinsurance and deductible.

	MetLife Dental PPO (in network)	Aetna DMO (select markets, in network)
General dental expenses	<p>Annual deductible: \$50 Individual, \$150 Family The deductible is waived for preventive/diagnostic care and applies to basic and major expenses.</p> <p>Annual maximum coverage per person (excludes orthodontia and preventive care services): \$2,000</p> <p>Lifetime maximum for orthodontia (children starting treatment before age 20 and covered adults): \$2,000</p> <p>Office visit copayment: None</p>	<p>Annual deductible: None</p> <p>Annual maximum coverage per person (excludes orthodontia): None</p> <p>Lifetime maximum for orthodontia (covered adults and children): 24 months active treatment plus 24 months retention per lifetime</p> <p>Office visit copayment: \$5 per visit</p>
Preventive care	<p>Exams: Plan pays 100% of covered services; services do not count toward annual maximum. Limited to two routine visits and two problem-focused visits per calendar year.</p> <p>Cleaning: Plan pays 100% of covered services; services do not count toward annual maximum. Limited to two visits per calendar year.</p> <p>Dental X-rays: Plan pays 100% of covered X-rays; services do not count toward annual maximum. Limited to one set of full mouth series every five years, and two sets of bitewing X-rays per calendar year for children and one set per calendar year for adults.</p>	<p>Exams: Plan pays 100% of covered services, limited to four visits per calendar year.</p> <p>Cleaning: Plan pays 100% of covered services, limited to two visits per calendar year.</p> <p>Dental X-rays: Plan pays 100% of covered X-rays; services do not count toward the annual maximum. Limited to one set of full mouth series every five years and two sets of bitewing X-rays per calendar year.</p>
Services	<p>Amalgam (silver) fillings: You pay 20% of covered services.</p> <p>Composite fillings: You pay 20% of covered services; limitations may apply.</p> <p>Extractions: You pay 20% of covered services.</p> <p>Oral surgery: You pay 20% of covered services.</p> <p>Crowns, dentures and bridges: You pay 50% of covered services; each individual service is limited to one time, per person, every seven years.</p> <p>Implants: You pay 50% of covered services.</p> <p>Orthodontia (adults and children): You pay 50% of covered services.</p>	<p>Amalgam (silver) fillings: You pay 20% of covered services.</p> <p>Composite fillings: You pay 20% of covered services; limitations may apply.</p> <p>Extractions: You pay 20% of covered services; uncomplicated, non-bony impactions.</p> <p>Oral surgery: You pay 20% of covered services for basic surgery; 50% of covered major surgery.</p> <p>Crowns, dentures and bridges: You pay 50% of covered services; crowns and dentures limited to initial placement and replacements for appliances that are seven years old or more; bridges limited to initial placement only. Replacements for bridge appliances that are seven years old or more are considered.</p> <p>Implants: You pay 50% of covered services.</p> <p>Orthodontia (adults and children): You pay 50% of covered services.</p>

Vision plans

We offer vision coverage through the Aetna Vision Plan, which is administered by EyeMed. Visit member.eyemedvisioncare.com/bac to see if your eye care provider is in network.

Download the app

Once you're a member, you can download the **Aetna Vision Preferred app** to easily access your benefits, ID card, claims, providers and special offers.

The Aetna Vision Discount Program

Those who have Aetna as their medical carrier automatically have access — at no cost — to the Aetna Vision Discount Program as an alternative to the vision plan under Aetna. This program offers discounts for routine eye exams, eyeglasses, LASIK surgery, contact lenses and other eye care accessories. For more information, call Aetna at **877.444.1012**.



	In network	Out of network
Routine vision exams (once per calendar year)	\$10 copayment	Plan pays a reimbursement, up to \$40 .
Eyeglasses		
Single vision lenses (once per calendar year)	Plan pays 100% of covered services, limited to standard uncoated plastic lenses.	Plan pays a reimbursement, up to \$40 .
Progressive lenses (once per calendar year)	\$65 copayment for covered services for standard uncoated plastic lenses.	Plan pays a reimbursement, up to \$60 .
Premium progressive lenses (once per calendar year)	Tier 1: \$85 copayment Tier 2: \$95 copayment Tier 3: \$110 copayment Tier 4: \$65 copayment and 80% of charge, less \$120 allowance	Plan pays a reimbursement, up to \$60 .
Frame allowance (once every other calendar year)	Plan provides a \$130 frame allowance, 20% discount thereafter.	Plan pays a reimbursement, up to \$50 .
Contact lenses		
Standard lens fit and follow-up (once per calendar year)	\$0 copayment	Plan pays a reimbursement, up to \$40 .
Premium contact fit and follow-up (once per calendar year)	Plan provides up to a \$55 allowance, 10% discount thereafter.	Plan pays a reimbursement, up to \$40 .
Medically necessary prescription lenses for specific eye conditions that would prohibit the use of glasses (once per calendar year; prior approval is needed)	Plan pays 100% of covered services.	Plan pays a reimbursement, up to \$210 .
Elective prescription lenses (once per calendar year)	Plan provides a \$125 allowance in lieu of eyeglasses; a 15% discount is applied to conventional contacts over the \$125 allowance.	Plan provides a \$125 allowance in lieu of eyeglasses.

Life and disability insurance

Life and disability insurance can provide income protection for you and your family

It's important to review your supplemental life and disability insurance regularly, as your circumstances can change. Important milestones in your life — such as marriage, divorce, expanding your family and even buying a home (which can make you liable for more debt) — can affect the amount of coverage that you or your loved ones may need if something should happen to you.

Core coverage: Bank of America provides these insurance benefits automatically at no cost to you.

	Associate life insurance	Short-term disability insurance	Long-term disability insurance	Business travel accident insurance		
What is it?	Company-paid associate life insurance provided by MetLife	Short-term disability benefits for up to 26 weeks from the date of your disability after you've worked one continuous year	Long-term disability benefits if you are unable to work for an extended period of time due to a qualifying disability as a result of a medical condition or illness, or as a result of an accidental injury	Financial protection in the event of a serious, covered accidental injury or death that occurs while traveling on business for the bank	Financial protection covering family members who travel with you on an authorized trip or relocation	
What could it provide?	Annual base pay or Annual Benefits Base Rate (ABBR) x 1 (or the option of \$50,000, if your annual base pay or ABBR is greater than \$50,000, to avoid imputed income tax), up to a maximum of \$2 million	100% weekly base pay¹ (or ABBR) (weeks 2–9) 70% weekly base pay¹ (or ABBR) (weeks 10–26)	50% weekly base pay² (or ABBR) for full-time employees Part-time employees may purchase LTD coverage during Annual Benefits Enrollment.	Annual base pay x 5 up to a maximum of \$3 million	\$150,000 spouse or partner \$50,000 each child	

Supplemental coverage: Active employees can elect to purchase these additional insurance benefits during Annual Benefits Enrollment.

	Associate life insurance	Dependent life insurance	Long-term disability insurance	Critical illness insurance	Accidental death & dismemberment insurance	Family accidental death & dismemberment insurance
What is it?	Supplemental life insurance coverage paid on a post-tax basis. A statement of health may be required.	Assists with expenses if your spouse, partner or child dies. You'll choose your coverage level when you enroll. Paid on a post-tax basis. A statement of health may be required.	Additional long-term disability coverage on top of the bank-provided coverage — up to a combined maximum of \$360,000 a year. ⁴ Paid on a post-tax basis.	Additional financial protection, provided by MetLife, in the event of an eligible diagnosed condition. Paid on a post-tax basis.	Additional financial protection in the event of a serious accidental injury or death. Paid on a pretax basis.	Financial protection in the event of your spouse, partner or child's serious accidental injury or death. Paid on a pre-tax basis. Must have employee AD&D coverage to elect.
What could it provide?	Eligible compensation³ x 1–8 up to a maximum of \$3 million	\$10,000 – \$150,000 spouse or partner \$5,000 – \$25,000 each child	60% annual base pay² (or ABBR) 60% eligible compensation³ 50% annual base pay² for part-time employees	Up to \$20,000	Eligible compensation³ x 1–8 up to a maximum of \$3 million	60% of your coverage amount spouse or partner up to \$600,000 20% of your coverage amount each child up to \$50,000

¹ Or current compensation

² Or current compensation prior to the date your LTD benefit payments begin

³ Annual base pay + eligible bonus; or ABBR

⁴ While the combined maximum of \$360,000 applies to all long-term disability coverage, you may be able to obtain some tax advantages by purchasing additional long-term disability coverage. Please consult your accountant or tax advisor to understand how this could impact your situation.

Additional benefits you can elect during Annual Benefits Enrollment

	Prepaid Legal plans	Child Care Plus®	Dependent Care Flexible Spending Account (Dependent Care FSA)	Purchased Time Off (PTO)
What's offered?	<ul style="list-style-type: none"> • Prepaid Legal Essential Coverage: Provides access to advice and counsel for common legal services like consumer protection, debt matters, document preparation, family law, real estate matters, traffic and criminal matters, estate planning and civil lawsuits • Prepaid Legal Full Coverage: Provides a complete and comprehensive package of fully covered legal services — including all of the services covered by the Essential plan, plus those for adoption, divorce, immigration, and small claims matters, additional real estate matters, tax audits and more <p>To learn more about each of these plans — including what services are covered and any exclusions — visit info.legalplans.com/bofa.</p>	<p>Childcare reimbursement up to \$275 per month, per eligible child. For active, full- or part-time employees based in the U.S. or Puerto Rico who require childcare for their eligible dependents during their normal Bank of America work schedule. (Childcare for other reasons cannot be reimbursed.)</p>	<ul style="list-style-type: none"> • You can use pretax dollars to pay for eligible dependent care expenses, including: <ul style="list-style-type: none"> – Adult day care centers – Babysitters and nannies – Summer day camps – Before- and after-school programs – Child day care • You can use this account for dependent care expenses incurred so you can work, or so your spouse or partner can attend school full time. If your spouse or partner stays home full time, you are not eligible for the tax benefit. • This account cannot be used to pay for the health care expenses of your dependent(s). See pages 8 and 9 to view information about health care accounts. 	<ul style="list-style-type: none"> • You may purchase time off from work above your annual vacation allotment, using pretax dollars. • You can pay for a minimum of four (whole) hours and a maximum of your weekly scheduled hours (up to 40).
Who's eligible?	<p>Active, U.S.-based, full- and part-time employees — including those in Puerto Rico, Guam and the U.S. Virgin Islands — are eligible.</p> <p>Employees scheduled to work less than 20 hours per week are not eligible.</p>	<p>An employee is eligible if:</p> <ul style="list-style-type: none"> • They earn less than \$100,000 in Performance Year Cash Compensation (PYCC). • They have a child who is 12 years or younger (or 20 years or younger if incapable of self-care) and is living with them for more than half the calendar year, and they are responsible for childcare costs for that child. • They or their spouse or partner claim that child as a dependent on their federal income tax return (with some exceptions for a custodial divorced or separated parent). 	<ul style="list-style-type: none"> • Employees with a child(ren) 12 years or younger, a dependent(s) under IRS rules, and/ or a dependent(s) who is mentally or physically incapable of self care are eligible. • Employees in New Jersey and Pennsylvania can't make pretax contributions, per state regulations. • Employees in Puerto Rico, Guam and the U.S. Virgin Islands are not eligible. • Employees scheduled to work less than 20 hours per week are not eligible. 	<p>All U.S.-based employees who are scheduled to work at least 20 hours per week and accrue vacation, except commissioned employees and employees working in Puerto Rico, are eligible.</p>
What actions can I take?	<p>You are only able to enroll in Prepaid Legal during Annual Benefits Enrollment and must remain in the plan for the full calendar year unless a qualified status change occurs.</p>	<p>Enroll during Annual Benefits Enrollment or at any time during the year. Your childcare expenses are eligible for reimbursement the first of the month in which all your required documentation is approved and enrollment is complete.</p>	<ul style="list-style-type: none"> • Contribute up to \$5,000 per year to the account (or \$2,500 if you are married and filing separate tax returns). • Use your Benefit Spending Account debit card to pay for eligible dependent care expenses at time of service. Or opt to pay out-of-pocket and submit receipts online, via the Bank of America Health Benefit Solutions Online Portal, for reimbursement. Either way, remember to keep your receipts in case expense verification is needed later. • Note that any dependent care assistance — including employee and bank contributions to the Dependent Care FSA, Child Care Plus reimbursements and the bank's portion of the cost of care for the Back-Up Care program — that exceeds \$5,000 a year will be reported as taxable income. 	<ul style="list-style-type: none"> • You must receive permission from your manager before you purchase time off. Otherwise, your purchased time off may be canceled. • If you purchased time off this year, your election will not continue into next year automatically. You'll need to make a new PTO election for 2024.

Health and wellness benefits you can take advantage of now

Bank of America offers many benefits in support of your health and wellness that don't need to be elected during Annual Benefits Enrollment. You can use the benefits below — and many others — at any time throughout the year.

Counseling through the Employee Assistance Program (EAP)

Access confidential counseling to help you — and family members in your household — with critical situations and everyday stressors. There's no cost for 12 face-to-face sessions (in person or by video) per issue and unlimited telephone consultations. Call **866.327.2725** for support and learn more at [HR Connect > Benefits > Health > Emotional wellness](#).

MSK Direct cancer support program

You and your loved ones can call for personalized cancer support — available through the Memorial Sloan Kettering (MSK) Cancer Center — which provides expedited appointments with MSK specialists, care coordination and more. Support is available virtually or in person. Note that MSK Direct's services don't include medical care itself. You can call **833.248.7558** and share the number with others in your life who can benefit. Learn more at [HR Connect > Benefits > Health > Cancer support > Custom cancer care assistance](#).

Menopause support program

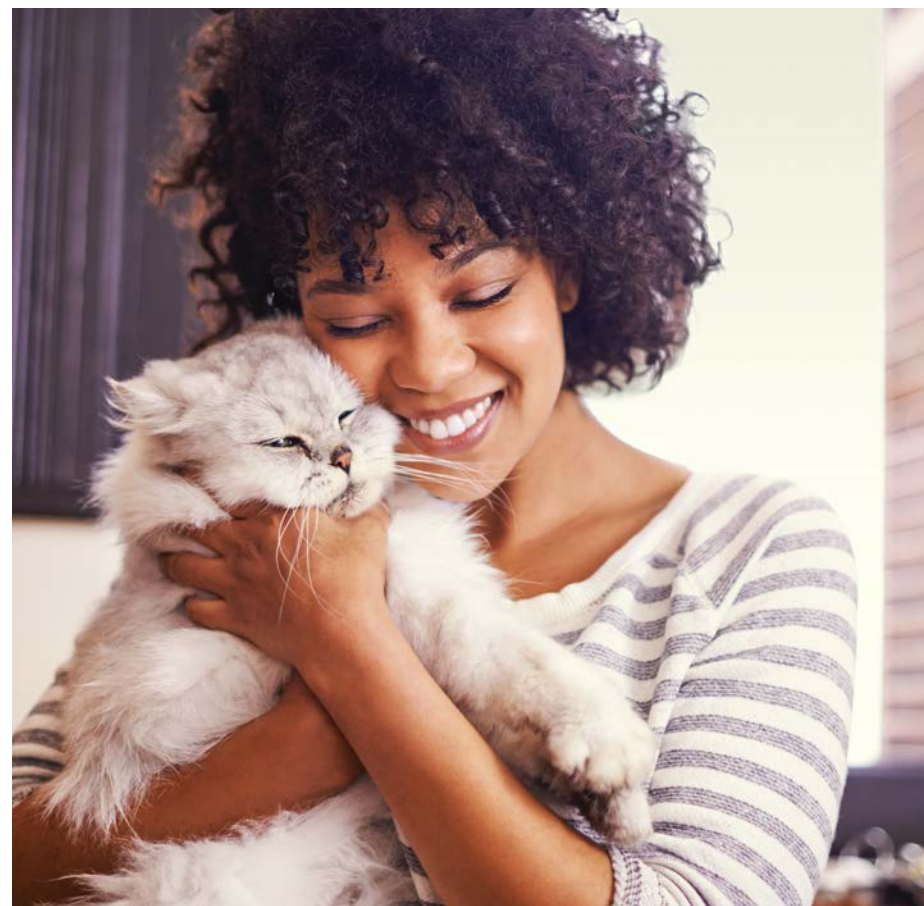
Get 24/7 virtual access to dedicated Care Advocates and providers who specialize in menopause care and support — both physical and emotional. Available at no cost to those enrolled in a national bank medical plan through Aetna, Anthem or UnitedHealthcare.

Wellness discounts

Keep your focus on wellness all year long with discounted memberships to select health and fitness subscriptions like Gympass. You can also save money on healthy foods with discounted meal prep kits — or grow your own with our exclusive discount on a portable Farmstand kit from Lettuce Grow. Visit [perksatwork.com](#) to access these and a number of other health- and wellness-related discounts.

Discounted pet insurance

You — and your friends or family — can sign up for pet insurance through MetLife at a special discounted rate. In addition to accident, illness and preventive care coverage, you can access innovative benefits, such as grief counseling for the loss of your pet, as well as 24/7 vet chat and virtual vet concierge services through the MetLife Pet app. Learn more at [perksatwork.com](#) (type "MetLife" in the search bar) or call **888.245.2920**, then select **option 8** for pet insurance.



Resources and contacts

Learn more

To find **more information** about these and other employee benefits, visit [HR Connect > Benefits](#) or bankofamerica.com/employee > **Benefits**.

To compare your 2024 medical plan options, premiums and estimated out-of-pocket costs, use the **Medical Expense Estimator** found on [My Benefits Resources \(mybenefitsresources.bankofamerica.com\)](#).

To view **important notes** about the benefits offered in this guide—including information on eligibility—refer to the 2021 *Bank of America Health & Insurance Summary Plan Description (2021 H&I SPD)*, 2022 *Bank of America Health & Insurance Summary of Material Modifications (2022 H&I SMM)* and 2023 *Bank of America Health & Insurance Summary of Material Modifications (2023 H&I SMM)* at [HR Connect > Benefits > Health > Medical plans > Resources > Summary Plan Descriptions and Summaries of Material Modifications](#). View [important legal notices](#) online.

Other helpful contact information

Medical plans

Aetna

aetna.com/bankofamerica

877.444.1012

For Aetna ACO phone numbers, see page 5

Anthem

anthem.com/bankofamerica

844.412.2976

Kaiser Permanente*

kp.org

Please refer to the number on the back of your ID card

UnitedHealthcare

whyuhc.com/findmydoc

877.240.4075

Critical illness insurance

MetLife

888.245.2920

Prescription coverage

Aetna and Anthem plans:

CVS Health

caremark.com

800.701.5833

TTY: 800.231.4403

UnitedHealthcare plans:

UHC/OptumRx

whyuhc.com/findmydoc

877.240.4075

Dental

Aetna*

aetna.com/bankofamerica

877.444.1012

MetLife

metlife.com/mybenefits

888.245.2920

Vision

Aetna

member.eyemedvisioncare.com/bac

877.444.1012

Health care and dependent care accounts

Health Benefit Solutions

myhealth.bankofamerica.com

866.791.0254

Prepaid legal

MetLife Legal Plans

info.legalplans.com/bofa

800.821.6400

Childcare reimbursement

Child Care Plus

My Benefits Resources

mybenefitsresources.bankofamerica.com

Global HR Service Center

800.556.6044

The Benefits Education & Planning Center (BEPC)

The BEPC offers personalized, confidential guidance on what benefits options and coverage may be right for you. They'll be working extended hours during Annual Benefits Enrollment. Call **866.777.8187** Monday through Friday, 8 a.m. to 9 p.m. Eastern, and Saturdays, 9 a.m. to 4 p.m. Eastern.

Additional questions?

Global HR Service Center

My Benefits Resources

mybenefitsresources.bankofamerica.com

Contact a representative using chat or the Submit a Request option on the **Contact Us** page, or call 800.556.6044

Contact information for other programs can be found on:

HR Connect

hrconnect.bankofamerica.com

Employee Resources at Home

bankofamerica.com/employee

* Kaiser Permanente and Aetna Dental DMO plans are only available in select markets.

This communication provides information about certain Bank of America benefits. Receipt of this document does not automatically entitle you to benefits offered by Bank of America.

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