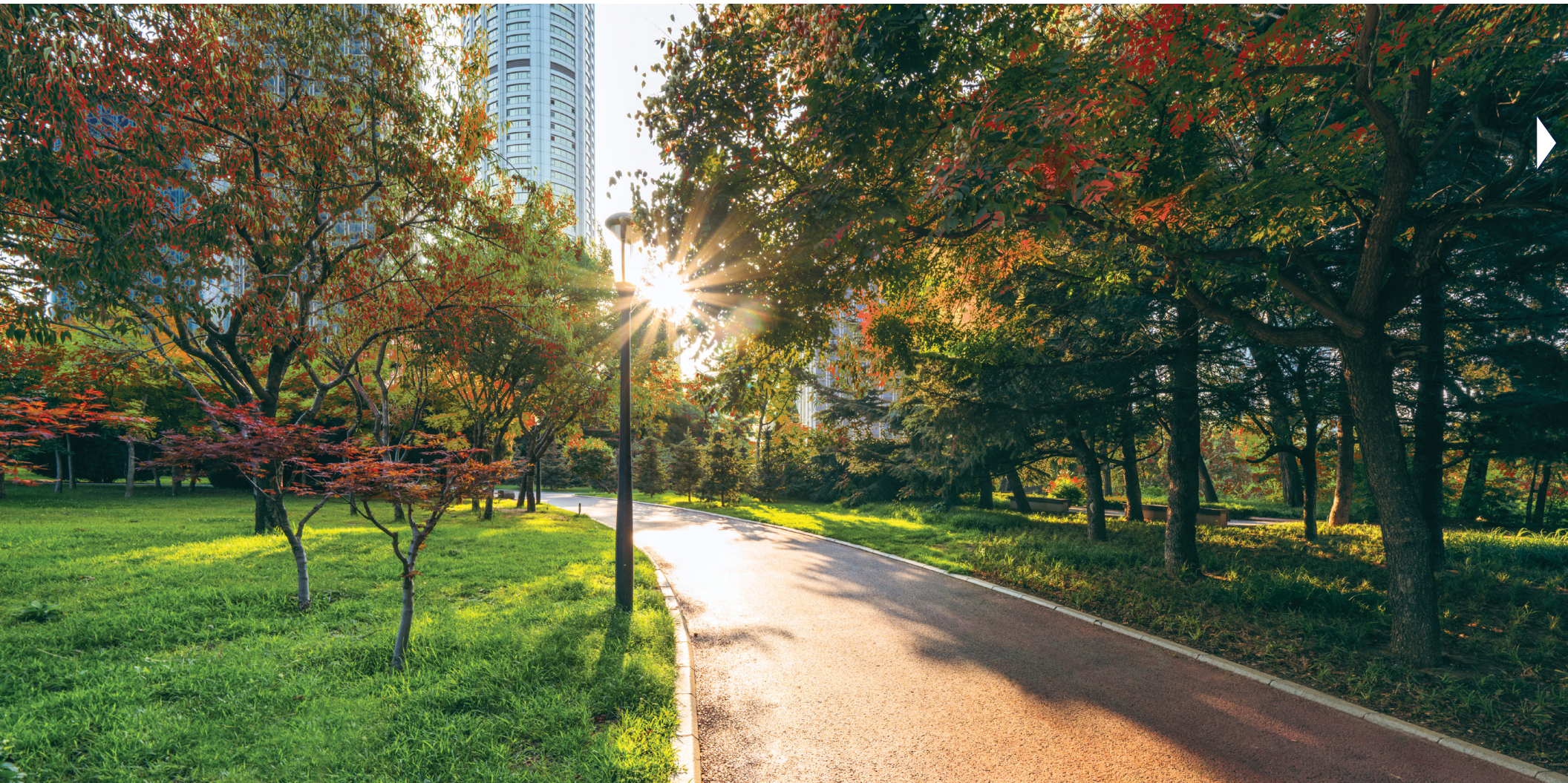
2022 U.S. ANNUAL BENEFITS ENROLLMENT

Your guide to wellness in the year ahead

BANK OF AMERICA



Make your 2022 health and insurance benefits elections Oct. 5–20

Enroll online:

1. From **Microsoft Edge**, **Google Chrome** or your preferred browser (Internet Explorer is no longer supported), log in to **My Benefits Resources** by:
   – Copying and pasting this **My Benefits Resources link** while you're on the bank's network
   – Using the **My Benefits Resources** link on **Flagscape** (**Essential links**)
   – Entering **mybenefitsresources.bankofamerica.com**

2. From the Home page, click **Enroll Now**.

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

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

Enroll by phone:

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

Representatives are available Monday through Friday, 8 a.m. to 8 p.m. Eastern (excluding certain holidays). Have your benefits elections ready. Once authenticated, say "Annual Benefits Enrollment." A representative will take your benefits elections and validate dependent information.

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: Use the **My Benefits Resources** link on **Flagscape** (**Essential links**) or enter **mybenefitsresources.bankofamerica.com** (remember to use a browser other than Internet Explorer)

How to make the most of Annual Benefits Enrollment

1. **Review your current coverage and carriers**. Log in to **My Benefits Resources** (**mybenefitsresources.bankofamerica.com**) to view your current benefits selections; then consider how your needs may have changed. Log in using Microsoft Edge, Google Chrome or another preferred browser that isn't Internet Explorer.

2. **Compare your 2022 medical plan options, premiums and estimated out-of-pocket costs** using the **Medical Expense Estimator** on **My Benefits Resources**. You may be able to save money in 2022 by selecting a new medical plan or carrier.

3. **Ensure that your doctors, labs and hospitals are in network**. Log in to **My Benefits Resources** and use the **Find Doctors and Facilities** link (available on the medical election page) and the **Find Dentists** link (available on the dental election page) to confirm.

4. **Take advantage of other helpful resources** on the Annual Benefits Enrollment pages of **HR Connect** or **Employee Resources at Home** (**bankofamerica.com/employee**).

5. **Select, change or re-confirm your insurance beneficiaries** at **My Benefits Resources** > **Health and Insurance** > **Beneficiaries** and Health Savings Account (HSA) beneficiaries on **Health Benefit Solutions** (**myhealth.bankofamerica.com**).

   It's also a great time to verify or update your 401(k), equity and/or long-term incentive plan beneficiaries on **Benefits OnLine®** (**benefits.ml.com**).

6. **Confirm or update your personal contact information** to ensure you receive all Annual Benefits Enrollment and other Bank of America health and insurance information. Visit **Workday** > **Personal information** > **Contact information**.

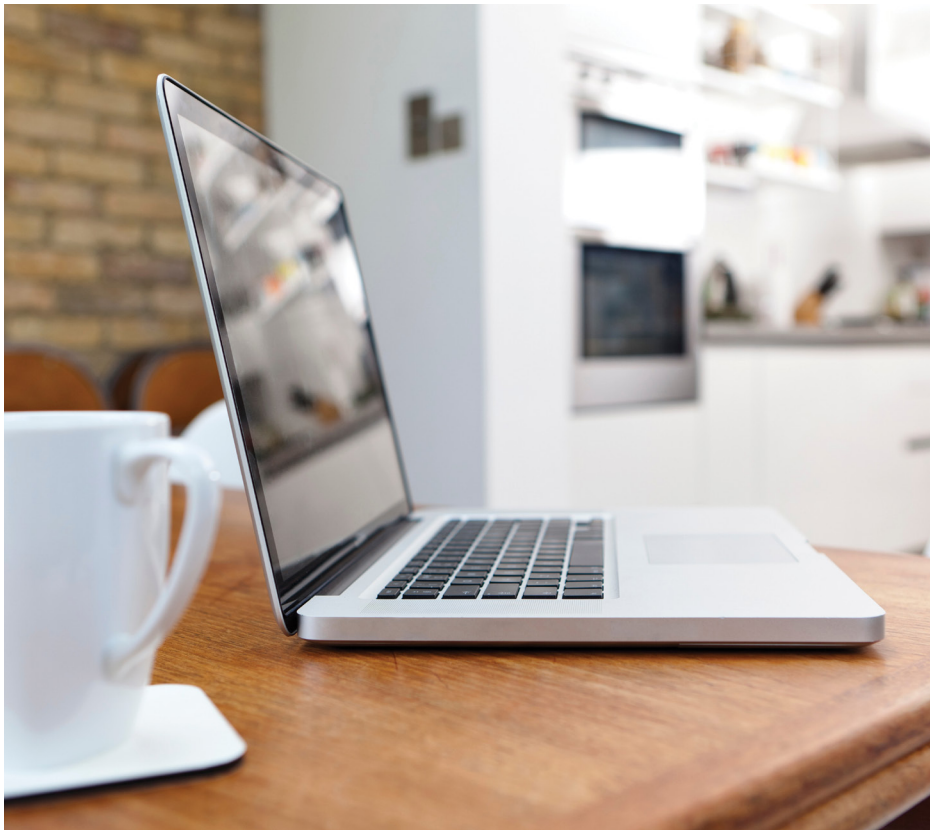
7. **Make your elections by Oct. 20, 2021.**

2022 Annual Benefits Enrollment is Oct. 5–20

It's time to make your 2022 health and insurance benefits elections

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

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



Important reminders

- The choices you make during Annual Benefits Enrollment will remain in effect for the entire 2022 calendar year unless you have a qualified status change — such as a marriage or divorce, or the 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 in order to make changes to your coverage during the plan year.** For example, enrollment in Parental Leave, or using the Family Planning Reimbursement Program or another related benefit, would not, in itself, be sufficient to allow you to add a new dependent to your coverage in 2022.
- If you don't make elections during Annual Benefits Enrollment, your current coverage will continue — as long as it's available and as long as you remain eligible — with the exception of purchased time off (PTO), which requires annual re-enrollment.
- 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 not completed, and the individual will be dropped from your health and insurance coverage if you don't provide all the required documentation by the deadline.
- If you and/or your 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 coverage. **Learn more** about your options and how enrollment in Medicare's prescription coverage might affect your current medical and prescription coverage.

✓ Things to consider when making your decisions

- Are your current carriers, plans and health care account(s) meeting your needs?
- Do you anticipate any changes in 2022 to your or your family's health and insurance needs?
- Will you need to change which family members are covered?
- Do you have a dependent who is turning age 26 in 2022? If so, their coverage under your plan will end at the close of their birthday month.

* Your 2022 PYCC is your annual base pay as of Dec. 31, 2020 (or date of hire, if later), plus any benefits-eligible cash incentives, such as most cash commission pay and any annual cash bonus, earned for 2020 and paid by June 30, 2021 (not including cash incentives, bonuses, relocation payments or similar compensation paid to employees from a non-U.S. payroll). If you are in an Annual Benefits Base Rate (ABBR) role, your ABBR is used as your PYCC.

2022 highlights

Plan premiums

You may experience an increase in your annual medical premium, depending on your pay tier and which medical plan or carrier you choose. Dental and vision plan premiums will not increase, and life and disability insurance premiums will not increase (unless your PYCC changes or you move into a new supplemental life insurance age bracket with an increased rate).

Voluntary wellness activities

Once again, you'll be able to complete wellness activities to gain insight into your health and keep a credit toward your annual medical plan premium (and an additional credit if your covered spouse or partner completes theirs as well). To keep your 2022 credit, complete the required activities on **mywellnessresources.com** by Feb. 28, 2022.

Prescription coverage

In 2022, most in-network generic and brand-name preventive prescription medications — including those for the treatment of conditions like diabetes, respiratory disorders and hypertension — will continue to be available at no cost for those enrolled in a U.S. bank medical plan with Aetna, Anthem, UnitedHealthcare and now Kaiser Permanente.

New for 2022: Most nonpreventive generic medications will also be available at no cost to Consumer Directed (CD) plan participants. For Consumer Directed High Deductible (CDHD) plan participants with Aetna, Anthem and UnitedHealthcare, nonpreventive generics will be covered at 100% after their deductible is met.

Also starting in 2022, those with maintenance prescription medications will be required to receive refills through their prescription administrators' mail order service. This change won't apply to Kaiser Permanente plan members.

Thinking of expanding your family in 2022?

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

You must also be enrolled in one of the bank's national medical plans — or Kaiser Permanente — to receive fertility treatment reimbursement,[2] one of the features of the **Family Planning Reimbursement program**. The program provides you with the flexibility to choose reimbursement for eligible adoption, fertility and/or surrogacy expenses, up to a collective $20,000 lifetime maximum over the course of your career at the bank.[3] **Due to U.S. tax laws, teammates in a bank Consumer Directed High Deductible plan must satisfy their full in-network deductible (as applicable) before receiving eligible fertility services/treatment or incurring eligible fertility expenses for which they would like reimbursement from this program.**

Learn more on **HR Connect** > **Benefits** > **Pregnancy, adoption, fertility & infancy support** or **Adoption, fertility & surrogacy reimbursement**.

[1] Kaiser Permanente members have access to similar resources through Kaiser.

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

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

Teladoc consults

Teladoc consults will continue to be available at no cost* in 2022 to most teammates and covered family members enrolled in a U.S. bank medical plan with Aetna, Anthem or UnitedHealthcare. If the U.S. CARES Act isn't renewed (it's currently set to expire Dec. 31, 2021), there will be a cost for CDHD plan participants until they meet their deductible.

Teladoc provides 24/7 access to board-certified doctors, including mental health specialists, by phone or online video for virtual care. Doctors of general medicine can provide a diagnosis, treatment and a prescription (when needed) for a range of minor health issues — from colds and allergies to rashes and migraines. You can also consult with psychiatrists, licensed psychologists or therapists on a wide variety of issues, such as stress, depression, family/marriage issues and eating disorders.

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

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

Medical plans

You have two medical choices to make during Annual Benefits Enrollment: 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. (**Kaiser Permanente** will continue to be offered as a carrier in select markets where it's currently an option. 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:

Consumer Directed Plan	Consumer Directed High Deductible Plan
• Highest premium costs	• Lowest premium costs
• Lowest deductible	• Highest deductible
• You may pay the negotiated rate for most services until you meet the deductible	• You pay the negotiated rate until you meet the deductible

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

To learn how deductibles and out-of-pocket maximums for employees with family coverage compare, go to **bankofamerica.com/employee**, click on the **2022 Annual Benefits Enrollment banner**, then select **Family coverage** under **Medical options & resources**.

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.

Terms to know

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

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

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

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

Note

The **tobacco-user rate** for medical coverage will remain the same for 2022 ($900 per year), and again, tobacco users and spouses or partners will have the opportunity to be eligible for the non-tobacco-user rate if they indicate they intend to quit in 2022 or complete the reasonable alternative standard form.

Compare medical plans

	Annual deductible	Coinsurance	Out-of-pocket maximum	Preventive services	Office visits	Prescription medication at retail *(30-day supply)*	Health care account(s) *(More details on pages 6 & 7)*
Consumer Directed Plan	In network, you pay up to **$1,200** per individual or **$2,400** per family. Out of network, you pay up to **$2,400** per individual or **$4,800** per family.	In network, you pay **20%**. Out of network, you pay **40%**.	In network, you will pay no more than **$3,500** per individual or **$7,000** per family. Out of network, you will pay no more than **$7,000** per individual or **$14,000** per family.	In network, you pay **$0**, according to government guidelines. Out of network, you pay the full negotiated rate until you meet the deductible, then you pay coinsurance.	In network, you pay a **$40** flat copayment for primary care visits. Specialists and out of network, you pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance.	In network, you pay **Preventive*: $0** **Nonpreventive:** Generic*: **$0** Preferred brand: **30%** coinsurance (**$100** max) Nonpreferred brand: **45%** coinsurance (**$150** max) Out of network, you pay **40%** coinsurance.	Health Reimbursement Arrangement **(HRA)** Health Flexible Spending Account **(Health FSA)**
Consumer Directed High Deductible Plan	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.	In network, you pay **20%**. Out of network, you pay **40%**.	In network, you will pay no more than **$4,000** employee only, **$7,350** per individual or up to **$8,000** per family. Out of network, you will pay no more than **$8,000** employee only or **$16,000** per family.	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.	You pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance for primary care and specialist visits.	In network, you pay **Preventive*: $0** **Nonpreventive:** The full negotiated price until you meet your deductible, then: Generic*: **$0** Brand: **20%** coinsurance Out-of-network, you pay **40%** coinsurance after you meet your deductible.	Health Savings Account **(HSA)** Limited Purpose Flexible Spending Account **(Limited Purpose FSA)**

Filling your prescriptions

If you elect Aetna or Anthem as your medical carrier for 2022, your prescription administrator will be CVS Health (Caremark). If you elect UnitedHealthcare (UHC), your prescription administrator will be UHC/OptumRx. Both provide access to most national pharmacy chains for non-maintenance prescription medications. **Starting in 2022, you'll need to refill any maintenance prescription medications through your prescription administrators' mail order service.** This change won't apply to Kaiser Permanente plan members.

In the greater Phoenix or Tucson area?

If you live in the greater Phoenix or Tucson regions of Arizona and enroll in an Aetna medical plan for 2022, you will receive coverage from a medical network provided by Banner|Aetna. With the exception of emergencies, Banner|Aetna will only cover health care services received from in-network providers, which in the greater Phoenix and Tucson regions are only Banner|Aetna providers. For more information, visit **aetna.com/bankofamerica** or call Aetna at **866.676.7362**.

* Most in-network preventive prescription medications — both brand-name and generic — are available at no cost. In 2022, most in-network, generic **nonpreventive** prescription medications will also be available at no cost for those in a CD Plan, and for those in a CDHD plan (except for Kaiser Permanente members) after they meet their deductible. Once enrolled in a medical plan, you can visit your prescription administrator's website, at **caremark.com** or **myuhc.com**, to confirm whether there's a cost before filling prescriptions.

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. (To find your 2022 PYCC, log in to **My Benefits Resources** and click the person icon on the top right of the page to view **My Profile** > **Personal Information** > **Personal Details**.)

If you contributed to a health care account in 2021, that election and any contribution election will carry over to 2022, unless you elect a different health care account or a medical plan for which your current health care account is not available. Note: If you elected to contribute more than $5,000 to a Dependent Care Flexible spending account in 2021, your election will default to $5,000 for 2022.

If you remain eligible, any HSA or Health Reimbursement Arrangement (HRA) account contributions you receive from the bank in 2022 will not change during the year, even if you have a qualified status change during the year that changes the number of people you cover under your medical plan.

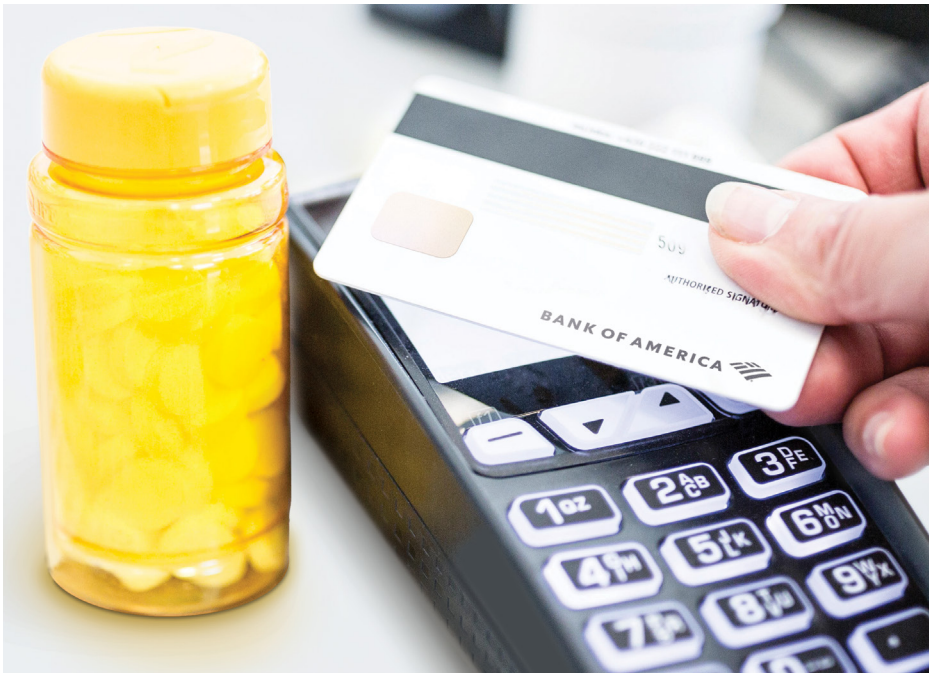
If you decline coverage during Annual Benefits Enrollment, but need to enroll following a qualified status change, you may be eligible for prorated health care account contributions from the bank.

Tip

If you elect 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 will be eligible for reimbursement from the HRA.

Note

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



Using the Medical Expense Estimator tool

Be sure to use the **Medical Expense Estimator** on **My Benefits Resources** to compare your 2022 medical plan options, premiums and estimated out-of-pocket costs across plans and carriers. And don't forget to log in to **My Benefits Resources** using Microsoft Edge, Google Chrome or another preferred browser that is not Internet Explorer. Copy and paste this **My Benefits Resources link** while you're on the bank's network, or enter **mybenefitsresources.bankofamerica.com**.

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

Compare the health care account options available to you based on your medical plan

	Health Flexible Spending Account (FSA)	Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	Limited Purpose FSA Only available if you also elect an HSA
Which plan(s) is this account available with?	Consumer Directed Plan Or even if you're not enrolled in a bank medical plan	Consumer Directed Plan With the Consumer Directed Plan, an FSA and an HRA account can be paired. You add pre-tax money from your paycheck to the FSA, and the bank contributes to the HRA.	Consumer Directed High Deductible Plan With the Consumer Directed High Deductible Plan, an HSA and a Limited Purpose FSA can be paired to save for future health care expenses while paying for eligible dental and vision care today.	Consumer Directed High Deductible Plan
What would I use this account for?	For any eligible health care expense **View list** of eligible expenses.	For any eligible health care expense **View list** of eligible expenses.	For any eligible health care expense and to save for health care expenses in retirement **View list** of eligible expenses..	Only for eligible dental and vision expenses
What is the maximum I can contribute for 2022?	**$2,750** The IRS pretax contribution limit	Employee contributions may not be made to an HRA.	**$3,650** Employee-only coverage **$7,300** Family coverage If you'll be at least 55 years old in 2022, you can make an additional $1,000 catch-up contribution.	**$2,750** The IRS pretax contribution limit
How much will the company contribute?	The bank does not contribute to this account.	**If your PYCC is:** $100K to less than $250K Employee only **$300** Employee plus spouse/partner OR plus child(ren) **$450** Family **$600**	**If your PYCC is:** $100K to less than $250K Employee only **$300** Employee plus spouse/partner OR plus child(ren) **$450** Family **$600** In the HSA, these amounts count toward the IRS maximum.	The bank does not contribute to this account.
When are the funds available?	Your entire contribution amount is available at the beginning of the year, or when your coverage begins.	The bank's entire contribution is available at the beginning of the year, or when your coverage begins.	The bank's contribution is available at the beginning of the year, or when your coverage begins. Your contributions build over time with each paycheck. Balances over $1,000 can be invested.	Your entire contribution amount is available at the beginning of the year, or when your coverage begins.
What happens if there's money left in my account at the end of the year?	Up to $550 in unused funds will automatically roll over to your 2023 account.	All unused funds roll over from one year to the next and remain available, as long as you stay enrolled in a plan that works with an HRA.	All unused funds will roll over from one year to the next.	Up to $550 in unused funds will roll over automatically to your 2023 account.
What happens if I leave the company or retire?	Coverage ends, but you can submit claims for eligible expenses incurred while an active employee. Or, if you elect COBRA and pay applicable premiums, coverage is extended through the end of the plan year.	When you leave, any balance will be forfeited unless you've met the Rule of 60 (at least 10 years of vesting service, and that number plus your age equals at least 60).	You can take HSA funds with you when you leave the bank or retire.	Coverage ends, but you can submit claims for eligible expenses incurred while an active employee. Or, if you elect COBRA and pay applicable premiums, coverage is extended through the end of the plan year.

Dental plans

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

In select markets, the Aetna Dental DMO Plan is also available. If you choose this plan, your primary care dentist must be in the Aetna DMO network in order for you to receive any coverage. Visit **aetna.com/bankofamerica** to see if your dentist is in the network. If you plan to go to a new dentist in 2022, be sure that he or she is in network and accepting new DMO patients before you elect this dental plan.

MetLife 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.

	MetLife Dental PPO (in network)	**Aetna DMO** (select markets, in network)
General dental expenses	Annual deductible: **$50** Individual, **$150** Family The deductible is waived for preventive/diagnostic care and applies to basic and major expenses. Annual maximum coverage per person (excludes orthodontia and preventive care services): **$2,000** Lifetime maximum for orthodontia (children starting treatment before age 20 and covered adults): **$2,000** Office visit copayment: None	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
Preventive care	Exams: Plan pays **100%** of covered services; services do not count toward annual maximum. Limited to two routine visits and two problem-focused visits per calendar year. Cleaning: Plan pays **100%** of covered services; services do not count toward annual maximum. Limited to two visits per calendar year. Dental X-rays: Plan pays **100%** of covered X-rays; services do not count toward annual maximum. Limited to one set of full mouth series every five years, and two sets of bitewing X-rays per calendar year for children and one set per calendar year for adults.	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.
Services	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. Oral surgery: You pay **20%** of covered services. Crowns, dentures and bridges: You pay **50%** of covered services; each individual service is limited to one time, per person, every seven years. Implants: You pay **50%** of covered services. Orthodontia (adults and children): You pay **50%** of covered services.	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; uncomplicated, non-bony impactions. Oral surgery: You pay **20%** of covered services for basic surgery; **50%** of covered major surgery. 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. Orthodontia (adults and children): You pay **50%** of covered services.

Vision plan

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

Download the app

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

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**.

	In network	Out of network
Routine vision exams (once per calendar year)	**$10** copayment	Plan pays a reimbursement, up to **$40**.
Eyeglasses		
Single vision lenses (once per calendar year)	Plan pays **100%** of covered services, limited to standard uncoated plastic lenses.	Plan pays a reimbursement, up to **$40**.
Progressive lenses (once per calendar year)	**$65** copayment for covered services for standard uncoated plastic lenses.	Plan pays a reimbursement, up to **$60**.
Premium progressive lenses (once per calendar year)	Tier 1: **$85** copayment Tier 2: **$95** copayment Tier 3: **$110** copayment Tier 4: **$65** copayment and **80%** of charge, less **$120** allowance	Plan pays a reimbursement, up to **$60**.
Frame allowance (once every other calendar year)	Plan provides a **$130** frame allowance, **20%** discount thereafter.	Plan pays a reimbursement, up to **$50**.
Contact lenses		
Standard lens fit and follow-up (once per calendar year)	**$0** copayment	Plan pays a reimbursement, up to **$40**.
Premium contact fit and follow-up (once per calendar year)	Plan provides up to a **$55** allowance, **10%** discount thereafter.	Not covered
Medically necessary prescription lenses for specific eye conditions that would prohibit the use of glasses (once per calendar year; prior approval is needed)	Plan pays **100%** of covered services.	Plan pays a reimbursement, up to **$210**.
Elective prescription lenses (once per calendar year)	Plan provides a **$125** allowance in lieu of eyeglasses; a **15%** discount is applied to conventional contacts over the **$125** allowance.	Plan provides a **$125** allowance in lieu of eyeglasses.

Life and disability insurance

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

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

	Associate life insurance	Short-term disability insurance	Long-term disability insurance	Business travel accident insurance	
What it is	Company-paid associate life insurance provided by MetLife	Short-term disability benefits for up to 26 weeks from the date of your disability after you've worked one continuous year	Long-term disability benefits if you are unable to work for an extended period of time due to a qualifying disability as a result of a medical condition or illness, or as a result of an accidental injury	Financial protection in the event of a serious, covered accidental injury or death that occurs while traveling on business for the bank	Financial protection covering family members who travel with you on an authorized trip or relocation
What it could provide	**Annual base pay or Annual Benefits Base Rate (ABBR) x 1** (or the option of $50,000, if your annual base pay or ABBR is greater than $50,000, to avoid imputed income tax), up to a maximum of $2 million	**100% weekly base pay**[1] **(or ABBR)** (weeks 2–9) **70% weekly base pay**[1] **(or ABBR)** (up to an additional 17 weeks)	**50% weekly base pay**[2] **(or ABBR)** for full-time employees Part-time employees may purchase LTD coverage during Annual Benefits Enrollment.	**Annual base pay x 5** up to a maximum of $3 million	**$150,000** spouse or partner **$50,000** each child

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

	Associate life insurance	Dependent life insurance	Long-term disability insurance	Accidental death & dismemberment insurance	Family accidental death & dismemberment insurance
What it is	Supplemental life insurance coverage paid on a post-tax basis. A statement of health may be required.	Assists with expenses if your spouse, partner or child dies. You'll choose your coverage level when you enroll. Paid on a post-tax basis. A statement of health may be required.	Additional long-term disability coverage on top of the bank-provided coverage — up to a combined $360,000 a year. Paid on a post-tax basis.	Additional financial protection in the event of a serious accidental injury or death. Paid on a pretax basis.	Financial protection in the event of your spouse, partner or child's serious accidental injury or death. Paid on a pretax basis. Must have employee AD&D coverage to elect.
What it could provide	**Eligible compensation**[3] **x 1–8** up to a maximum of $3 million	**$10,000 – $150,000** spouse or partner **$5,000 – $25,000** each child	**60% annual base pay**[2] **(or ABBR)** **60% eligible compensation**[3] **50% annual base pay**[2] for part-time employees	**Eligible compensation**[3] **x 1–8** up to a maximum of $3 million	**60% of your coverage amount** spouse or partner up to $600,000 **20% of your coverage amount** each child up to $50,000

[1] Or current compensation
[2] Or current compensation prior to the date your LTD benefit payments begin
[3] Annual base pay + eligible bonus (or ABBR)

Other benefits options you can elect during Annual Benefits Enrollment

	Prepaid Legal plans	Dependent Care Flexible Spending Account (Dependent Care FSA)	Purchased Time Off (PTO)
What we offer	• **Prepaid Legal Essential Coverage:** Provides access to advice and counsel for common legal services like consumer protection, debt matters, document preparation, family law, real estate matters, traffic and criminal matters, estate planning and civil lawsuits • **Prepaid Legal Full Coverage:** Provides a complete and comprehensive package of fully covered legal services — including all of the services covered by the Essential plan, plus those for adoption, divorce, immigration, and small claims matters, additional real estate matters, tax audits and more To learn more about each of these plans — including what services are covered and any exclusions — visit **info.legalplans.com/bofa**.	• You can use pretax dollars to pay for eligible dependent care expenses, including: – Adult day care centers – Babysitters and nannies – Summer day camps – Before- and after-school programs – Child day care • You can use this account for dependent care expenses incurred so you can work, or so your spouse or partner can attend school full time. If your spouse or partner stays home full time, you are not eligible for the tax benefit. • **This account cannot be used to pay for the health care expenses of your dependent(s).** See pages 6 and 7 to view information about health care accounts.	• 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	• Active, U.S.-based, full- and part-time employees — including those in Puerto Rico, Guam and the U.S. Virgin Islands — are eligible. • Employees scheduled to work less than 20 hours per week are not eligible.	• Employees with a child(ren) 12 years or younger, a dependent(s) under IRS rules, and/or a dependent(s) who is mentally or physically incapable of self care are eligible. • Employees in New Jersey and Pennsylvania can't make pretax contributions, per state regulations. • Employees in Puerto Rico, Guam and the U.S. Virgin Islands are not eligible. • Employees scheduled to work less than 20 hours per week are not eligible.	All U.S.-based employees who are scheduled to work at least 20 hours per week, except our most senior leaders, commissioned employees and employees working in Puerto Rico, are eligible.
Actions you can take	You are only able to enroll in Prepaid Legal during Annual Benefits Enrollment and must remain in the plan for the full calendar year unless a qualified status change occurs.	• **Contribute up to $5,000 per year to the account (or $2,500 if you are married and filing separate tax returns).** • Use your Benefit Spending Account debit card to pay for eligible dependent care expenses at time of service. Or opt to pay out-of-pocket and submit receipts online, via the Bank of America Health Benefit Solutions Online Portal, for reimbursement. Either way, remember to keep your receipts in case expense verification is needed later. • Note that any dependent care assistance — including employee and bank contributions to the Dependent Care FSA and the bank's portion of the cost of care for the Back-Up Care program — that exceeds $5,000 a year will be reported as taxable income.	• **You must receive permission from your manager before you purchase time off.** Otherwise, your purchased time off may be canceled. • If you purchased time off for 2021, your election will not continue into 2022 automatically. You'll need to make a new PTO election for 2022.

Resources and contacts

Learn more

- To find **more information** about these and other employee benefits, visit **HR Connect** > **Benefits** or **bankofamerica.com/employee** > **Benefits**.
- To compare your 2022 medical plan options, premiums and estimated out-of-pocket costs, use the **Medical Expense Estimator** found on **My Benefits Resources**. (See site and log in details in the Global HR Service Center contact information below.)
- To view **important notes** about the benefits offered in this guide — including information on eligibility — refer to the *2021 Bank of America Health & Insurance Summary Plan Description* (2021 H&I SPD) on **HR Connect** > **Benefits** > **Health** > **Medical plans** > **Resources**. View **important legal notices** online.

The Benefits Education & Planning Center (BEPC) can help

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

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
whyuhc.com/findmydoc
877.240.4075

Prescription coverage

Aetna and Anthem plans:
CVS Health
caremark.com
800.701.5833
TTY: 800.231.4403

UnitedHealthcare plans:
UHC/OptumRx
whyuhc.com/findmydoc
877.240.4075

Dental

Aetna*
aetna.com/bankofamerica
877.444.1012

MetLife
metlife.com/mybenefits
888.245.2920

Vision

Aetna
member.eyemedvisioncare.com/bac
877.444.1012

Health care and dependent care accounts

Health Benefit Solutions
myhealth.bankofamerica.com
866.791.0254

Prepaid Legal

MetLife Legal Plans
info.legalplans.com/bofa
800.821.6400

Additional questions?

Global HR Service Center
My Benefits Resources
Log in to the site using a browser other than Internet Explorer. Copy and paste this My Benefits Resources link while you're on the bank's network, or enter mybenefitsresources.bankofamerica.com.

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

Contact information for other programs can be found on:
HR Connect
hrconnect.bankofamerica.com

Employee Resources at Home
bankofamerica.com/employee

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