



2023 U.S. BENEFITS ENROLLMENT GUIDE

Get to know your Bank of America health and insurance benefits



It's time to make your 2023 health and insurance benefits elections

At Bank of America, we believe that employees are the foundation of our success, and we offer a variety of health and insurance benefits to meet your needs

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.

This enrollment guide is for employees earning less than \$100,000 in Performance Year Cash Compensation (PYCC)* and 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, and that we're focused on helping you learn more about your health and save money in the long run.



* 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, 2022, your PYCC for 2023 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, 2022:

- 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.

If you're in an Annual Benefits Base Rate (ABBR) role, your ABBR is used as your PYCC.

How to choose your health and insurance benefits

- ✓ **Evaluate your benefits options**
Use this guide to review your coverage and carrier options.
- ✓ **Compare your 2023 health care costs**
Use the **Medical Expense Estimator** on **My Benefits Resources** (mybenefitsresources.bankofamerica.com) to compare your medical plan options and determine out-of-pocket costs.
- ✓ **Ensure that your doctors, labs and hospitals are in network**
Log in to **My Benefits Resources**, select **Health & Insurance > Take Action > Find a Doctor or Dentist**, and do a search.
- ✓ **Take advantage of other helpful resources**
Visit the Benefits pages of **HR Connect** while on the bank network. Teammates and family members can visit **Employee Resources at Home** (bankofamerica.com/employee) on a personal device.
- ✓ **Select your beneficiaries**
For your insurance beneficiaries, log in to **My Benefits Resources > Health & Insurance > Coverage Details > Beneficiaries** and for your Health Savings Account (HSA) beneficiaries, log in to **Health Benefit Solutions** (myhealth.bankofamerica.com).
It's also a great time to designate your 401(k), equity and/or long-term incentive plan beneficiaries on **Benefits OnLine®** (benefits.ml.com).
- ✓ **Make your elections by your enrollment deadline**
Enroll online or by phone — see page 2 for details.

Please note

- The choices you make during your enrollment period will remain in effect for the entire 2023 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 2023.
- 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 2023.
- 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. Note that 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.

For quick reference:

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

Make your 2023 health and insurance benefits elections

Enroll online:

- 1 Log in to **My Benefits Resources** either by:
 - Using the [My Benefits Resources](#) link on **Flagscape (Essential links)**
 - Entering mybenefitsresources.bankofamerica.com
- 2 From the Home page, 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 "Health and Insurance." A representative will take your benefits elections and validate dependent information.

Things to consider when making your decisions

Here are just some of the things you may want to ask yourself as you prepare to make your elections for 2023:

- Which carriers, plans and health care account(s) will best meet your needs?
- What health and medical needs do you anticipate for you and your family in 2023?
- Which family members will you cover?
- Do you have a dependent who is turning age 26 in 2023? If so, any coverage under your plan will end at the close of their birthday month (although COBRA continuation coverage may be available).
- Are you interested in enrolling in other benefits available for election during your enrollment period? (See page 13 for details.)

Save money and learn more about your health

If you complete the bank's wellness activities, you can 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). If your medical plan coverage begins after Jan. 1, we'll prorate the credit based on when your 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](#).

It pays to stay in network!

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

Using the Medical Expense Estimator tool

Use the **Medical Expense Estimator** on [My Benefits Resources](https://mybenefitsresources.com) to compare your 2023 medical plan options, premiums and estimated out-of-pocket costs across plans and carriers.



Benefits that work for your life

If you enroll in one of our U.S. national medical plans — through Aetna, Anthem or UnitedHealthcare — you'll also have access to additional benefits to support your physical, emotional and financial wellness.

Teladoc® consults

If you elect a bank national medical plan for 2023, you'll have access to Teladoc, which provides 24/7 access to board-certified doctors, including mental health specialists and primary care physicians (PCPs), by phone or online video for virtual care.¹

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

Teladoc consults will be available at no cost in 2023 to most eligible teammates and covered family members. If the current applicable federal law isn't renewed (it's currently set to expire Dec. 31, 2022), there will be a cost for Consumer Directed High Deductible (CDHD) plan participants for any nonpreventive consultations until they meet their deductible.

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

¹ Teladoc 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.

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



Thinking of expanding your family in 2023?

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.**

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.

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:

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

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

Learn how deductibles and out-of-pocket maximums for employees with family coverage compare.

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

If you enroll in an Aetna medical plan for 2023, you'll receive coverage from a medical network provided by **Texas Health Aetna** if you live in the greater **Dallas, TX**, region; **Aetna's Baptist Health & St. Vincent's HealthCare** if you live in the greater **Jacksonville, FL**, region; or **Banner|Aetna** if you live in the **Phoenix** or **Tucson, AZ**, regions.*

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

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

- Banner|Aetna: **866.676.7362**
- Texas Health Aetna: **833.383.2659**
- Aetna's Baptist Health & St. Vincent's HealthCare: **833.383.2660**

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

Insurance terms you should know

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

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

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

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

Are you a tobacco user?

The **tobacco-user rate** for medical coverage is \$75 per month. Tobacco users and covered spouses or partners are eligible for the non-tobacco-user rate if they indicate they intend to quit in 2023 or complete the reasonable alternative standard form.

Compare medical plans

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

Filling your prescriptions

If you elect Aetna or Anthem as your medical carrier for 2023, 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. A few things to note:

- Most in-network preventive prescription medications — both brand-name and generic — are available at no cost.
- Most in-network, generic nonpreventive prescription medications are also available at no cost for those in a PPO or CD plan, and for those in a CDHD plan or Kaiser Permanente plan in CA, CO, GA, Mid-Atlantic, Northwest or WA after they meet their deductible.
- Once enrolled in a medical plan, you can visit your prescription administrator's website, at [caremark.com](https://www.caremark.com) or [myuhc.com](https://www.myuhc.com), to confirm whether there's a cost before filling prescriptions.
- Any maintenance prescription medications will need to be filled through your prescription administrators' mail order service. Otherwise your prescription may not be covered under the plan.

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 2023 PYCC, log in to [My Benefits Resources](#) and click the person icon on the top right of the page to view **My Profile > Personal Information > Personal Details**.)

If you remain eligible, any health care account contributions you receive from the bank in 2023 will not change during the year, even if you have a qualified status change that changes the number of people you cover under your medical plan.

If you decline coverage during 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.

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

A Consumer Directed medical plan with an HRA

If you elect a Consumer Directed medical plan with the Health Reimbursement Arrangement (HRA), note 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.

Medicare and an existing HSA balance

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



Compare health care account options

	Health Flexible Spending Account (FSA)	Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	Limited Purpose FSA <small>Only available if you also elect an HSA</small>												
Which plan(s) is this account available with?	Comprehensive PPO Plan Consumer Directed Plan Or even if you're not enrolled in a bank medical plan	Consumer Directed Plan With the Consumer Directed Plan, an FSA and an HRA account can be paired. You add pretax money from your paycheck to the FSA, and the bank contributes to the HRA.	Consumer Directed High Deductible Plan With the Consumer Directed High Deductible Plan, an HSA and a Limited Purpose FSA can be paired to save for future health care expenses while paying for eligible dental and vision care today.	Consumer Directed High Deductible Plan												
What would I use this account for?	For any eligible health care expense  View list of eligible expenses.	For any eligible health care expense  View list of eligible expenses.	For any eligible health care expense and to save for health care expenses in retirement  View list of eligible expenses.	Only for eligible dental and vision expenses 												
What is the maximum I can contribute for 2023?	 \$2,850 The IRS pretax contribution limit	Employee contributions may not be made to an HRA.	\$3,850 Employee-only coverage \$7,750 Family coverage If you'll be at least 55 years old in 2023, you can make an additional \$1,000 catch-up contribution.	 \$2,850 The IRS pretax contribution limit												
How much will the company contribute?	The bank does not contribute to this account.	<p style="text-align: center;">If your PYCC is:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="background-color: #333; color: white;">Less than \$50K</th> <th style="background-color: #333; color: white;">\$50K to less than \$100K</th> </tr> </thead> <tbody> <tr> <td>Employee only </td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$400</td> </tr> <tr> <td>Employee plus spouse/partner OR plus child(ren) </td> <td style="text-align: center;">\$750</td> <td style="text-align: center;">\$600</td> </tr> <tr> <td>Family </td> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">\$800</td> </tr> </tbody> </table> <p><small>In the HSA, these amounts count toward the IRS maximum.</small></p>			Less than \$50K	\$50K to less than \$100K	Employee only 	\$500	\$400	Employee plus spouse/partner OR plus child(ren) 	\$750	\$600	Family 	\$1,000	\$800	The bank does not contribute to this account.
	Less than \$50K	\$50K to less than \$100K														
Employee only 	\$500	\$400														
Employee plus spouse/partner OR plus child(ren) 	\$750	\$600														
Family 	\$1,000	\$800														
When are the funds available?	Your entire contribution amount is available at the beginning of the year, or when your coverage begins.	The bank's entire contribution is available at the beginning of the year, or when your coverage begins.	The bank's contribution is available at the beginning of the year, or when your coverage begins. Your contributions build over time with each paycheck. Balances over \$1,000 can be invested.	Your entire contribution amount is available at the beginning of the year, or when your coverage begins.												
What happens if there's money left in my account at the end of the year?	Up to \$570 in unused funds will roll over automatically to your 2024 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 \$570 in unused funds will roll over automatically to your 2024 account.												
What happens if I leave the company or retire?	Coverage ends, but you can submit claims for eligible expenses incurred while an active employee. Or, if you elect COBRA and pay applicable premiums, coverage is extended through the end of the plan year.	When you leave, any balance will be forfeited unless you've met the Rule of 60 (at least 10 years of vesting service, and that number plus your age equals at least 60).	You can take HSA funds with you when you leave the bank or retire.	Coverage ends, but you can submit claims for eligible expenses incurred while an active employee. Or, if you elect COBRA and pay applicable premiums, coverage is extended through the end of the plan year.												

Dental plans

MetLife is the carrier for our dental PPO plan. Visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) to see if your dentist is in network 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](https://www.aetna.com/bankofamerica) to see if your dentist is in network.

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

Vision plans

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



Download the app

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

The Aetna Vision Discount Program

Those who elect Aetna as their medical carrier will 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 pay¹ (or ABBR) (weeks 2–9) 70% weekly base pay¹ (or ABBR) (up to an additional 17 weeks)	50% weekly base pay² (or ABBR) for full-time employees Part-time employees may purchase LTD coverage during your enrollment period.	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 your enrollment period.

	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 maximum of \$360,000 a year. ⁴ 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 compensation³ x 1–8 up to a maximum of \$3 million	\$10,000 – \$150,000 spouse or partner \$5,000 – \$25,000 each child	60% annual base pay² (or ABBR) 60% eligible compensation³ 50% annual base pay² for part-time employees	Eligible compensation³ x 1–8 up to a maximum of \$3 million	60% of your coverage amount spouse or partner up to \$600,000 20% of your coverage amount each child up to \$50,000

¹ Or current compensation

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

³ Annual base pay + eligible bonus (or ABBR)

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

Other benefit options you can elect during your enrollment period

	Prepaid Legal plans	Child Care Plus®	Dependent Care Flexible Spending Account (Dependent Care FSA)	Purchased Time Off (PTO)
What we offer	<ul style="list-style-type: none"> • Prepaid Legal Essential Coverage: Provides access to advice and counsel for common legal services like consumer protection, debt matters, document preparation, family law, real estate matters, traffic and criminal matters, estate planning and civil lawsuits • Prepaid Legal Full Coverage: Provides a complete and comprehensive package of fully covered legal services — including all of the services covered by the Essential plan, plus those for adoption, divorce, immigration, and small claims matters, additional real estate matters, tax audits and more <p>To learn more about each of these plans — including what services are covered and any exclusions — visit info.legalplans.com/bofa.</p>	<p>Childcare reimbursement up to \$275 per month, per eligible child. For active, full- or part-time employees based in the U.S. or Puerto Rico who require childcare for their eligible dependents during their normal Bank of America work schedule. (Childcare for other reasons cannot be reimbursed.)</p>	<ul style="list-style-type: none"> • You can use pretax dollars to pay for eligible dependent care expenses, including: <ul style="list-style-type: none"> – Adult day care centers – Babysitters and nannies – Summer day camps – Before- and after-school programs – Child day care • You can use this account for dependent care expenses incurred so you can work, or so your spouse or partner can attend school full time. If your spouse or partner stays home full time, you are not eligible for the tax benefit. • This account cannot be used to pay for the health care expenses of your dependent(s). See pages 7 and 8 to view information about health care accounts. 	<ul style="list-style-type: none"> • You may purchase time off from work above your annual vacation allotment. • You can pay for a minimum of four (whole) hours and a maximum of your weekly scheduled hours (up to 40).
Who's eligible	<ul style="list-style-type: none"> • 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. 	<p>An employee is eligible if:</p> <ul style="list-style-type: none"> • They earn less than \$100,000 in Performance Year Cash Compensation (PYCC). • They have a child who is 12 years or younger (or 20 years or younger if incapable of self-care) and is living with them for more than half the calendar year, and they are responsible for childcare costs for that child. • They or their spouse or partner claim that child as a dependent on their federal income tax return. 	<ul style="list-style-type: none"> • Employees with a child(ren) 12 years or younger, a dependent(s) under IRS rules, and/or a dependent(s) who is mentally or physically incapable of self care are eligible. • Employees in New Jersey and Pennsylvania can't make pretax contributions, per state regulations. • Employees in Puerto Rico, Guam and the U.S. Virgin Islands are not eligible. • Employees scheduled to work less than 20 hours per week are not eligible. 	<p>All U.S.-based employees who are scheduled to work at least 20 hours per week, except our most senior leaders, commissioned employees and employees working in Puerto Rico, are eligible.</p>
Actions you can take	<p>You are only able to 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.</p>	<p>Enroll during your enrollment period or at any time during the year. Your childcare expenses are eligible for reimbursement the first of the month in which all your required documentation is approved and enrollment is complete.</p>	<ul style="list-style-type: none"> • Contribute up to \$5,000 per year to the account (or \$2,500 if you are married and filing separate tax returns). • Use your Benefit Spending Account debit card to pay for eligible dependent care expenses at time of service. Or opt to pay out-of-pocket and submit receipts online, via the Bank of America Health Benefit Solutions Online Portal, for reimbursement. Either way, remember to keep your receipts in case expense verification is needed later. • Note that any dependent care assistance — including employee and bank contributions to the Dependent Care FSA, Child Care Plus reimbursements and the bank's portion of the cost of care for the Back-Up Care program — that exceeds \$5,000 a year will be reported as taxable income. 	<p>You must receive permission from your manager before you purchase time off. Otherwise, your purchased time off may be canceled.</p>

Other health and wellness benefits you can take advantage of now

These aren't benefits you'll need to elect during your enrollment period, but they're some of the other benefits Bank of America offers in support of your health and wellness.

Counseling sessions through the Employee Assistance Program (EAP)

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

MSK Direct cancer support program

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

Discounted pet insurance

You — and your friends or family — can sign up for pet insurance at a special discounted rate. In addition to accident, illness and preventive care coverage, you can access new and innovative benefits, such as grief counseling for the loss of your pet, as well as 24/7 vet chat and virtual vet concierge services through the MetLife Pet app. Premiums are completely customizable and based on the amount of coverage you elect, your location and your dog's or cat's individual needs. You can choose from various levels of health coverage and include multiple pets on one policy through the family plan option. Learn more at [perksatwork.com](#) (type "MetLife" in the search bar) or call **888.245.2920**, then select **option 8** for pet insurance.

Wellness discounts

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



Resources and contacts

Learn more

- To find **more information** about these and other employee benefits, visit **HR Connect > Benefits** or [bankofamerica.com/employee > Benefits](https://www.bankofamerica.com/employee/benefits).
- To compare your 2023 medical plan options, premiums and estimated out-of-pocket costs, use the **Medical Expense Estimator** found on **My Benefits Resources** (mybenefitsresources.bankofamerica.com).
- To view **important notes** about the benefits offered in this guide — including information on eligibility — refer to the *2021 Bank of America Health & Insurance Summary Plan Description (2021 H&I SPD)* and *2022 Bank of America Health & Insurance Summary of Material Modifications (2022 H&I SMM)* at **HR Connect > Benefits > Health > Medical plans > Resources > Summary Plan Descriptions and Summaries of Material Modifications**. View **important legal notices** online.

Other helpful contact information

Medical plans

Aetna
aetna.com/bankofamerica
877.444.1012
For Aetna ACO phone numbers, see page 5

Anthem
anthem.com/bankofamerica
844.412.2976

Kaiser Permanente*
kp.org
Once enrolled, 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

Childcare reimbursement

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

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 Dental DMO plans are only available in select markets.

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

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