It’s time to choose the benefit options that fit your life

2019 Benefits Enrollment Guide
Benefits that work for your life

At Bank of America, we believe that employees are the foundation of our success

To support you during the moments that matter most, we offer a wide range of benefits, programs and resources that are competitive, diverse and flexible. It’s one of the most important things we do as a company and part of our commitment to making Bank of America a great place to work.

We offer a variety of health and insurance benefits to meet your needs

This enrollment guide is designed to help you understand the comprehensive medical, prescription, dental and vision coverage available for you and your family. You’ll also learn about the available life and disability insurance options, including what’s provided automatically by the bank.

You’ll see that wellness is a key component of our medical plans, as we’re committed to helping you learn more about your health and save money in the long run. You can keep a credit toward your annual medical premium by completing two voluntary wellness activities, and you’ll have access to personal health coaches and nurses to help you improve your health, manage chronic conditions and more.

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

Every effort has been made to ensure the accuracy of the contents of this document. However, if there are discrepancies between this document and the legal documents governing a plan or program (i.e., “plan documents”), the plan documents will always govern. Bank of America retains the discretion to interpret the terms or language used in this document. Bank of America also reserves the right to amend or terminate any benefit plan in its sole discretion at any time for any reason.

For convenience, we use the name Bank of America in this document because it is used at companies with different names within the Bank of America Corporation family of companies. However, use of the terms “Bank of America” or “bank” does not mean that you are or were employed by Bank of America Corporation; you are or were employed by the entity that directly pays your wages.
It’s time to make your 2019 health and insurance benefit elections

Use this guide and the resources mentioned throughout to learn more about your options and feel confident about your election decisions

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

Important reminders

• The choices you make during your enrollment period will remain in effect through Dec. 31, 2019, unless you have a qualified status change — such as a marriage, divorce, or birth or adoption of a child. Remember, you must notify the Global HR Service Center within 31 calendar days of the date of a new qualified status change.

• If you don’t make elections during your enrollment period, you will have the coverage indicated on your Enrollment Worksheet, which in most cases is no coverage for 2019.

• If you add an adult to your coverage, you’ll receive a Dependent Verification letter, at your address on file, with information about deadlines and the documents required to verify his or her eligibility. Some of your benefits may be affected if eligibility verification is delayed, and the individual will be dropped from your health and insurance coverage if you don’t provide all the required documentation by the deadline.

• Your children are eligible to be covered under your medical, dental and vision plans until age 26. Note: If your child will turn 26 in 2019 and he or she is covered under your plan, his or her coverage will end on the last day of his or her birthday month.

• If you and/or family members have 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 medication coverage.

• To learn more about the benefits offered in this guide refer to the 2016 Summary Plan Description (SPD) and subsequent Summaries of Material Modifications (SMMs) on HR Connect > Benefits > Health > Medical plans > Resources. View important legal notices about your options and how enrollment in Medicare’s prescription drug coverage might affect your current medical and prescription drug coverage.

* Your PYCC is used to determine available medical plans and your medical premium costs. This amount is also used to determine how much the bank will contribute to your health care account.

If you were newly hired by the bank or became benefits-eligible for the first time after June 30, 2018, your PYCC for 2019 is your base salary as of your date of hire, or the date you became benefits-eligible.

If you rejoined the bank after June 30, 2018:
• If you were rehired within 180 days of leaving the bank, your previous PYCC amount will be used again.
• If you were rehired more than 180 days after leaving the bank, your PYCC is your base salary as of your date of rehire.

For a full definition of how PYCC is calculated, refer to the 2016 SPD and subsequent SMMs on HR Connect > Benefits > Health > Medical plans > Resources.
Make your 2019 health and insurance benefit elections

Enroll online:

1. **Log on to My Benefits Resources**
   - Using the My Benefits Resources link on Flagscape (Essential links)
   - Using mybenefitsresources.bankofamerica.com

2. From the Home tab, click Enroll in your benefits.

3. Once you’ve made your elections, you must confirm and save them by clicking Complete Enrollment. Print your Confirmation Statement for your records.

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). Have your benefit elections ready. Once authenticated, say “Health and Insurance.” A representative will take your benefit elections and validate dependent information.

How to choose your health and insurance benefits

1. **Evaluate your benefit options.** Review your coverage and carrier options using this guide and the resources provided to you on HR Connect > Benefits.

2. **Compare your health care costs.** Use the Medical Expense Estimator on My Benefits Resources (mybenefitsresources.bankofamerica.com) to compare your 2019 medical plan options and determine out-of-pocket costs.

3. **Make your elections by your enrollment deadline.** Enroll online — anywhere, anytime — from your laptop, tablet or smartphone.

Save up to $1,000!

Complete the bank’s voluntary wellness activities and you can keep a $500 credit toward your annual medical plan premium. You’ll keep an additional $500 if your covered spouse or partner also completes his or hers. If your benefits coverage begins after Jan. 1, we’ll prorate the credit based on when your medical plan coverage takes effect.

You have approximately 60 days from when your medical plan coverage becomes effective to complete your wellness activities on mywellnessresources.com. You can find your exact deadline when you enroll in your benefits on My Benefits Resources (mybenefitsresources.bankofamerica.com). Your health screening results and your health questionnaire must be submitted by the deadline to be considered complete.

Quick reference guide

Benefits Education & Planning Center: **866.777.8187**
Global HR Service Center: **800.556.6044**
Employee Resources at Home: bankofamerica.com/employee
HR Connect: hrconnect.bankofamerica.com
My Benefits Resources: Using the My Benefits Resources link on Flagscape (Essential links) or mybenefitsresources.bankofamerica.com
Medical plans

You have two medical choices to make during your enrollment period, your medical carrier and your medical plan

All of 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. (We also offer Kaiser Permanente as a carrier in select markets. Refer to the All Coverage Details feature on My Benefits Resources (mybenefitsresources.bankofamerica.com) for specific Kaiser plan information.)

Consider different variables when choosing your medical plan. For example, would you prefer to pay less each month and pay more when you receive care — or vice versa? This high-level comparison of our plans can help:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Premium Costs</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive PPO Plan</td>
<td>Highest</td>
<td>Lowest</td>
<td>None</td>
</tr>
<tr>
<td>Consumer Directed Plan</td>
<td>Premium costs lower than PPO</td>
<td>Deductible lower than the High Deductible Plan</td>
<td>You pay the negotiated rate for most services until you meet the deductible</td>
</tr>
<tr>
<td>Consumer Directed High Deductible Plan</td>
<td>Lowest</td>
<td>Highest</td>
<td>None</td>
</tr>
</tbody>
</table>

Deductibles and out-of-pocket maximums may work differently across our plans

Learn how deductibles and out-of-pocket maximums for employees with family coverage compare if viewing this guide online or go to bankofamerica.com/employee > 2019 benefits enrollment page > under Medical options.

Terms to know

Annual premium
The annual cost you pay for 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 amount you pay out of pocket before coinsurance begins. Most in-network preventive care, like annual check ups, are covered before you meet your annual deductible. 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 in-network services.

Coinsurance
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.

Reminder
The tobacco-user rate for medical coverage is $75 per month (and added to your medical premium). However, 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 in 2019 or complete the reasonable alternative standard.
### Compare Medical Plans

<table>
<thead>
<tr>
<th>Annual deductible</th>
<th>Coinsurance</th>
<th>Out-of-pocket maximum</th>
<th>Preventive Services</th>
<th>Office Visits</th>
<th>Prescription Medication at Retail (30-day supply)</th>
<th>Health Care Account(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive PPO Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Health Flexible Spending Account (Health FSA)</strong></td>
</tr>
<tr>
<td>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.</td>
<td>In network, you pay 20% Out of network, you pay 40%</td>
<td>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.</td>
<td>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.</td>
<td></td>
<td>In network, you pay $15 copayment for primary care and a $25 copayment for a specialist visit. Out of network, you pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance.</td>
<td><strong>In network, you pay Generic: $5 copayment Preferred brand: $25 copayment Non-preferred brand: $50 copayment Out of network, you pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance.</strong></td>
</tr>
<tr>
<td><strong>Consumer Directed Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Health Reimbursement Arrangement (HRA) Health Flexible Spending Account (Health FSA)</strong></td>
</tr>
<tr>
<td>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.</td>
<td>In network, you pay 20% Out of network, you pay 40%</td>
<td>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.</td>
<td>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.</td>
<td></td>
<td></td>
<td><strong>In network, you pay Generic: $5 copayment Preferred brand: 30% coinsurance ($100 max) Non-preferred brand: 45% coinsurance ($150 max) Out of network, you pay 40% coinsurance.</strong></td>
</tr>
<tr>
<td><strong>Consumer Directed High Deductible Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Health Savings Account (HSA) Limited Purpose Flexible Spending Account (Limited Purpose FSA)</strong></td>
</tr>
<tr>
<td>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.</td>
<td>In network, you pay 20% Out of network, you pay 40%</td>
<td>In network, you will pay no more than $4,000 per employee only, $7,350 per individual or up to $8,000 per family. Out of network, you will pay no more than $8,000 per employee only or $16,000 per family.</td>
<td>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.</td>
<td></td>
<td></td>
<td><strong>In-network preventive medication: You pay 20% coinsurance prior to reaching your deductible. In-network non-preventive medication: You pay the full negotiated price until you meet the annual deductible, then you pay 20% coinsurance. Out-of-network medication: You pay 40% coinsurance.</strong></td>
</tr>
</tbody>
</table>

### 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 and using the Find Doctors and Facilities link available on the medical election page, and the Find Dentists link available on the dental election page.

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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 will contribute is based on your PYCC and the family members you cover.

If you remain eligible, any health care account contributions you receive from the bank in 2019 will not change, 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 your enrollment period, but need to enroll following a qualified status change, you may be eligible for prorated health care account contributions from the bank.

* Note that California taxes employer contributions to HSAs, and New Jersey taxes both employer and employee contributions to HSAs, and Health and Limited Purpose FSAs.

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

**Note**
While the IRS prohibits you from making or receiving contributions to an HSA while enrolled in Medicare, you can still use any existing HSA balance to pay for eligible health care expenses now or in future years.
Compare the health care account option(s) available to you, based on your medical plan

<table>
<thead>
<tr>
<th>Account use</th>
<th>Maximum contribution (bank + employee)</th>
<th>Bank contribution</th>
<th>Funds availability</th>
<th>Unused funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Flexible Spending Account</strong> (Health FSA)</td>
<td>Eligible health care expenses, including dental, vision and prescription medication expenses</td>
<td>$2,700, the IRS pretax contribution limit</td>
<td>The bank does not contribute to this account.</td>
<td>Up to $500 in unused funds will roll over automatically.</td>
</tr>
<tr>
<td><strong>Health Reimbursement Arrangement (HRA)</strong></td>
<td>Eligible health care expenses, including dental, vision and prescription medication expenses</td>
<td>Employee contributions may not be made to an HRA. The bank contributes a set amount based on your PYCC and coverage (see below).</td>
<td>Your entire contribution amount is available at the beginning of the year.</td>
<td>All unused funds will automatically roll over to your 2020 HRA. You will generally have access to the funds as long as you stay enrolled in a medical plan that works with the HRA. Note that if you leave the bank with a balance and have not met the Rule of 60, it will be forfeited.</td>
</tr>
<tr>
<td><strong>Health Savings Account</strong> (HSA)</td>
<td>Save for future health care expenses and pay for eligible health care expenses, including dental, vision and prescription medication expenses</td>
<td>$3,500 Employee-only coverage $7,000 Family coverage If you'll be at least 55 years old in 2019, you can make an additional $1,000 catch-up contribution.</td>
<td>Your contribution amount is available as it comes out of your paycheck each pay period. The entire bank contribution is available at the beginning of the year.</td>
<td>All unused funds will remain in your HSA (which will continue to be available to you after 2019). If you have more than $1,000 in your HSA, you can invest it, and any earnings are generally tax free. You can take HSA funds with you when you leave the company or retire.</td>
</tr>
<tr>
<td><strong>Limited Purpose Flexible Spending Account</strong> (Limited Purpose FSA)</td>
<td>This health care account is only available to you if you have an HSA, and you can only use it for eligible vision and dental expenses.</td>
<td>$2,700, the IRS pretax contribution limit</td>
<td>The bank does not contribute to this account.</td>
<td>Up to $500 in unused funds will roll over automatically.</td>
</tr>
</tbody>
</table>

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1 You can still elect the Health FSA if you do not enroll in a bank medical plan.
2 The ‘Rule of 60’ means that when your employment ends, you have at least 10 years of vesting service, and your age plus years of vesting service equals at least 60.
Dental coverage

MetLife is the carrier for our dental PPO plan. Visit metlife.com/mybenefits to see if your dentist is in MetLife’s Dental PPO network.

In select markets, the Aetna Dental DMO Plan is available. Visit aetna.com/bankofamerica to check if your dentist is in the Aetna DMO network. If you choose this plan, your primary care dentist must be in the Aetna DMO network and be accepting new DMO patients for you to receive coverage. Be sure to confirm this before you elect this plan.

Out-of-network coverage

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. Aetna DMO does not have out-of-network coverage; therefore, services received from a provider who is not in the Aetna DMO network will not be covered.

### MetLife Dental PPO (in network)

**General dental expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$50 Individual, $150 Family</td>
</tr>
<tr>
<td>The deductible is waived for preventive/diagnostic care and applies to basic and major expenses.</td>
<td></td>
</tr>
<tr>
<td>Annual maximum coverage per person (excludes orthodontia and preventive care services)</td>
<td>$2,000</td>
</tr>
<tr>
<td>Lifetime maximum for orthodontia* (covered adults and children starting treatment before age 20)</td>
<td>$2,000</td>
</tr>
<tr>
<td>Office visit copayment</td>
<td>None</td>
</tr>
</tbody>
</table>

**Preventive care**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>Plan pays 100% of covered services; services do not count toward the annual maximum. Limited to two routine visits and two problem-focused visits per calendar year.</td>
</tr>
<tr>
<td>Cleaning</td>
<td>Plan pays 100% of covered services; services do not count toward the annual maximum. Limited to two visits per calendar year.</td>
</tr>
<tr>
<td>Dental X-rays</td>
<td>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 for children and one set per calendar year for adults.</td>
</tr>
</tbody>
</table>

**Services**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgam (silver) fillings</td>
<td>You pay 20% of covered services.</td>
</tr>
<tr>
<td>Composite fillings</td>
<td>You pay 20% of covered services, limitations may apply.</td>
</tr>
<tr>
<td>Extractions</td>
<td>You pay 20% of covered services.</td>
</tr>
<tr>
<td>Crowns, dentures and bridges</td>
<td>You pay 50% of covered services; each individual service is limited to one time, per person, every seven years.</td>
</tr>
<tr>
<td>Implants*</td>
<td>You pay 50% of covered services.</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>You pay 20% of covered services.</td>
</tr>
<tr>
<td>Orthodontia* (adults and children)</td>
<td>You pay 50% of covered services.</td>
</tr>
</tbody>
</table>

### Aetna DMO (select markets, in network)

**Annual deductible**

None

**Annual maximum coverage per person (excludes orthodontia)**

None

**Lifetime maximum for orthodontia* (covered adults and children)**

24 months active treatment plus 24 months retention per lifetime

**Office visit copayment**

$5 per visit

**Exams**

Plan pays 100% of covered services, limited to four visits per calendar year.

**Cleaning**

Plan pays 100% of covered services, limited to two visits per calendar year.

**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.

**Amalgam (silver) fillings**

You pay 20% of covered services.

**Composite fillings**

You pay 20% of covered services, limitations may apply.

**Extractions**

You pay 20% of covered services.

**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.

**Implants**

You pay 50% of covered services.

**Oral surgery**

You pay 20% of covered services for basic surgery and 50% of covered services for major surgery.

**Orthodontia* (adults and children)**

You pay 50% of covered services.

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* The coverage and lifetime maximum for implants and adult orthodontics apply only to those services that occurred/will occur on or after Jan. 1, 2018 — when this coverage and increase to the lifetime maximum went into effect. Treatments that began before this time will be subject to 2017 plan year terms and conditions.
Vision coverage

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

<table>
<thead>
<tr>
<th>Vision Coverage</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine vision exams</td>
<td>$10 copayment</td>
<td>Plan pays a reimbursement, up to $40.</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision lenses</td>
<td>Plan pays 100% of covered services, limited to standard uncoated plastic lenses.</td>
<td>Plan pays a reimbursement, up to $40.</td>
</tr>
<tr>
<td>Progressive lenses</td>
<td>$65 copayment for covered services for standard uncoated plastic lenses.</td>
<td>Plan pays a reimbursement, up to $60.</td>
</tr>
<tr>
<td>Premium progressive lenses</td>
<td>Tier 1: $85 copayment, tier 2: $95 copayment, tier 3: $110 copayment, tier 4: $65 copayment and 80% of charge, less $120 allowance</td>
<td>Plan pays a reimbursement, up to $60.</td>
</tr>
<tr>
<td>Frame allowance</td>
<td>Plan provides a $130 frame allowance, 20% discount thereafter.</td>
<td>Plan pays a reimbursement, up to $50.</td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard lens fit and follow-up</td>
<td>$0 copayment</td>
<td>Plan pays a reimbursement, up to $40.</td>
</tr>
<tr>
<td>Premium contact fit and follow-up</td>
<td>Plan provides up to a $55 allowance, 10% discount thereafter.</td>
<td>Not covered</td>
</tr>
<tr>
<td>Medically necessary prescription lenses</td>
<td>Plan pays 100% of covered services.</td>
<td>Plan pays a reimbursement, up to $210.</td>
</tr>
<tr>
<td>Elective prescription lenses</td>
<td>Plan provides a $125 allowance in lieu of eyeglasses, a 15% discount is applied to conventional contacts over the $125 allowance.</td>
<td>Plan provides a $125 allowance in lieu of eyeglasses.</td>
</tr>
</tbody>
</table>

**TIP**

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 or refer to the 2016 Summary Plan Description (SPD) and subsequent Summaries of Material Modifications (SMMs) on HR Connect > Benefits > Health > Medical plans > Resources.
Life and disability insurance can provide income protection for you and your family

For term definitions, view the 2016 SPD and subsequent SMMs, on HR Connect > Benefits > Health > Medical plans > Resources.

<table>
<thead>
<tr>
<th>Core coverage: Bank of America provides these insurance benefits automatically at no cost to you.</th>
<th>What it is</th>
<th>What it could provide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Associate life insurance</strong></td>
<td>Company-paid associate life insurance is provided by MetLife.</td>
<td>Annual base pay or Annual Benefits Base Rate (ABBR) x1</td>
</tr>
<tr>
<td><strong>Short- and long-term disability insurance</strong></td>
<td>Short-term disability benefits for up to 26 weeks from the date of your disability after you’ve worked one continuous year.</td>
<td>100% (weeks 2–9)/70% (up to an additional 17 weeks) weekly base pay¹ (or ABBR)</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>50% weekly base pay² (or ABBR) for full-time employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part-time employees may purchase LTD coverage during Annual Benefits Enrollment.</td>
</tr>
<tr>
<td><strong>Business travel accident insurance</strong></td>
<td>Financial protection in the event of a serious, covered accidental injury or death that occurs during business travel for the bank.</td>
<td>Annual base pay x5 up to a maximum of $3 million</td>
</tr>
<tr>
<td></td>
<td>Financial protection in the event of a family member’s serious, covered accidental injury or death while traveling with you on an authorized trip or relocation.</td>
<td>$150,000 for spouse or partner $50,000 for each child</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental coverage: You can elect to purchase these additional insurance benefits during Annual Benefits Enrollment.</th>
<th>What it is</th>
<th>What it could provide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Associate life insurance</strong></td>
<td>Supplemental life insurance coverage paid on post-tax basis. A statement of health may be required.</td>
<td>Eligible compensation³ x 1–8 up to a maximum of $3 million</td>
</tr>
<tr>
<td><strong>Dependent life insurance</strong></td>
<td>Assists with expenses if your spouse, partner, or child dies. You’ll choose your coverage level when you enroll. Paid on post-tax basis. A statement of health may be required.</td>
<td>$10,000 – $150,000 for spouse or partner $5,000 – $25,000 for each child</td>
</tr>
<tr>
<td><strong>Long-term disability</strong></td>
<td>Additional long-term disability coverage on top of the bank-provided coverage — up to a combined $360,000 a year. Paid on post-tax basis.</td>
<td>60% annual base pay² (or ABBR) 60% eligible compensation³ 50% annual base pay² for part-time employees</td>
</tr>
<tr>
<td><strong>Accidental death &amp; dismemberment insurance</strong></td>
<td>Additional financial protection in the event of a serious accidental injury or death. Paid on pretax basis.</td>
<td>Eligible compensation³ x 1–8 up to a maximum of $3 million</td>
</tr>
<tr>
<td><strong>Family accidental death &amp; dismemberment insurance</strong></td>
<td>Financial protection in the event of your spouse, partner or child’s serious accidental injury or death. Paid on pretax basis. Must have employee AD&amp;D coverage to elect.</td>
<td>60% of your coverage amount for spouse or partner, up to $600,000 20% of your coverage amount for each child, up to $50,000</td>
</tr>
</tbody>
</table>

¹ Or current compensation ² Or current compensation prior to the date your LTD benefit payments begin ³ Annual base pay + eligible bonus
### Prepaid Legal plans

**What we offer**
- Access a network of experienced attorneys, with most fees covered.
  - **Prepaid Legal Essential Coverage**: Provides access to some of the most frequently used legal services, such as will preparation, document review, powers of attorney, traffic ticket defense and more.
  - **Prepaid Legal Full Coverage**: Provides a complete and comprehensive package of fully covered legal services, including wills and estate planning, real estate matters, family law, consumer protection, debt matters, immigration assistance, traffic and criminal matters, document preparation and civil lawsuit defense.

**Who’s eligible**
- Active, U.S.-based, full- and part-time employees are eligible.
  - Employees scheduled to work less than 20 hours per week are not eligible.

**Actions you can take**
- You may only enroll in Prepaid Legal during your enrollment period and must remain in the plan for the full calendar year unless a qualified status change occurs.
- Depending on the plan, you can get advice on things like:
  - Wills
  - Real estate matters
  - Personal injury matters
  - Small claims
  - Family issues
  - Immigration matters

### Child Care Plus

**What we offer**
- Reimbursements of up to $240 per month, per child, for eligible child care expenses during your assigned work hours.

**Who’s eligible**
- Employees with a total household adjusted gross income (including that of their spouse or partner) of $100,000 or less with children under the age of 13 (or under age 21 if incapable of self-care), may be eligible.

**Actions you can take**
- Submit the required documentation* and, when a request for reimbursement is made, provide information on the child care provider.
- If you are eligible/remain eligible, you may enroll or re-enroll during your enrollment period or at any time during the year.

### Dependent Care Flexible Spending Account (Dependent Care FSA)

**What we offer**
- You can use pretax dollars to pay for eligible dependent care expenses, including:
  - Adult day care centers
  - Babysitters and nannies
  - Summer day camps
  - Child care centers
  - Before- and after-school programs
  - Sick and dependent care

**Who’s eligible**
- Employees without children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of himself or herself are eligible.

**Actions you can take**
- 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.

### Purchased time off (PTO)

**What we offer**
- You may purchase time off from work above your annual vacation allotment.
- You can pay for a minimum of four (whole) hours and a maximum of your weekly scheduled hours (up to 40).

**Who’s eligible**
- All U.S.-based employees who are scheduled to work at least 20 hours per week, except those in bands 0–3, commissioned employees or employees working in Puerto Rico, are eligible.

**Actions you can take**
- You must receive permission from your manager before you purchase time off.

* You will not need all of your documentation available when you enroll in Child Care Plus. However, expenses incurred before all required documents are received and approved will not be eligible for reimbursement.
Learn more

• To find more information about these and other employee benefits, visit HR Connect > Benefits or bankofamerica.com/employee > Benefits.

• To view important notes about the benefits offered in this guide — including information on eligibility — refer to the 2016 Summary Plan Description (SPD) and subsequent Summaries of Material Modifications (SMMs) on HR Connect > Benefits > Health > Medical plans > Resources. View important legal notices online.

Other helpful contact information

Medical plans
Aetna
aetna.com/bankofamerica
877.444.1012

Anthem
anthem.com/bankofamerica
844.412.2976

Kaiser Permanente*
kp.org
Please refer to the number on the back of your ID card.

UnitedHealthcare
welcometouhc.com/findmydoc
877.240.4075

Prescription coverage
CVS Health
caremark.com
800.701.5833
TTY: 800.231.4403

Vision
Aetna
eyemedvisioncare.com/bac
877.444.1012

Dental
Aetna*
aetna.com/bankofamerica
877.444.1012

MetLife
metlife.com/mybenefits
888.245.2920

Health care and dependent care accounts
Health Benefit Solutions
myhealth.bankofamerica.com
866.791.0254

Prepaid Legal
Hyatt Legal Plans
info.legalplans.com/bofa
800.821.6400

Child care information
Child Care Plus
My Benefits Resources
(mybenefitsresources.bankofamerica.com)
Global HR Service Center 800.556.6044

Additional questions
Global HR Service Center
My Benefits Resources
(mybenefitsresources.bankofamerica.com)
800.556.6044
Contact information for other programs can be found on HR Connect and on Employee Resources at Home bankofamerica.com/employee.

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


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