



2024 Benefits and Programs Guide
Taking Care of What Matters

[#PositiveImpact](#)

Welcome to Deutsche Bank!

At Deutsche Bank, we believe our employees are our most important asset, enabling our continued success. We are committed to providing a comprehensive benefit program that helps you stay healthy and feel financially secure. At no cost, Deutsche Bank offers eligible employees:

- Basic life insurance equal to 1x your base pay
- 401(k) matching and an additional fixed contribution
- Short-term and long-term disability coverage
- An employee assistance program
- Access to a team of clinical experts through Medical Ally
- Claims advocacy support
- And many work/life balance programs

In addition, you have the choice of participating in medical and dental coverage which is subsidized by Deutsche Bank. You also have the choice to participate in voluntary benefit plans, such as vision and supplemental life insurance options that are fully paid for by you. Whether you have just joined Deutsche Bank and are learning about your benefit options or you are a long-term employee who understands and appreciates our benefit programs, we encourage you to take advantage of all your available resources.

It is important for you to take the time to read and understand the plans offered so that you can make the right choices in your health and financial plans. Many of the questions you may have can be answered by reviewing this booklet. If you still have questions after reviewing the enclosed information, contact the Deutsche Bank Benefits Center at 1-888-213-5500 (if calling from outside the US: 1-847-883-0616).

About this guide

This booklet is designed to provide you with a summary of the benefits plans offered to active Deutsche Bank employees in the US. This is only a summary document and should be used in conjunction with the individual summary plan descriptions and legal plan documents. If there is a difference between the information in this guide and the plan documents, the plan documents will govern. For more information about these benefits, please refer to [HR Connect](#).

This summary does not create a contract between Deutsche Bank and any employee or former employee. Deutsche Bank reserves the right to discontinue or terminate any plan, to modify the plans, to provide different cost sharing between the company and participants, and to reduce, amend or modify the plans in any respect. This may be done at any time and without notice, including after retirement or death.

Table of contents

New hire information	4
Benefits eligibility	5
Enrollment process	6
Medical coverage	7
Compare medical coverage - your cost	8
How you meet your deductible	10
Aetna tools and resources	11
Prescription drug coverage	14
Spending and savings accounts	16
Health savings account (HSA)	16
Flexible spending accounts (FSA)	17
Dental coverage	19
Vision coverage	20
Disability coverage	21
Life insurance	22
Voluntary accidental death and dismemberment (AD&D) and business travel insurance	23
Voluntary legal plan	23
Matched savings plan (401(k))	24
Work/life balance programs	26
Contacts	29
Semi-monthly payroll contributions	30

New hire information

Important new hire enrollment activities

Follow these steps to ensure a successful enrollment:

- **Orient yourself to the benefits Deutsche Bank provides:** review this guide in its entirety and watch the orientation videos linked below:
 - [Benefits overview](#)
 - [Your medical plan options](#)
 - [Matched Savings Plan 401\(k\)](#)
 - [Mental wellbeing](#)
 - [Work/Life balance benefits](#)

Additional information can be found on HR Connect using the links below:

- [Overview of Benefits](#)
 - [U.S. Wellbeing Hub](#)
 - [Resources for you and Your Family](#)
- **Enroll in your health and insurance benefits during your first 30 days of employment:** you can enroll online or over-the-phone with a professional benefits counselor (see directions in the Enrollment Process section of this guide). If you do not make elections timely, you will default to no coverage for medical, dental, vision, supplemental life, and legal insurance; you will only receive coverage for:
 - Basic Life Insurance equal to 1x your base pay (min: \$50,000 / max: \$400,000)
 - Long-Term Disability equal to 60% of your base pay + annual cash bonus compensation (two-year average) up to a maximum monthly benefit of \$25,000 - the cost of which is shared by the Bank and you
 - **Carefully review your confirmation statement:** after you enroll, a confirmation statement will be emailed to you if you enroll via the web. If you enroll over the phone, your confirmation statement will be mailed to your home, unless you have opted for electronic delivery. Review your confirmation statement for accuracy and contact the Deutsche Bank Benefits Center immediately if anything needs to be corrected.
 - **Make your 401(k) contribution election during your first 60 days of employment:** you are eligible to contribute to the Plan as soon as administratively possible after your hire date. If you do not actively enroll, you will be automatically enrolled in the Plan after your first 60 days of employment at a pre-tax contribution rate of 4% of your base pay or commissions.

If you have questions

Speak with a professional benefits counselor about your health and insurance options by calling the Deutsche Bank Benefits Center at 1-888-213-5500. Questions related to the 401(k) Plan should be referred to the Fidelity Retirement Benefits Center at 1-800-550-3966; note it may take 1-2 weeks before Fidelity has your information on file.

ID Cards

If you enroll in the medical or dental plans, you can expect to receive your plan ID cards at your home address within three weeks of enrolling.

An ID card isn't required for you to receive services or care from VSP. You can simply call a VSP provider to schedule an appointment, and tell them that you are a VSP member. If you wish to have an ID card, you can register and log on to www.vsp.com to print one.

Making benefit changes during the year

Absent of a qualifying event, the only benefit elections you may update throughout the year are your Health Savings Account and 401(k) contributions. With all other benefits, you may only make changes to your coverage during the plan year when you experience an IRS-recognized qualified change in status (e.g., marriage, divorce, or birth of a child, etc.).

If you experience an IRS-recognized qualified change in status during the plan year, you must log on to Alight Worklife to enter your benefit changes electronically or call the Deutsche Bank Benefits Center within 30 days of the change. Please note that due to the timing of payroll processing, Flexible Spending Account changes may not be made after November 1 of each year, regardless of the date your qualified change in status occurred.

Benefits eligibility

Employee eligibility

Active employees regularly scheduled to work at least 20 hours or more per week are eligible for benefits.

Dependent eligibility

You may cover the following members of your family under the Deutsche Bank benefits plans, as applicable:

- Your spouse, or your qualifying domestic partner/civil union partner (hereinafter referred to as "domestic partner")
- Your children up to the end of the month they reach age 26
- A child who is over the age of 26, if he or she is disabled and incapable of self support

Please note that you cannot cover:

- Ex-Spouses
- Parents or grandparents
- Grandchildren or any other children who are not listed under the 'Dependent eligibility' section of this guide

An eligible "child" includes your or spouse or domestic partner's biological children, stepchildren, legally adopted children, children placed for adoption, foster children, children for whom you are the legal guardian, children whom you may claim as a tax exemption as a noncustodial parent, or children you must cover under a Qualified Medical Child Support Order.

If you or your spouse or qualifying domestic partner both work for Deutsche Bank:

- Either one of you may cover the other as a dependent (the individual covered as a dependent must elect No Coverage)
- Each of you may cover yourself only
- If you have dependent children, only one of you may cover them

The cost of coverage for qualified domestic partner benefits

A domestic partner and their children may not be considered tax dependents by the IRS. As a result, the Bank is required to report the total value of health care coverage for these individuals as taxable income to you on a W-2 form at the end of each year. You may want to consult a tax advisor to see if your domestic partner and their children meet the definition of a dependent under IRS rules. If they do, contact the Deutsche Bank Benefits Center.

Dependent verification

When you add a dependent to coverage that has not been previously verified, you will be required to provide documentation to verify their eligibility within 45 days of processing their enrollment.

Type of dependent	Examples of documentation required
Legal Spouse	Government or religious issued marriage certificate and proof of residency for legal spouse
Domestic/Civil Union Partner	Two proofs of joint ownership issued within last 6 months or two proofs of residency for domestic/civil union partner
Child	Government issued birth certificate (including parents' names) or hospital issued birth certificate if child is less than 6 months of age

If your dependent is not considered an eligible dependent under the plan, or if you do not provide the required documentation, your dependent will be removed from coverage and your premiums will be updated to reflect this change in status as soon as administratively possible. You will not be reimbursed for any associated premiums that have already been deducted from your paycheck or that are already in process at the time that coverage is dropped.

Enrollment process

Enrolling in health and insurance coverage

You may enroll online, over the phone or through the Alight mobile app. To enroll online, go to the Alight Worklife site at <http://digital.alight.com/deutschebank> (or [HR Connect](#) > My Flex Benefits). You will need to create a user ID, password, and hint to log into the site. Once logged into Alight Worklife, you can do the following:

- Estimate expenses and review your personalized coverage options and costs
- Compare features of all the medical, dental, and vision options available to you
- Determine your life insurance, disability and spending account coverage needs
- Review and process your elections, including beneficiary designation
- Search for network doctors and dentists
- Process a qualified change in status throughout the year

Social Security Numbers (SSNs) are required

The Bank is required to report SSNs to the IRS for all employees and dependents who are enrolled in the medical plan. When reporting your dependent's SSN and name, please make sure it is entered exactly the same way as it was reported to the IRS (or to Medicare).

With the Alight mobile app, you can enroll in your benefits, view and manage coverage, and find in-network providers. To download, simply search for "Alight Mobile" in your device's app store. To log in, you'll need your Alight Worklife user ID and password. Moving forward, you'll be able to authenticate using your fingerprint or facial recognition.

If you'd prefer to enroll over the phone with a professional benefits counselor, call the Deutsche Bank Benefits Center at 1-888-213-5500 (1-847-883-0616 for international). Representatives are available Monday through Friday 8:30 am to 5:00 pm Eastern Time.

Please note: if you have already saved your elections online and want to make a change within your first 30 days you must call the Deutsche Bank Benefits Center.

Making your 401(k) contribution election

You are eligible to contribute to the Matched Savings Plan (401(k)) as soon as administratively possible after your hire date by logging on to Fidelity NetBenefits at: www.netbenefits.com/deutschebank. You can also contact the Fidelity Retirement Benefits Center at 1-800-550-3966 or internationally at 1-508-787-9902. See pages 26-27 of this guide for additional details.

Enrolling in benefits as a new hire or newly eligible individual

All your coverage information, including your cost for each option, is available on Alight Worklife.

- Select the "Enroll" link from the "Your Action Needed" section of the home page.
- If you have dependents you would like to cover, select the "Add Your Dependents" step and choose "Add your dependent."
- After you are finished reviewing your choices and adding your dependents to Alight Worklife, you may proceed with making your coverage choices by selecting the "Enroll in your benefits" step and choosing the "Continue" button.
- On the "Enroll in Your Benefits" page, you will be able to elect coverage for yourself and your dependents. Be sure to select the dependents you would like to cover under each plan (i.e., medical, dental, or vision).
- Once you enter your benefits elections, your enrollment is nearly complete. When you are ready to process your elections, select the "Confirm" button.
- When you see "Completed Successfully," your enrollment has been submitted. Print this web page and retain it as a confirmation statement for your records.
- Following your enrollment, don't forget to complete any required Evidence of Insurability forms for life insurance and provide dependent verification documentation as required.

Medical coverage

All medical plan options are administered exclusively through Aetna. You have four medical plan options, varying in monthly premiums, deductibles and out-of-pocket costs.

- High Deductible Health Plan (HDHP) \$2500/\$5000
- High Deductible Health Plan (HDHP) \$1600/\$3200
- Exclusive Provider Organization (EPO)
- Preferred Provider Organization (PPO)

Choosing the right medical plan

As you evaluate your medical plan options, consider the following:

- Do you prefer paying more out of your paycheck and less each time you receive medical care, or do you wish to pay less out of your paycheck in premiums and more at the time of service?
- How often do you typically use your medical plan for non-preventive health care services?
- Do you receive all of your care in-network or will you be using out-of-network providers or facilities?
- How do semi-monthly premiums differ between the four plan options?
- What do you think you will pay in deductibles, copayments and coinsurance?

Generally, the higher your premiums, the lower your out-of-pocket costs for care at the time of service – and the lower your premiums, the higher your out-of-pocket costs for care at the time of service.

- With the HDHP options, your premiums for coverage are lower, but you will have to spend more out of your pocket before the plan begins to pay for non-preventive care, including prescription drugs.
- With the EPO and PPO options, you generally pay more out of each paycheck for coverage and spend less out of your pocket when you need care.

Use your plan wisely - the high cost of going out-of-network

We all have to be wise consumers of health care. As with all other important services you purchase, it is up to you to do the research to make sure you are getting the best quality and most affordable care. For example, some of our medical plans give you the option of using out-of-network providers. However, before using an out-of-network provider, be sure to ask the provider and Aetna for an estimate of what you will have to pay out of your pocket. Your costs could be significantly higher with out-of-network providers.

In fact, using out-of-network providers could cost you hundreds or thousands more out of your pocket. Here's why:

- Out-of-network providers are not contracted to accept Aetna's negotiated rates; therefore, there is a greater variability in what they may charge the member.
- The maximum allowed rate the plan pays out-of-network providers is 375% of Medicare-allowed charges. That means, if you use providers that are not in the Aetna network, you may have additional out-of-pocket expenses for any amounts over 375% of Medicare-allowed charges.
- Out-of-network providers can bill you for any balances the plan does not cover, whereas in-network providers cannot "balance bill."

Get help to estimate your future medical expenses

When deciding which medical plan option makes the most sense for your personal needs, you should consider the expenses you expect to incur. Use the Medical Expense Estimator on Alight Worklife to help estimate your expenses and select the medical plan that meets your needs.

Is your provider in-network?

Your Aetna plan has a large network of highly rated doctors, facilities, labs and pharmacies.

To find an in-network provider, visit www.aetna.com or call Member Services at 1-800-963-0955.

Compare medical coverage – your cost

	HDHP \$2500/\$5000	HDHP \$1600/\$3200	EPO	PPO
In-network deductible* (the amount you will pay before the plan begins to share in the cost through coinsurance)	Individual coverage: \$2,500 (if you elect employee-only coverage) Family coverage (two or more people): \$5,000 (the entire deductible must be met before the plan begins to pay toward expenses)	Individual coverage: \$1,600 (if you elect employee-only coverage) Family coverage (two or more people): \$3,200 (the entire deductible must be met before the plan begins to pay toward expenses)	Individual coverage: \$300 (for each family member, up to the family maximum of \$900) Family coverage maximum: \$900	Individual coverage: \$500 (for each family member, up to the family maximum of \$1,500) Family coverage maximum: \$1,500
Out-of-network deductible (the amount you will pay before the plan begins to share in the cost through coinsurance)	Individual coverage: \$3,000 (if you elect employee-only coverage) Family coverage (two or more people): \$6,000 (the entire deductible must be met before the plan begins to pay toward expenses)	Individual coverage: \$2,000 (if you elect employee-only coverage) Family coverage (two or more people): \$4,000 (the entire deductible must be met before the plan begins to pay toward expenses)	N/A	Individual coverage: \$2,000 (for each family member, up to the family maximum of \$6,000) Family coverage maximum: \$6,000
Coinsurance** (the percentage you will pay toward a service after you reach your deductible)	In-network: 10% Out-of-network: 40%	In-network: 10% Out-of-network: 40%	In-network: 10% Out-of-network: N/A	In-network: 10% Out-of-network: 40%
Copays*** (for in-network doctor's office visits)	N/A	N/A	Primary care: \$20 Specialist: \$40	Primary care: \$20 Specialist: \$40
Preventive care	Eligible in-network preventive care, such as your annual physical and immunizations, is covered by the plan at 100% for all medical plan options, regardless of whether the deductible is met.			
Emergency Room Copays and Coinsurance	10% coinsurance after deductible is met	10% coinsurance after deductible is met	\$200 copay, 100% covered thereafter	\$200 copay, 100% covered thereafter
Medical in-network out-of-pocket maximum (the most you will pay each year for covered expenses; includes deductible)	Individual coverage: \$3,575 Family coverage: \$7,150 Both medical and prescription drug expenses apply	Individual coverage: \$3,000 Family coverage: \$6,000 Both medical and prescription drug expenses apply	Individual coverage: \$1,500 (for each family member, up to the family maximum of \$4,500) Family coverage maximum: \$4,500 Prescription drug out-of-pocket costs not included	Individual coverage: \$2,250 (for each family member, up to the family maximum of \$6,750) Family coverage maximum: \$6,750 Prescription drug out-of-pocket costs not included

Medical out-of-network out-of-pocket maximum** (the most you will pay each year for covered expenses; includes deductible)	Individual coverage: \$6,000	Individual coverage: \$4,500	N/A	Individual coverage: \$4,500 (for each family member, up to the family maximum of \$13,500)
	Family coverage: \$12,000	Family coverage: \$8,600		Family coverage maximum: \$13,500
	Both medical and prescription drug expenses apply; out-of-network services subject to maximum allowable rate	Both medical and prescription drug expenses apply; out-of-network services subject to maximum allowable rate		In-network copays not included

Prescription drug plan

	HDHP \$2500/\$5000	HDHP \$1600/\$3200	EPO	PPO
Prescription drug in-network out-of-pocket maximum	Combined with medical	Combined with medical	Individual coverage: \$5,100 (for each family member, up to the family maximum of \$8,700) Family coverage maximum: \$8,700 Prescription drug copays and coinsurance apply	Individual coverage: \$4,600 (for each family member, up to the family maximum of \$7,200) Family coverage maximum: \$7,200 Prescription drug copays and coinsurance apply
Prescription drug out-of-network out-of-pocket maximum	Combined with medical	Combined with medical	N/A	Individual coverage: \$9,200 (for each family member, up to the family maximum of \$14,400) Family coverage maximum: \$14,400 Out-of-network prescription drug copays and coinsurance apply

* In all medical plan options except the EPO, the in-network deductible counts toward your out-of-network deductible. The EPO does not offer out-of-network coverage.

** The maximum allowed rate is 375% of Medicare-allowed charges. This means that, if you use providers that aren't in the Aetna network, you may have additional out-of-pocket expenses for any amounts over 375% of Medicare-allowed charges.

*** Copays count towards meeting your out-of-pocket maximum only. You will continue to pay copays for applicable services until your out-of-pocket maximum has been met.

Advocacy services: free help resolving health care issues

When you have a question about your explanation of benefits (EOB), insurance claims or health care bills, an advocate can help you decide the best course of action. An advocate can also help to resolve health care billing and insurance claim disputes by working with the plan administrator, your provider(s) and others to reach the quickest possible resolution. You can reach an advocate by calling 1-888-213-5500, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern Time.

How you meet your deductible

What is a deductible?

A deductible is the amount you must pay for health care services before your medical plan starts sharing in coinsurance. Under the PPO and HDHP plan options, there are separate deductibles for in-network and out-of-network services; the EPO plan only has an in-network deductible as this plan does not cover out-of-network care. Once your deductible has been reached, you begin paying 10% coinsurance.

Keep in mind, your deductible is waived when you receive preventive care services, or when you receive services that are subject to a copay. Note, copays do not count towards meeting your deductible, but they do count towards meeting your out-of-pocket maximum.

PPO and EPO

Under the PPO and EPO plan options, there are both individual and family deductibles. Review the information in the chart below for an example of how the individual and family deductibles are applied. The EPO plan works the same way, but subject to its own plan deductibles.

A family covered by the PPO Plan

Individual Deductible is \$500	Family Deductible is \$1,500 (assumes a minimum of three individuals are covered under the plan)
Each member is subject to the \$500 individual deductible. Once an individual family member reaches the individual deductible, the plan starts paying 90% of all eligible health care costs, and the member pays the remaining 10%.	As explained to the left, each family member is only responsible for meeting the individual deductible before the plan starts sharing in costs. When the aggregate family deductible of \$1,500 is reached, the plan will pay 90% of eligible health care costs for all family members, even if they haven't reached their individual deductible.
Individual Out-of-Pocket Maximum is \$2,000	Family Out-of-Pocket Maximum is \$6,000
If the individual reaches the individual out-of-pocket maximum (\$2,000 including deductible), the plan pays 100% of all eligible health care costs for that individual. Prescription copays and co-insurance count towards separate out-of-pocket maximums.	As explained to the left, once a family member meets the individual out-of-pocket maximum, the plan pays 100% of all eligible health care costs for that member. If the aggregate family out-of-pocket maximum of \$6,000 (including deductible) is reached, the plan will pay 100% of eligible health care costs for all family members, even for family members who haven't reached their individual out-of-pocket maximum.

HDHP \$1600/\$3200 and HDHP \$2500/\$5000

The HDHP deductible includes both **medical** and **prescription drug** expenses, as opposed to the EPO and PPO deductibles, which include medical expenses only.

If you have family coverage under one of the HDHP options, there is no individual deductible. Expenses from all family members – for medical and prescription drugs combined – count toward one family deductible. The family deductible can be met by one person or a combination of family members, but, regardless of how your health care expenses add up as a family, **the deductible must be paid in full** before coinsurance begins for anyone. The HDHP out-of-pocket maximums also work this way.

Aetna tools and resources

All medical plan options, offer a variety of resources to support you in improving your health. For more information about how these programs can benefit you, visit www.aetna.com or call the number on your medical ID card. Some of these include:

- Personal health coaching to help you achieve goals like starting an exercise program or losing weight.
- The Informed Health Line which gives you access to registered nurses available to answer your health questions anytime, day or night.
- Programs to help manage chronic conditions, such as diabetes or asthma. If you have a chronic condition, a nurse will work with you and help you learn how to better care for yourself. Your nurse can guide you through online care programs, help you manage your Personal Health Record, and serve as a trusted resource for you and your family.

Help with life's daily pressures

From time to time, it helps to talk to someone about your problems, especially when you feel overwhelmed. If you need help with life's challenges, such as stress, family relationship issues, substance abuse or other personal issues, consider the Aetna Employee Assistance Program (EAP) – Aetna Resources For LivingSM – as a first step in seeking care.

Unlike the behavioral health services through your medical plan, which require payment, the EAP offers you and your household dependents eight counseling sessions per issue, per year with licensed network professionals at no cost to you (that is, no copays or deductibles). With the EAP, you choose how to want to engage with a counselor - in-person, over the phone, through televideo or through the [Talkspace app](#).

To speak with a licensed Aetna EAP behavioral health professional or to learn more, call 1-800-284-1819 or visit www.resourcesforliving.com (username: Deutsche Bank; password: EAP). This confidential service is available 24 hours a day, seven days a week.

Televideo counseling services are also available through your medical plan. With televideo services, you have another way to get help. Whatever you're facing, you have the same support: psychiatrists, social workers, and more. And a behavioral health televideo session will cost the same as a face-to face office visit. [Click here](#) for a complete list of Aetna's contracted televideo providers.

Convenient care anytime, anywhere through Teladoc

With Aetna's Teladoc service, you can talk with a US board-certified doctor within an hour by phone or video from wherever you are. Teladoc doctors are available 24/7 and can treat conditions like the flu, bronchitis, pink eye, and much more. The doctor can recommend treatment and even prescribe medication, saving you time and money that you might have spent in urgent care or the emergency room.

You can also get help for persistent or serious skin issues. Simply use your Teladoc account to upload images of your skin condition and one of Teladoc's board-certified dermatologists will provide a diagnosis and treatment plan customized for your skin type.

Register now so you're ready if a medical issue arises. You can access Teladoc by phone at 1-855-TELADOC (835-2362), online at www.teladoc.com/aetna or from your mobile device at www.teladoc.com/mobile.

Teladoc is a less costly than the urgent care center or ER

For general medical visits, PPO and EPO members pay a \$20 copay per visit. HDHP members pay the full cost of the visit (\$56) until their deductible has been reached; once the deductible has been reached, only 10% coinsurance will be required (e.g., \$56 x 10% coinsurance = \$5.60 per visit). Additional fees apply for dermatology visits; visit Teladoc's website for more information.

More resources to support your health

WeightWatchers sponsorship

Your well-being matters. That's why we've partnered with a livable program that's helped millions prioritize their health. Any adult (age 18+) who is enrolled in the Deutsche Bank Medical Plan can join WeightWatchers' web-based program free of charge.

- **Nutrition made simple:** Get an eating plan based on your body, hundreds of foods you don't need to track, 12,000-plus recipes you and your family will love, and meal-planning tools for real life.
- **24/7 support:** Chat with expert WeightWatchers coaches and join a community that gets it. Share tips, celebrate wins, and work toward your goals with others on the same journey.
- **An award-winning app:** Tap into innovative trackers, on-demand workouts, 5-minute coaching audio sessions, and so much more.

Note, if you (or an adult dependent) are covered under the Deutsche Bank Medical Plan and actively elect to participate in the program by signing up through the link below, the WeightWatchers monthly membership fee will be fully subsidized by Deutsche Bank. To comply with IRS requirements, the value of the company's monthly subsidy (\$16.10 per adult participant, per month) is included in your gross income and reportable on Form W-2. There is no commitment period - you can decide to cancel the membership at any time.

[Click here](#) to learn more. Note, you will need your CVS Caremark member ID before signing up - this is the Personal ID for WeightWatchers uses to establish your and/or your adult dependent's eligibility for the program.

Take advantage of discounts with Aetna

Aetna offers discounts on an array of wellbeing products and services. Log in to www.aetna.com to see what's available. You can receive discounts on things like:

- **Fitness:** Save on gym memberships, virtual fitness programs, workout apparel, sports accessories and more.
- **Hearing aids:** Save when you purchase, repair or need new batteries for hearing aids.
- **Vision care:** Get discounts on eye exams, contact lenses, glasses and even LASIK surgery. If you are enrolled in vision coverage through VSP, please note that you may not need additional discounts on the items listed here.

Get free help with a medical condition or treatment through the Medical Ally team

A Medical Ally is available to all employees, and dependents who are enrolled in the Deutsche Bank Medical Plan. They help you make more informed medical decisions and get better care. Your Medical Ally provides personalized information and one-on-one support to help you:

- Understand any medical diagnosis and learn about all available treatment options
- Understand the risks and benefits of surgery
- Get a second opinion
- Manage the day-to-day stress of a condition
- Ask your doctor the right questions

You can call 1-888-361-3944, visit mymedicalally.alight.com, or download the MyMedicalAlly app from your device's app store. New registrants will need to create a username and password & enter "Deutsche Bank" as the company code.

If you are considering surgery, you may qualify for a \$500 gift card for participating.*

If you or your dependent have been ordered to have lower back surgery, a hip replacement, a knee replacement, weight-loss surgery or a hysterectomy, ConsumerMedical's Surgery Decision Support program can help you better understand your diagnosis and the treatment options available to you.

* This reward is taxable. The \$500 value of the earned reward for the employee or their dependents will be included in the employee's gross income and reportable on Form W-2.

Aetna's website is your health care hub

Manage your health care and medical plan benefits at www.aetna.com. Your account is a one-stop shop when it comes to managing your health care and benefits. The Aetna member website enables you to:

- Locate in-network providers
- Download a digital ID card
- Check on outstanding claims
- Estimate costs for medical services and facilities using the Member Payment Estimator
- Find information about thousands of health topics through the Healthwise® Knowledgebase
- Learn about specialized health management programs Aetna offers around chronic condition management, maternity support, preventive health, transgender health issues, and more

Aetna on the go

The Aetna mobile app gives you access to many of the tools described here so you can manage your health care from anywhere. Download the app at www.aetna.com/mobile.

Guidance from a registered nurse

Get 24-hour access to an Informed Health Line registered nurse for health care information and answers to your questions. While the nurses cannot diagnose or prescribe medication, they can:

- Answer your questions about immediate health concerns and help you determine if you need to seek care right away (saving you time, money and unnecessary trips to the ER)
- Help you learn about health conditions and prepare for doctor visits
- Help you understand medical tests and procedures you may be considering, and more

To connect with a Informed Health Line registered nurse, simply call 1-800-556-1555.

Family building and menopause support through Maven

Maven offers 24/7 access to doctors, specialists, and coaches for pregnancy and postpartum; fertility treatments like IVF, IUI, and egg freezing; adoption and surrogacy; parenting and pediatrics; and menopause. Through Aetna's Enhanced Maternity Program, Maven is available to you and your partner at no cost. You'll get access to:

- **On-demand virtual appointments with top-rated providers:** Unlimited education and coaching via chat and video appointments with Maven OB-GYNs, mental health specialists, prenatal nutritionists, lactation consultants, and more—wherever, whenever.
- **Your own Care Advocate:** Personalized, 1:1 support to help answer questions about your benefits, get connected to the right Maven providers based on your needs, and for referrals to in-person support when you need it.
- **A library of expert content tailored to your experience:** Trustworthy content tailored to you on topics like prenatal health, postpartum depression, and empowering virtual classes led by Maven providers.

To enroll in Maven, visit mavenclinic.com/join/DB or search Maven Clinic in your device's app store. If you have questions during enrollment, email the Maven Care Team at support@mavenclinic.com. All you will need is your date of birth and full name to get started.

Prescription drug coverage

If you participate in any of the Bank's medical plan options, you are automatically enrolled in the corresponding CVS Caremark prescription drug coverage. Before filling a prescription, use the CVS Caremark tools to price your prescription to better understand your share of the cost. All estimates reflect your cost prior to meeting your plan deductible, if applicable. You should also take advantage of the tools to check other pharmacies in your area as prices may vary. By using the tools, you may find that filling your prescriptions through mail-order is more cost effective and convenient. To access the CVS Caremark website, go to www.caremark.com.

Manage prescriptions on the go

The CVS Caremark mobile app allows you to access your digital ID card, search drug costs, refill prescriptions, view mail order status, and view claims. Simply download the CVS Caremark app on your smartphone to get started.

If you enroll in one of the HDHP plan options, you pay:

- The full cost of medications until you reach your deductible (both medical and prescription drug costs count toward your deductible to help you reach it more quickly). After you reach your deductible, you pay 10%, up to your out-of-pocket maximum. If you have family coverage, keep in mind that the **family deductible must be paid in full** before the plan shares in the cost.

If you enroll in the PPO or EPO medical plan option, you pay:

Type:	What you pay:
Retail generic drugs	<ul style="list-style-type: none"> — \$5 copay; — Maintenance medications: \$5 copay for two fills; \$10 copay after two fills; or — Fill a 90-day supply of maintenance drugs at mail-order copay through a CVS Pharmacy/Maintenance Choice program.
Retail preferred brand drugs	<ul style="list-style-type: none"> — 30% coinsurance (up to a \$100 maximum); — Maintenance medications: 30% coinsurance (up to a \$100 maximum) for two fills; maximum increases to \$200 after two fills; or — Fill a 90-day supply of maintenance drugs at mail-order coinsurance through a CVS Pharmacy/Maintenance Choice program.
Retail non-preferred brand drugs	<ul style="list-style-type: none"> — 50% coinsurance (up to a \$200 maximum); — Maintenance medications: 50% coinsurance (up to a \$200 maximum) for two fills; maximum increases to \$400 after two fills; or — Fill a 90-day supply of maintenance drugs at mail-order coinsurance through a CVS Pharmacy/Maintenance Choice program.
Mail-order generic drugs (90-day supply)	— \$10 copay
Mail-order preferred brand drugs (90-day supply)	— 30% coinsurance (up to a maximum of \$200)
Mail-order non-preferred brand drugs (90-day supply)	— 50% coinsurance (up to a maximum of \$400)

Some prescriptions are covered at 100%

As a result of the Affordable Care Act (ACA), some prescriptions are covered at 100% and not subject to a deductible, copay or coinsurance under any of the Deutsche Bank medical plan options. To find out if your prescription is covered under ACA, view the list by logging on to Alight Worklife and clicking on the CVS Prescription Drug Info tile.

Get long-term medications in the mail (or at CVS) and save

If you take prescription medication for a chronic or long-term condition ("maintenance medication"), save money by purchasing a 90-day supply. After filling two 30-day refills of your maintenance medication at a retail pharmacy, you will pay double for each additional 30-day refill at a retail pharmacy. Your 90-day supply can be purchased through the CVS Caremark Mail Service Pharmacy or through the CVS Pharmacy service that allows you to pick up your prescription at the local pharmacy.

Biologicals/specialty medications

PPO and EPO plan members have access to the PrudentRX Copay Program which assists members by helping them enroll in drug manufacturer copay assistance programs, when available. Members who get a copay card for their biological/specialty medication through the PrudentRX Copay Program (if applicable) will have a \$0 out-of-pocket responsibility for their prescriptions covered under the program.

Members who opt to not participate in the PrudentRX Copay Program will be responsible for 30% coinsurance after deductible.

If you or a covered dependent are prescribed one or more medications included in the PrudentRX Program Drug List, you will receive a welcome letter and phone call from PrudentRX that provides specific information about the program and how to participate. PrudentRX can be reached at 1-800-578-4403 to address any questions regarding the program.

Note, HDHP members are not eligible to participate in the PrudentRX program due to IRS regulations that apply to HDHPs.

Drug manufacturer copay assistance programs

For any such medication(s) where third-party copayment assistance is used, the member shall not receive credit toward their maximum out-of-pocket or deductible for any copayment or coinsurance amounts that were applied to a manufacturer coupon or rebate.

Note, due to IRS regulations, HDHP members are not eligible to use copay assistance programs until after they have met their annual deductible.

Spending and savings accounts

Deutsche Bank offers three types of accounts to help you save and pay for expenses during the year with pre-tax money: Health Savings Account (HSA), Health Care Flexible Spending Account (FSA) and Dependent Day Care Flexible Spending Account (FSA). The goal amounts you elect will be deducted from your pay in equal increments based on the remaining pay periods of the year.

Health Savings Account (HSA)

The HSA is available for HDHP medical plan participants only. Your contributions into the HSA can be used to reimburse yourself for eligible medical, prescription drug, dental, and vision expenses. Or, you can save your HSA to pay for eligible expenses when you retire.

Ultimate flexibility

You can adjust your HSA contribution amount at any time on Alight Worklife, or by calling the Deutsche Bank Benefits Center at 1-888-213-5500.

You decide how much to contribute

Your HSA contribution is flexible. If your financial situation changes during the year, you can change the amount you contribute at any time. In 2024, you can contribute up to:

- \$4,150 if you are enrolled in individual coverage
- \$8,300* if you are enrolled in family coverage
- An additional \$1,000 in “catch-up contributions” if you will be age 55 or older during the plan year

* \$8,300 represents the IRS household limit (i.e., you and your spouse cannot both contribute \$7,750).

With an HSA, you get a triple tax advantage

An HSA has more tax advantages than a 401(k), IRA or FSA. Here’s why:

- Your payroll contributions go into your HSA before federal taxes are withheld. (Some states may withhold state taxes.)
- The money you use to pay for eligible health care expenses is not taxed.
- Your HSA investment earnings aren’t taxed either. This is different from other savings vehicles, such as a 401(k) or an IRA, where investment earnings are taxed upon withdrawal. It’s also different from other plans, like the Health Care FSA, which do not allow you to build savings over time or invest your account balance.

The HSA is yours to keep

The money in your HSA is always yours – now and in retirement – as long as you have an account balance. Even if you stop contributing to your HSA at some point, or can no longer contribute once you are Medicare-eligible, your account balance is still yours to use for eligible expenses. If you have an HSA from a previous medical plan or employer, you can consolidate your HSA funds by rolling over that balance into your account.

You can invest your balance

Once your account reaches \$1,000, you can invest any amount over that in a choice of mutual funds. Even better, you will not pay taxes on your investment earnings.

HSA eligibility

Please note, to qualify for an HSA, you: (1) must be enrolled in a HDHP; (2) are not enrolled in another type of pre-tax health care benefit account, such as a Health Care FSA or a Health Reimbursement Arrangement (this includes being enrolled in through your spouse); (3) cannot be claimed as a dependent on another person’s tax return; and (4) you are not entitled to benefits under Medicare. If any of the situations apply to you, then you cannot contribute to an HSA; however, you may still enroll in an HDHP medical plan and contribute to a Health Care FSA.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) are a great way to save on health and dependent day care expenses and reduce your taxable income each year. Your options include:

- Health Care FSA
- Dependent Day Care FSA

These accounts allow you to set aside pre-tax dollars to pay certain health care and dependent day care expenses each year, which are not otherwise covered under your other benefit plans. As a result, these accounts offer an immediate tax break because your contributions lower your annual taxable income. Participation is completely voluntary – you can enroll in one or both accounts each year. Your FSA elections do not carry over from year to year.

Health Care FSA

You can use this account to pay for eligible health care expenses such as copays, lab fees, dental and vision expenses. You can use a YSA debit card to access your funds. You can also submit claims online, via mail or by fax to YSA to reimburse yourself.

Health Care FSA contributions

In 2024, you can contribute up to \$3,200 to a Health Care FSA. If your spouse works for an employer that offers a Health Care FSA plan, your spouse may contribute up to the maximum permitted under that FSA, even if you contribute \$3,200 to your Health Care FSA.

The annual amount you elect to contribute to a Health Care FSA is immediately available to you after first paycheck deduction, even though you contribute with each paycheck throughout the year. Once you have made your election, you cannot change your contribution until the next Annual Enrollment period unless you experience a qualifying change in status.

If you are enrolled in an HDHP and choose to contribute towards a Health Care FSA in lieu of a HSA, you cannot elect to contribute to a HSA at any time during 2024, even if you have a qualifying change in status. For example, if you enroll in one of the HDHP plans, and elect to contribute to a Health Care FSA, but not the HSA, your Health Care FSA will become a full-purpose FSA, meaning you can use it to pay for medical, dental and vision expenses. However, you cannot elect to contribute to a HSA later in the year.

Carryover of unused Health Care FSA funds

If you have unused funds in your Health Care FSA on December 31, 2024, up to \$640 of your balance will automatically roll over into the next year. This means you do not lose all of your unused savings in your account if you can't use them by the end of the year. The funds you carry over do not count toward the maximum annual contribution limit for the next plan year.

Limited-purpose Health Care FSA for HDHP participants

If you enroll in an HDHP and contribute to an HSA, you have the option to contribute to a limited-purpose FSA that can only be used to pay for dental and vision expenses. The funds you contribute to the HSA will cover eligible medical and prescription drug expenses.

Comparing the Health Care FSA and the HSA

The Health Care FSA and the HSA have many similarities. For instance, they both allow you to use your contributions to reimburse yourself for eligible health care expenses. But there are important differences to keep in mind as well. And, while you can have both at once, there are some restrictions you need to know about.

When you enroll in either a Health Care FSA or an HSA, you receive a debit card to pay for eligible health care expenses. Use it to make copayments for office visits, to buy prescriptions at the pharmacy, to pay for new eyeglasses, and more. If you enroll in both an HSA and a Health Care FSA, you'll have one debit card to use for both accounts, which are administered by Your Spending Account (accessible through Alight Worklife).

HSA	Health Care FSA
<ul style="list-style-type: none"> — Only available if you are enrolled in an HDHP — Use funds to cover eligible medical, prescription drug, dental, and vision expenses — You can only spend funds after they have been deposited into your account — You can change your contribution amount at any time during the year — Three ways to save on taxes: pre-tax payroll contributions; money spent on eligible expenses is not taxed; investment earnings are not taxed — Entire balance rolls over year after year — Ability to invest account funds once your account balance reaches \$1,000 — Money is yours to keep – take it with you even if you leave the Bank and use for eligible health care expenses at any time in the future — You may not be eligible to contribute if you do not meet certain eligibility criteria; see page 17 for details 	<ul style="list-style-type: none"> — Available only if neither you or your spouse contributes to an HSA (in this case limited purpose FSA can be used to pay for eligible dental and vision expenses) — Use funds to cover eligible medical, prescription drug, dental, and vision expenses (with a limited purpose FSA, only dental and vision expenses will be covered) — You can spend ahead from day one – up to your annual goal amount — You cannot make changes to your contribution amount unless you have a qualifying change in status — Two ways to save on taxes: pre-tax payroll contributions; money spent on eligible expenses is not taxed — Up to \$640 can roll over at the end of the year; you lose any balance over that amount — No investment opportunity or earnings

Dependent Day Care FSA

Use this account to pay for dependent day care expenses like charges for a day care center, nursery school or preschool, after-school programs for children under age 13, and day care for a disabled dependent, (i.e., spouse, parent or child). **This account may not be used for health care expenses for your dependents.** The IRS sets the annual contribution limits for Dependent Day Care FSAs. You can contribute up to the maximums listed below:

Dependent Care FSA Pretax Contribution Limits	Amount
If account holder is married and files a separate tax return	\$2,500 for each tax return filed up to the \$5,000 maximum
If the account holder is married and files a joint tax return*	\$5,000 maximum
If the account holder is single/head of household*	\$5,000 maximum

* If you and your spouse are both eligible to contribute to a Dependent Day Care FSA, your combined contributions cannot exceed \$5,000 annually. Please note you may not “double-dip” expenses (e.g., expenses reimbursed under your Dependent Day Care FSA may not be reimbursed under your spouse’s Dependent Day Care FSA and vice versa.)

Dental coverage

Taking care of your teeth is an important part of maintaining good overall health. Deutsche Bank offers comprehensive coverage that includes diagnostic, preventive, basic and major restorative services, plus orthodontia.

Delta Dental PPO

You have the flexibility to see any dentist, but you will pay less for services when you stay in the Delta Dental PPO network.

	Annual deductible	Percent Paid*				Annual Maximum Benefit****	Lifetime Orthodontia Maximum
		Preventive Care	Basic Care	Major Care	Orthodontia		
In-Network	\$0	100%	90%	60%	50%	\$2,500 per person	\$2,000 per person
Out-of-Network	\$75 Individual \$225 Family***	100%	75%	50%	50%	\$2,500 per person	\$2,000 per person

Note: The Delta Dental PPO plan offers two network of dentists: the PPO network and the Premier network. Both networks provide you with in-network coverage, and will prevent you from being balanced billed like you would if you see an out-of-network provider. You will receive the greatest network discount when you visit a provider in the PPO network.

Aetna DMO

With the Aetna DMO option, you may only receive care from dentists within the Aetna DMO network; any care you receive outside of the network will not be covered by your plan. At the time of enrollment, you must designate an Aetna DMO network dentist as your primary care dentist; you cannot access the plan coverage until a primary care dentist has been designated. Be sure that you have selected a DMO-accepting dentist before you enroll.

	Annual deductible	Percent Paid				Annual Maximum Benefit	Lifetime Orthodontia Maximum
		Preventive Care	Basic Care	Major Care	Orthodontia		
In-Network only	\$0	100%	100%	90%	50%	Unlimited	One full treatment

Employees located in California, Georgia, Maryland, New Jersey or Texas may visit an out-of-network dentist only for emergency care, so long as the non-participating provider is located more than 50 miles from the covered patient's home. Such services must be provided to relieve pain or to treat a condition that would be worsened due to a delay in treatment.

Note: The Aetna DMO Plan is not available in the following states: Arkansas, Alabama, Maine, Mississippi, New Hampshire and South Carolina.

* Reasonable and customary limits apply to all expenses

** Deductible waived for preventive care and orthodontia

*** To satisfy the family deductible, three covered dependents must each incur the \$75 deductible

**** Annual maximum does not apply to Preventive Care. In- and Out-of Network Annual Maximum benefit combined

Vision coverage

Eye exams can help with early detection of conditions like glaucoma, hypertension and diabetes – which affect the health of your entire body, not just your eyes. Coverage under the Deutsche Bank vision plan is provided by VSP. The cost of vision coverage is paid by you.

You have two vision plan options to choose from:

- Base option
- Signature option

VSP network providers

You can see any vision provider, but you will pay less by choosing a VSP network provider. Find a eye doctor near you at www.vsp.com.

How the vision plans compare

General vision expenses	Base option	Signature option
Routine eye exam	Limited to one exam every 12 months; frames, lenses or contacts limited to one every 24 months	Limited to one exam every 12 months; frames, lenses or contacts limited to one every 12 months
Exam (in-network)	\$10 copay	\$10 copay
Exam (out-of-network)	Up to \$50 reimbursement. If you plan to see a provider outside of the VSP network, visit www.vsp.com for details.	
Frame allowance (in-network)	\$185 allowance	\$260 allowance
	20% savings on the amount over your allowance	20% savings on the amount over your allowance
Elective contact lenses in lieu of glasses (in-network)	\$185 allowance	\$260 allowance
Extra savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> – Receive an extra \$50 towards your frame allowance when you purchase featured frame brands through www.vsp.com/framebrands – With the VSP LightCare program, you can use your frame and lens benefit to get non-prescription sunglasses or blue light filtering glasses from your VSP network doctor or online retailer, such as eyeconic.com – 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your well vision exam. Or, get 20% from any VSP provider within 12 months of your last well vision exam <p>Routine Retinal Screening</p> <p>No more than a \$39 copay on routine retinal screening as an enhancement to a well vision exam</p> <p>Laser Vision Correction</p> <ul style="list-style-type: none"> – Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities – After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 	

Disability coverage

Short-term disability (STD) and long-term disability (LTD) coverage give you income protection if you become unable to work in the event of an injury or illness.

Choose the right coverage level for your situation

When enrolling in benefits as a new hire, you have two LTD options to choose from:

- Option 1 - “50% option”: The benefit is 50% of base pay with a monthly benefit maximum of \$10,000. The cost of this coverage is fully paid by Deutsche Bank.
- Option 2 - “60% option”: The benefit is 60% of base pay + the two-year average of your annual cash bonus compensation, with a monthly benefit maximum of \$25,000. The cost of this coverage is shared by Deutsche Bank and you.

Based on your individual situation, you may not need, or may not get the most from coverage at the 60% level. Take into consideration the LTD benefit amount you would receive under both options, as well as the cost of each option. If you do not make any coverage elections, you will be defaulted into the 60% option.

If you become disabled, here is how STD and LTD work:

STD	Benefit
For the first 90 days of disability	You receive 100% of your monthly base pay and your fixed pay supplement associated with the period, if applicable ¹
For the next 92 days of disability	You receive 75% of your monthly base pay and your fixed pay supplement associated with the period, if applicable ¹
LTD (after 182 days of disability)	Benefit
Option 1 – 50% option	You receive 50% of your base pay up to a maximum monthly benefit of \$10,000 ^{1,2}
Option 2 – 60% option	You receive 60% of your base pay + annual cash bonus compensation (two-year average) up to a maximum monthly benefit of \$25,000 ^{2,3}

¹ Hypothetical salary is used if you are a commissioned employee. If you are a commissioned employee, you should contact your HR Business Advisor for additional information.

² Please note that fixed pay supplements and adjustments, if any, are not included in the calculation of LTD benefits.

³ If you are a commissioned employee and become disabled in 2024, your benefit will be based on 60% of compensation (base pay, salary 2, draw, year-end annual cash bonus, and commissions, if applicable) paid to you in the year prior to your date of disability. If you have less than one year of service as of January 1, 2024 and become disabled in 2024, the “hypothetical salary” for your corporate title will be used.

Taxation of LTD benefits

To allow you to receive your LTD benefit tax-free, the Deutsche Bank-paid portion of your LTD benefit will be reported as taxable income.

Life insurance

At no cost to you, the Bank helps provide for your family in the event of your death by offering basic life insurance equal to 1x your base pay* (minimum of \$50,000/maximum of \$400,000).

In addition, you can elect supplemental life insurance for yourself of up to 7x your base pay*, rounded to the next higher \$1,000, with a combined maximum limit of \$4 million for basic life, supplemental life and grandfathered life insurance. You can also elect dependent life coverage for your spouse and your children. Your cost for this coverage is based on the amount of coverage you choose, your age and whether you are a smoker or non-smoker. Contributions for this coverage are made on an after-tax basis.

Evidence of Insurability

If the coverage you elect is subject to EOI, you must complete the EOI application within 30 days. If you cannot complete the electronic EOI at the time you enroll, you can return to Alight Worklife at a later time and access a link to the EOI form through the Messages feature. Any amount above the EOI limit will not go into effect until MetLife has approved your EOI.

You can choose:	Equal to:
Basic Life Insurance	<ul style="list-style-type: none"> Deutsche Bank provides employees with 1x base pay or a minimum of \$50,000 and maximum of \$400,000
Supplemental life insurance for you	<ul style="list-style-type: none"> 1x to 7x your base pay* Maximum of \$4 million basic, supplemental life and grandfathered life insurance combined Coverage amount reduces beginning at age 70 <p>For new hires: if you enroll within the first 30 days of your hire date and you elect up to three times your base pay, not to exceed \$1,000,000, you will not need to provide evidence of insurability (increases for supplemental life insurance outside of the 30-day enrollment period will be subject to evidence of insurability)</p>
Spouse life insurance (spouse/ domestic partner)	<ul style="list-style-type: none"> \$10,000 \$25,000 \$30,000 \$50,000 \$100,000 Coverage terminates at age 70 <p>For new hires and employees who are adding a spouse as a marriage change in status: evidence of insurability is required for elected amounts over \$30,000</p>
Child life insurance	<ul style="list-style-type: none"> \$5,000 per child \$10,000 per child Evidence of insurability not required

* Hypothetical salary is used if you are a commissioned employee. If you are a commissioned employee, you should contact your HR Business Advisor for additional information.

Will Prep and Estate Planning

When you participate in the MetLife Supplemental Life Insurance plan, you have access to valuable services that can assist you in creating or update a living will, power of attorney and execute key estate planning documents. For more information, see the Will Prep and Estate Planning services kit under the Downloads section on HR Connect > [Life Insurance](#).

Voluntary accidental death and dismemberment (AD&D) and business travel insurance

Voluntary AD&D insurance allows you to purchase additional accidental death and dismemberment insurance to protect your family’s financial security in case you or your dependent(s) suffer an accident resulting in a loss of a limb, speech, sight, hearing or death. The cost for AD&D insurance is paid by you and does not require evidence of insurability.

You can choose:	Equal to:
Voluntary AD&D insurance for you	— \$10,000 to \$1,000,000, in \$10,000 increments, not to exceed 10x employee’s base pay*
Voluntary AD&D insurance for your family	— Spouse: 40% of the employee’s amount to a \$500,000 maximum — Children: 10% of the employee’s amount to a \$150,000 maximum
Voluntary AD&D insurance for your spouse only	— 50% of the employee’s amount to a \$500,000 maximum
Voluntary AD&D insurance for your children only	— 15% of the employee’s amount to a \$150,000 maximum
Business Travel Insurance (cost paid by Deutsche Bank)	— Deutsche Bank provides coverage equal to 5x base pay* up to a maximum of \$2,000,000

* Hypothetical salary is used if you are a commissioned employee. If you are a commissioned employee, you should contact your HR Business Advisor for additional information.

Voluntary legal plan

Reduce the out-of-pocket cost of legal services

Whether you’re getting married, sending kids off to college or retiring and planning for the future, having access to expert legal help allows you to navigate life’s milestones confidently. The MetLife Legal Plan covers you, your spouse, dependents, parents, parents-in-law, and grandparents for many of the common legal issues a family faces.

How it works

You get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney.¹ With network attorneys available in person, by phone or by email and online tools to do-it-yourself — MetLife makes it easy to get legal help. And you will always have a choice in which attorney to use. You can choose one from MetLife’s network of prequalified attorneys or use an attorney outside of MetLife’s network and be reimbursed some of the cost.²

For plan and coverage details

Click [here](#) (or go to <https://www.metlife.com/info/deutschebank/>) to review the services available under the plan. For detailed plan questions, call the MetLife Legal Plans Client Service Center at 1-800-821-6400.

¹ Any legal matter for which an attorney-client relationship existed prior to you joining the Plan will be excluded, and no benefits will apply. Contact MetLife Legal Client Service for any questions.

² The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney’s actual charge. You will be responsible to pay the difference, if any, between the plan’s payment and the non-plan attorney’s charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorney.

How to use the plan

- Find an attorney.** To see your coverages and select an attorney for your legal matter, create an account at members.legalplans.com, or call 1-800-821-6400 for assistance.
- Make an appointment.** Call the attorney you select and schedule a time to talk or meet.
- That’s it!** There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Matched Savings Plan (401(k))

All full- and part-time employees are eligible to participate in the Deutsche Bank Matched Savings Plan (401(k)).

Your contributions

- You can elect to contribute between 1% and 40% of base pay, commission and/or annual discretionary cash bonus.
- You are always 100% vested in your own contributions.
- The Matched Savings Plan 401(k) consists of various contributions, each with its own limitations and restrictions based on annual IRS maximums, your compensation and age.
- You can change your contribution elections (including automatic election) or you can stop your contributions by going online to www.netbenefits.com/deutschebank, or by calling the Fidelity Retirement Benefits Center at 1-800-550-3966. The change will be effective as soon as administratively possible.
- The IRS imposes limitations on employee as well as employer contributions to the 401(k) Plan as reflected in the chart below:

Contribution	2024 Limits*
Before tax contributions and/or Roth	\$23,000
Catch Up Contributions (for participants age 50+ as of 12/31/24) Participants age 50 and over may contribute an additional "catch-up" contribution of 1% to 50% of base pay and/or commissions up to \$7,500. The maximum contribution that you can make to the Plan, including before-tax, after-tax and catch-up contributions is 75%.	\$7,500
Total Defined Contribution limit for 2024 includes:	\$69,000 (\$76,500 if age 50 + as of 2024)
— Before Tax contributions	
— Roth contributions	
— After-tax contributions	
— Employer Matching Contributions	
— Employer Fixed Contributions	

* You must make a separate discretionary cash bonus election.

Company contributions

- **Matching Contributions:** After six months of service, the Bank will accrue a match of 100% of your contribution up to 4% (IRS compensation limits apply).
- **Fixed Contributions:** you are eligible to receive a fixed contribution after six months of service:
 - **<10 years of service:** The Bank will accrue 4% of eligible compensation (base and bonus/commission) on the first \$100,000 annually.
 - **10+ years of service:** The Bank will accrue 6% of eligible compensation (base and bonus/commission) on the first \$100,000 annually.
- The Bank's matching and fixed contributions vest 20% per year over a period of 5 years.

If you are eligible for the matched and fixed contributions, you will receive your contribution by the end of the first quarter of the following calendar year. To be eligible for the Bank's matching and fixed contributions, you must be an active employee on the last business day of the month in which the contribution is made.

Contribution taxation

Here's how the 401(k) contributions are taxed:

Today	At Retirement		
If you contribute:	Your Contributions will be:	Your Investment Earnings will be:	
Pre-tax	Taxable	Taxable	You contribute tax-free money today and pay taxes on contributions AND earnings when you withdraw at retirement. Note: All employer matching and fixed contributions are pre-tax. Upon retirement, both the contributions and earnings will be taxed.
After-tax	Tax-Free	Taxable	You pay taxes on contributions today and pay taxes on any earnings when you withdraw at retirement.
Roth	Tax-Free	Tax-Free	Pay taxes on contributions today and withdraw contributions AND earnings tax-free at retirement.

How to enroll or make changes to your 401(k) account

You are eligible to contribute to the Matched Savings Plan (401(k)) as soon as administratively possible after your hire date by logging on to Fidelity NetBenefits at: www.netbenefits.com/deutschebank. You can also contact the Fidelity Retirement Benefits Center at 1-800-550-3966 or internationally at 1-508-787-9902.

To access your account, you will need a username and password. If you are a new user, select **Register Now** to create your username and password. If you are a current Fidelity customer and already have a username and a password, you can use that same information to access your Plan account on NetBenefits and over the phone. If you have forgotten your username and/or password, click "Having Trouble with your username and password?"

Note to new hires

You are eligible to contribute to the Plan as soon as administratively possible after your hire date. If you do not actively enroll, you will be automatically enrolled in the Plan after your first 60 days of employment at a pre-tax contribution rate of 4% of your base pay or commissions. If you contributed to a previous employer's plan in the same calendar year in which you were hired at Deutsche Bank, you will need to ensure you do not exceed the current year's maximum contribution limit allowed by updating your contribution amount through the Fidelity NetBenefits website; you may increase your annual contribution limit in the New Year.

Investment elections

You should make an investment election when you enroll in the Plan and make your contribution elections. However, if you do not have an investment election in effect and contributions are made to the Plan on your behalf, your Plan account will be invested in a State Street Target Retirement Securities Lending Series Fund target date fund with the target date that is closest to the date on which you will attain age 65, which is assumed to be your retirement age. If this falls between two target dates, the contribution will be defaulted to the Trust with the latest target date.

Prefer to manage your 401(k) savings on the go?

The NetBenefits app gives you access to your account whenever - and whenever - you want. You can view your account balance, investments, and rate of return, change your contributions, update beneficiaries, estimate future expenses, connect with a Fidelity representative, and more. Download the NetBenefits app from your device's app store to get started.

Work/life balance programs

More information regarding these valuable benefits and programs can be found on [HR Connect](#).

Annual paid time away

- Combined total of 13 holidays and personal days annually
- 10 paid safe and sick days annually
- 10 COVID-19 sick days
- Vacation day allowance is determined by corporate title and years of service:

Corporate Title	Years of Employment		
	1-9	10-24	25+
No Corporate Title	15	20	25
Analyst, Associate, & AVP	20	20	25
VP, Director & MD	25	25	25

Commuter reimbursement program

Allows employees to set aside pre-tax dollars to pay for expenses related to commuting to and from work for mass transit, van pooling and work-related parking costs. This includes transit passes, tokens, fare cards, vouchers, parking passes and more.

Family care benefits

Family Building Benefits Program*

- Up to \$16,810 reimbursement per employee, per year for eligible adoption expenses
- Up to \$50,000 reimbursement per lifetime for eligible surrogacy expenses
- Egg/sperm cryopreservation for social preservation covered up to \$10,000, per lifetime**
- Infertility benefits of up to \$30,000 for medical procedures and an additional \$20,000 for prescriptions, per lifetime**

* Subject to certain limitations. See [HR Connect > Family Building Benefits Program](#) for additional details.

** Requires enrollment in a Deutsche Bank medical plan.

Parental leave

- Up to 16 weeks of paid leave after the birth or adoption of a child

Phase back to work

- Helps you transition back to work after a parental leave. Offers you the ability to work from home and/or work a reduced schedule for up to an 8 week transition period

Support for new mothers

- Lactation rooms available at all locations
- Reimbursement for the transport of breast milk to the home of women who travel for work

Resources for you and your family

From starting a family to raising a child, Deutsche Bank offers you a variety of benefits and resources to help you maintain work/life balance and stay financially secure. Review the full resources guide on [HR Connect > Resources for you and your family](#)

Family concierge

- A dedicated team who does the work of finding care and education answers for employees
- One-on-one help in finding a solution for center child care, in-home care, in-person/virtual camps and school break programs, tutoring/homework help/test prep and after-school care, and housekeeping and pet care
- Support for back-to-school and other decisions, for employees and their families

Enhanced family support

- Preferred enrollment and a registration fee credit at select Bright Horizons child care centers and discounted tuition for full-time care at select partner centers in Bright Horizons child care network
- Free access to Sittercity's premium marketplace of sitters, virtual sitting, pet care, and housekeepers, and personalized nanny placement through Jovie
- Discounts on tutoring, STEM programs, summer camps, and group classes for school-age children

Elder care support

- Ongoing, personalized guidance from an experienced Care Coach who can help facilitate in-home needs assessments and coordinate specialized referrals
- Access to an online platform for planning and coordinating care, as well as legal and financial assistance

Backup care and virtual tutoring

- Provides temporary, alternative care during a lapse or breakdown in regular child/adult/elder care arrangements. Available both in-home and at most Bright Horizons locations
- Can be exchanged for virtual tutoring of children ages 5 to 18 years old
- Limited to 10 uses per year

Working parent and caregiver coaching

- Help with navigating the dual roles as parent and professional, no matter what age or stage of parenting. Sessions are also available for managers

Flex working

- Alternative work arrangements are available to help you balance your work and personal life

DB perks discounts and community online academy

- DB Perks goes beyond saving you money on things like buying a new TV or planning a vacation, it provides you and your household family members the opportunity to engage in 100+ live and on-demand online classes, from exercise to becoming a better cook. Whether you're upgrading your work/learn from home setup, or looking for help keeping kids actively engaged, DB Perks gives you access to perks that provide value and support when you need it the most

Educational resources

College coach

- Assists you (and eligible family members) through important educational challenges, including preparing, selecting, applying to and financing college. The program offers web-based training workshops, personalized counseling sessions and an on-demand education help desk

Student loan refinancing through SoFi

- Offers discounted student loan refinance rates

Health and wellness

Employee Assistance Program (EAP)

- The EAP provides up to 8 free, confidential counseling sessions for all employees and their dependent household members. On-site counseling is available in the Jacksonville and New York offices

Mental Health First Aiders

- Colleagues, ranging in corporate titles, who have voluntarily trained to act as first responders for colleagues looking for extra wellbeing support or are concerned about their mental health. Visit the [US Well-being Hub](#) page on the Americas Portal for more details

On-site health centers

- The health centers in New York and Jacksonville provide onsite emergency and non-emergency care, including acute and urgent care, preventive care, immunizations, health coaching, and more. All services are provided free of charge with the exception of labs, which are billed to your medical insurance. Go to HR Connect > [Health Centers](#) for details.

Employee resource groups (ERG)

Unites colleagues from different backgrounds, experiences and business areas to inspire inclusiveness in our daily transactions. ERG is open to all employees, even if you do not self-identify with a particular group.

- **dbEnable:** Enables an inclusive and supportive workplace where all people affected by visible or invisible disabilities can flourish
- **dbPride:** Empowers LGBTQIA+ colleagues and their allies to advance inclusion and advocate for equality
- **Multicultural Partnership:** Enriches the experience of multicultural talent
- **NextGen Network:** Bridges the gaps between generations with a focus on the future of work
- **Veterans on Wall Street (VOWS):** Honors the value that veterans bring to the workplace
- **Women on Wall Street (WOWS):** Advances a gender inclusive organization

Community involvement

Matching gift program

- Matches personal donations made by you to non-profit organizations dollar-for-dollar, up to \$5,000

Volunteer programs

- Employees may take one day of paid leave per year to volunteer with a Bank-organized activity
- One-time and ongoing opportunities available for individuals and groups (e.g., tutoring, mentoring, job skills training, financial literacy)

Other services available

(May not be available in all locations)

- Discounts to fitness centers
- All faith rooms
- On-site cafeterias
- Gender neutral restrooms
- Corporate discounts to museums, entertainment parks and zoos (vary by region)

Contacts

General Questions	Carrier / Vendor	Contact	Website
For all benefit questions including Claims Advocacy, Cash Account Pension Plan, COBRA, Commuter Program, FSAs, etc.	DB Benefits Center	1-888-213-5500 1-847-883-0616 (outside of US)	http://digital.alight.com/deutschebank (or access My Flex Benefits on HR Connect)
Benefit Plans & Programs	Carrier / Vendor	Contact	Website
Matched Savings Plan (401(k))	Fidelity	1-800-550-3966	www.netbenefits.com/deutschebank
Medical Plan - General	Aetna	1-800-963-0955	www.aetna.com
Medical Plan - Telemedicine	Teladoc	1-855-835-2362	www.teladoc.com/aetna
Prescription Drugs	CVS Caremark	1-888-543-4920	www.caremark.com
Dental PPO	Delta Dental	1-800-932-0783	www.deltadentalins.com
Dental HMO	Aetna	1-800-843-3661	www.aetna.com
Vision	VSP	1-800-877-7195	www.vsp.com
HSA Administrator	UMB Bank	1-866-520-4472	From Alight Worklife , access Your Spending Account to manage your account
Employee Assistance Program	Aetna Resources for Living	1-800-284-1819	www.resourcesforliving.com Username: Deutsche Bank Password: EAP
Medical Decision Support	Medical Ally	1-888-361-3944	https://mymedicalally.alight.com/
Breast Milk Shipping	Milk Stork	1-877-242-1306	www.milkstork.com
Backup Care, College Coach, Virtual Tutoring, Elder Care, Enhanced Family Support & Family Concierge	Bright Horizons	1-877-242-2737	clients.brighthorizons.com/deutschebank Username: Benefits4You Password: Deutsche
Working Parent and Caregiver Coaching	Talking Talent	contact@talking-talent.com	N/A
Student Loan Refinancing	SoFi	1-855-456-7634	www.sofi.com/DB
Disability, Parental and Family & Medical Leaves	Aflac	1-877-499-8603	https://mygroupifedisability.aflac.com/e/s/
Discount Mall & Community Online Academy	DB Perks	Inquiries must be submitted through web	www.perksatwork.com
Life and Voluntary AD&D Insurance*	MetLife	1-800-638-6420	www.metlife.com
Voluntary Legal Plan	MetLife	1-800-821-6400	members.legalplans.com

*For general questions regarding your life and voluntary AD&D coverage, contact the Deutsche Bank Benefits Center at 1-888-213-5500 or from outside the U.S. or Canada at 1-847-883-0616.

Semi-Monthly Employee Benefits Contribution Estimates

Medical Plan¹ (Pre-tax)

PPO (In- and out-of-network): 90/60 Plan, \$500/\$1,500 deductible				
Salary Range	You Only	You + Spouse/ Domestic Partner	You + Child(ren)	Family
\$60K or Less	\$74.17	\$177.99	\$133.49	\$266.99
\$60K - \$89,999	\$81.11	\$194.65	\$145.99	\$291.97
\$90K - \$119,999	\$99.85	\$239.62	\$179.72	\$359.44
\$120K - \$149,999	\$122.97	\$295.11	\$221.33	\$442.67
\$150K - \$174,999	\$153.03	\$367.25	\$275.44	\$550.87
\$175K - \$199,999	\$169.21	\$406.09	\$304.57	\$609.14
\$200K - \$499,999	\$183.08	\$439.38	\$329.54	\$659.08
\$500K +	\$217.16	\$521.18	\$390.88	\$781.77

EPO (In-network only): 90/0 Plan, \$300/\$900 deductible				
Salary Range	You Only	You + Spouse/ Domestic Partner	You + Child(ren)	Family
\$60K or Less	\$55.66	\$133.58	\$100.18	\$200.36
\$60K - \$89,999	\$60.77	\$145.85	\$109.39	\$218.78
\$90K - \$119,999	\$74.58	\$178.99	\$134.25	\$268.49
\$120K - \$149,999	\$91.62	\$219.89	\$164.91	\$329.83
\$150K - \$174,999	\$113.77	\$273.05	\$204.78	\$409.57
\$175K - \$199,999	\$125.70	\$301.67	\$226.25	\$452.51
\$200K - \$499,999	\$135.92	\$326.21	\$244.65	\$489.31
\$500K +	\$161.04	\$386.48	\$289.86	\$579.72

High Deductible Health Plan \$1600/\$3200				
Salary Range	You Only	You + Spouse/ Domestic Partner	You + Child(ren)	Family
\$60K or Less	\$32.39	\$77.74	\$58.31	\$116.61
\$60K - \$89,999	\$37.51	\$90.02	\$67.51	\$135.02
\$90K - \$119,999	\$51.32	\$123.16	\$92.37	\$184.74
\$120K - \$149,999	\$68.36	\$164.05	\$123.04	\$246.08
\$150K - \$174,999	\$90.51	\$217.21	\$162.91	\$325.82
\$175K - \$199,999	\$102.43	\$245.84	\$184.38	\$368.75
\$200K - \$499,999	\$112.66	\$270.37	\$202.78	\$405.56
\$500K +	\$137.77	\$330.65	\$247.98	\$495.97

High Deductible Health Plan \$2500/\$5000				
Salary Range	You Only	You + Spouse/ Domestic Partner	You + Child(ren)	Family
\$60K or Less	\$5.22	\$12.52	\$9.39	\$18.78
\$60K - \$89,999	\$10.33	\$24.79	\$18.60	\$37.19
\$90K - \$119,999	\$24.14	\$57.94	\$43.45	\$86.91
\$120K - \$149,999	\$41.18	\$98.83	\$74.12	\$148.24
\$150K - \$174,999	\$63.33	\$151.99	\$113.99	\$227.98
\$175K - \$199,999	\$75.26	\$180.61	\$135.46	\$270.92
\$200K - \$499,999	\$85.48	\$205.15	\$153.86	\$307.72
\$500K +	\$103.46	\$247.71	\$185.04	\$371.56

¹ Benefit costs are calculated by using base pay.

Semi-Monthly Employee Benefits Contribution Estimates

Dental Plan* (Pre-tax)	You Only	You + Spouse/ Domestic Partner	You + Child(ren)	Family
Delta DPPO	\$14.24	\$34.31	\$25.63	\$51.25
Aetna DMO	\$3.13	\$7.54	\$5.63	\$11.26

Vision Plan* (Pre-tax)	You Only	You + Spouse/ Domestic Partner	You + Child(ren)	Family
VSP Base Plan	\$3.12	\$6.24	\$5.62	\$9.37
VSP Signature Plan	\$6.91	\$13.81	\$12.43	\$20.72

Supplemental Life Insurance (Post-Tax)											
Coverage Level:	Age <30	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+	
Non-smoker Rates	\$50K	\$0.90	\$1.08	\$1.25	\$1.60	\$2.50	\$3.58	\$7.70	\$10.55	\$18.08	\$29.33
	\$250K	\$4.50	\$5.38	\$6.25	\$8.00	\$12.50	\$17.88	\$38.50	\$52.75	\$90.38	\$146.63
	\$500K	\$9.00	\$10.75	\$12.50	\$16.00	\$25.00	\$35.75	\$77.00	\$105.50	\$180.75	\$293.25
	\$750K	\$13.50	\$16.13	\$18.75	\$24.00	\$37.50	\$53.63	\$115.50	\$158.25	\$271.13	\$439.88
	\$1MM	\$18.00	\$21.50	\$25.00	\$32.00	\$50.00	\$71.50	\$154.00	\$211.00	\$361.50	\$586.50
Smoker Rates	\$50K	\$1.50	\$2.00	\$2.25	\$2.50	\$3.80	\$5.75	\$12.68	\$16.50	\$31.75	\$51.50
	\$250K	\$7.50	\$10.00	\$11.25	\$12.50	\$19.00	\$28.75	\$63.38	\$82.50	\$158.75	\$257.50
	\$500K	\$15.00	\$20.00	\$22.50	\$25.00	\$38.00	\$57.50	\$126.75	\$165.00	\$317.50	\$515.00
	\$750K	\$22.50	\$30.00	\$33.75	\$37.50	\$57.00	\$86.25	\$190.13	\$247.50	\$476.25	\$772.50
	\$1MM	\$30.00	\$40.00	\$45.00	\$50.00	\$76.00	\$115.00	\$253.50	\$330.00	\$635.00	\$1,030.00

Basic Life Insurance	
1 X base pay (\$50,000 minimum, \$400,000 maximum)	Bank-provided benefit, no cost to the employee.

Child Life	
\$5,000	\$0.44
\$10,000	\$0.88

Spouse Life						
Coverage Level:	\$10K	\$25K	\$30K	\$50K	\$100K	
Age <30	\$0.24	\$0.60	\$0.72	\$1.20	\$2.40	
Age 30-34	\$0.33	\$0.81	\$0.98	\$1.63	\$3.25	
Age 35-39	\$0.37	\$0.91	\$1.10	\$1.83	\$3.65	
Age 40-44	\$0.45	\$1.13	\$1.35	\$2.25	\$4.50	
Age 45-49	\$0.69	\$1.71	\$2.06	\$3.43	\$6.85	
Age 50-54	\$0.97	\$2.43	\$2.91	\$4.85	\$9.70	
Age 55-59	\$1.65	\$4.11	\$4.94	\$8.23	\$16.45	
Age 60-64	\$2.38	\$5.95	\$7.14	\$11.90	\$23.80	
Age 65-69	\$3.35	\$8.36	\$10.04	\$16.73	\$33.45	
Age 70-74	\$5.45	\$13.61	\$16.34	\$27.23	\$54.45	

Long-Term Disability (Post-tax)	Example Premiums:		
	\$50K	\$150K	\$500K
50% Base Pay (\$10K max monthly)	Bank-provided benefit, no cost to the employee.		
60% Base Pay + Bonus (\$25K max monthly)	\$4.19	\$12.56	\$41.88

AD&D (Post-tax)	\$50K	\$100K	\$150K	\$250K	\$500K	\$750K	\$1MM
Single	\$0.30	\$0.60	\$0.90	\$1.50	\$3.00	\$4.50	\$6.00
Family	\$0.58	\$1.15	\$1.73	\$2.88	\$5.75	\$8.63	\$11.50

Legal Plan
\$7.00

Business Travel Accident Insurance	
5 X base pay (\$2,000,000 maximum)	Bank-provided benefit, no cost to the employee.

² Flat rate premiums; premium is not based on a percentage of pay.