

2025 Annual
Benefits Enrollment

**UNIQUELY
YOURS**



2025 ANNUAL BENEFITS ENROLLMENT IS OCT. 3–17, 2024

We continue to invest in making Bank of America a Great Place to Work through the competitive, diverse and flexible benefits we offer. Annual Benefits Enrollment is your opportunity to enroll in or make changes to your 2025 health & insurance coverage, including:

- Electing new, or declining current, coverage
- Changing carriers or plans
- Modifying the amount of your supplemental insurance
- Adding or removing an eligible dependent to or from your coverage

Your benefits options may include medical, dental and vision plans, health care accounts, life and disability insurance, critical illness insurance, the Prepaid Legal plan, Child Care Plus®, the Dependent Care Flexible Spending Account and purchased time off.



Consider this...

- The choices you make during Annual Benefits Enrollment will **generally remain in effect for the 2025 calendar year** unless you have a qualified status change — such as a marriage or divorce, or the birth or adoption of a child.
- **If you have a dependent who is turning 26 next year**, their coverage will end on the last day of their birthday month. (COBRA may be available.)
- **If you add a spouse, partner or other adult dependent 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 their eligibility. If all required documentation is not received by the deadline, they will be dropped from your coverage.

If you don't enroll

As long as it's available and you are still eligible, your current coverage will carry over to next year, **except for**:

- Purchased time off (PTO)—be sure to obtain manager approval first.
- Child Care Plus (CCP)—remember to submit documentation to verify eligibility.



Currently contributing to a Dependent Care Flexible Spending Account?

You will be automatically re-enrolled with the same contribution amount if you do not disenroll or change your election for 2025.

Consider your dependent's eligibility in 2025 and any possible situation changes that may occur throughout the year (such as your child turning 13 or an adult dependent no longer going to an adult day care center) since mid-year contribution changes cannot be made unless you have a qualified status change that allows changes to this account.

PREMIUMS

Bank of America understands that paying for health care can be challenging, which is why we share in the cost of your and any covered dependents' coverage each year — including paying for medical claims.

Medical

Teammates making:

- Less than \$50,000 in Performance Year Cash Compensation (PYCC)¹ won't see an increase
- \$50,000 or more in PYCC¹ will see an increase, which is below the national average

What you pay for medical coverage is determined by many factors, including your annual PYCC.¹ You may experience an increase in your 2025 medical premium, depending on your pay tier, whether you've changed pay tiers and which medical plan or carrier you choose.

Moving to a higher pay tier

Your premium increase will be higher if your 2025 PYCC¹ has moved you into a higher pay tier.

Dental, vision, life and disability

Dental plan premiums will increase slightly; vision plan premiums will not increase. Life and disability insurance premiums will not increase unless you change age brackets, or your annual base salary and/or applicable eligible bonus amount changes.

Tobacco-user rate

The annual tobacco-user rate for medical coverage is \$900. If tobacco users and covered spouses, partners or other adult dependents indicate their intent to quit next year or complete the reasonable alternative standard form, they are eligible for the non-tobacco-user rate.

Wellness activities

Complete all three wellness activities on mywellnessresources.com by **Feb. 28, 2025**, to gain insight into your health and keep a credit of up to \$500 toward your 2025 annual medical plan premium (or up to \$1,000 if your covered spouse or partner completes theirs as well).

Complete and submit



Health
questionnaire

Health
screening

\$250

Attest to



A PCP & annual physical
in the last 12 months

\$250

Keep credit



Complete & submit
all 3 by Feb. 28

\$500



¹ Your 2025 PYCC is your annual base pay as of Dec. 31, 2023 (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 2023 and paid by June 30, 2024 (not including cash incentives, bonuses, relocation payments or similar compensation paid to employees from a non-U.S. payroll). If you're in an Annual Benefits Base Rate (ABBR) role, your ABBR is used as your PYCC.

MEDICAL PLANS

When choosing next year's coverage, consider your medical carrier and your medical plan.

- **Medical carriers:** Our national medical carriers — **Aetna, Anthem and UnitedHealthcare** — offer medical plans with the same core design, with similar services and networks. **Kaiser Permanente** will be offered in select markets where it's currently an option. **For specific Kaiser Permanente plan information, refer to the All Coverage Details feature on My Benefits Resources (mybenefitsresources.bankofamerica.com).**
- **Medical plans:** Consider your payment preferences for coverage and services. For example, would you prefer to pay less each month and pay more when you receive care — or vice versa? Review this high-level plan comparison:

Comprehensive PPO Plan (Available to teammates earning less than \$100K in PYCC)	Consumer Directed Plan	High Deductible Plan
<ul style="list-style-type: none">• Highest premium costs• Lower expenses when you need care• Lowest deductible	<ul style="list-style-type: none">• Premium costs lower than PPO• Deductible lower than the High Deductible Plan• You pay the negotiated rate for most services until you meet the deductible	<ul style="list-style-type: none">• Lowest premium costs• Highest deductible• You pay the negotiated rate until you meet the deductible

The medical plan you elect also determines the health care account(s) available to you. Learn more about the different health care accounts offered (page 6) and compare features (page 7).



The Aetna medical network in the greater Dallas, Jacksonville, Phoenix or Tucson areas

If enrolling in an Aetna medical plan, you'll receive coverage from a medical network based on your home ZIP code:

- Greater **Dallas, TX:** Texas Health Aetna (**833.383.2659**)
- Greater **Jacksonville, FL:** Baptist Health & St. Vincent's HealthCare (**833.383.2660**)
- **Phoenix or Tucson, AZ:** Banner|Aetna (**866.676.7362**)

These Aetna Accountable Care Organizations (ACOs) only cover health care services received from **in-network providers** while you are within their service area — except for 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, select the Bank of America ACO Plan available in your region or call the ACO directly at the number provided above.



Teladoc Health services for Consumer Directed High Deductible (CDHD) plan participants

In 2025, participants in a Consumer Directed High Deductible (CDHD) medical plan with Aetna, Anthem or UnitedHealthcare will pay for nonpreventive consultations until their deductible is met, per federal law. Preventive consultations, such as an annual physical, will remain available at no cost.

All Teladoc Health services will continue to be offered at no cost to those enrolled in a Comprehensive PPO or Consumer Directed medical plan with Aetna, Anthem or UnitedHealthcare.¹

¹ For multiple consults on the same day, by the same covered individual, for the same issue, you may incur a temporary charge for which you will be reimbursed. Kaiser Permanente members can contact Kaiser Permanente for details about a similar program offered through their plan and any associated costs.

COMPARE MEDICAL PLANS

	Comprehensive PPO Plan (Available to teammates earning less than \$100K in PYCC)		Consumer Directed Plan		Consumer Directed High Deductible Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible	\$500 per individual or \$1,000 per family	\$1,000 per individual or \$2,000 per family	\$1,200 per individual or \$2,400 per family	\$2,400 per individual or \$4,800 per family	\$2,250 employee only or \$4,500 per family	\$4,500 employee only or \$9,000 per family
Coinsurance	20%	40%	20%	40%	20%	40%
Out-of-pocket maximum	No more than \$2,000 per individual or \$4,000 per family	No more than \$4,000 per individual or \$8,000 per family	No more than \$3,500 per individual or \$7,000 per family	No more than \$7,000 per individual or \$14,000 per family	No more than \$4,000 employee only, \$7,350 per individual or up to \$8,000 per family	No more than \$8,000 employee only or \$16,000 per family
Preventive services	\$0 , according to government guidelines	You pay the full negotiated rate until you meet the deductible, then you pay coinsurance.	\$0 , according to government guidelines	You pay the full negotiated rate until you meet the deductible, then you pay coinsurance	\$0 , according to government guidelines	You pay the full negotiated rate until you meet the deductible, then you pay coinsurance
Office visits	\$10 copayment for primary care visits \$25 copayment for specialist visits	You pay the full negotiated rate until you meet the annual deductible, then you pay coinsurance	\$20 copayment for primary care visits \$75 copayment for specialist visits	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 (30-day supply)	Preventive: \$0 Nonpreventive: Generic: \$0 Preferred brand: \$25 copayment Nonpreferred brand: \$50 copayment	40% coinsurance	Preventive: \$0 Nonpreventive: Generic: \$0 Preferred brand: 30% coinsurance (\$100 max) Nonpreferred brand: 45% coinsurance (\$150 max)	40% coinsurance	Preventive: \$0 Nonpreventive: The full negotiated price until you meet your deductible, then: Generic: \$0 Brand: 20% coinsurance	40% coinsurance after you meet your deductible
Health care account(s)	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

Both prescription administrators—CVS Health (Caremark) for those with Aetna or Anthem plan coverage, and UHC/Optum Rx for those with UnitedHealthcare plan coverage—provide access to most national pharmacy chains for nonmaintenance prescription medications.

- Maintenance prescription medications **must be filled through your prescription administrators' mail order service.**
- PPO or Consumer Directed medical plan participants in an Aetna, Anthem or UnitedHealthcare plan can receive certain, covered specialty medications at no cost or for just \$5. Learn more at **HR Connect > Benefits > Health > Medical Plans > Prescription coverage.**

Enrolling in certain bank medical plans also allows you to take advantage of other benefits and programs.

Available to those enrolled in an Aetna, Anthem or UnitedHealthcare plan:

- **Well Rewards** is a health partner that pairs a smart app with live, personalized health and wellness support. Use Well to get tailored recommendations to meet your health goals while earning points you can redeem for gift cards to popular brands. There's no cost to teammates and a covered spouse or partner. Search for and download the Well Digital app on your personal phone or tablet. Learn more at **HR Connect > Benefits > Health > Health & wellness support**.
- **Teladoc Health** provides 24/7 access to board-certified doctors, including mental health specialists¹ and primary care physicians (PCPs),² by phone or online video for virtual care.³ Learn more on **HR Connect > Benefits > Virtual care consultations**.
- The **Family Support program**⁴ through Maven offers expert preconception, pregnancy, fertility, egg freezing, adoption, surrogacy, infancy and postpartum support up until your child's fifth birthday — available at no cost to new or future parents. Learn more on **HR Connect > Benefits > Pregnancy, adoption, fertility & infancy support**.
- The **Menopause & Ongoing Care program** through Maven provides around-the-clock holistic and specialized support at no cost to those going through the menopause journey. Once enrolled, you'll be able to video chat or message 24/7 with providers in a number of specialties (from OB-GYNs and sleep coaches to physical therapists and reproductive endocrinologists), join a community of peers, access classes and resources, and more. See details on **HR Connect > Benefits > Menopause support**.

Available to those enrolled in an Aetna, Anthem, UnitedHealthcare or Kaiser Permanente plan:

- **Fertility treatment reimbursement**⁵ is one feature of the Family Planning Reimbursement program. The program provides reimbursement for eligible adoption, fertility treatment and/or surrogacy⁶ expenses. Learn more on **HR Connect > Benefits > Adoption, fertility & surrogacy reimbursement**. If you are in a Consumer Directed High Deductible plan, you will need to meet your in-network deductible to be eligible for reimbursement. Services received prior to meeting your deductible won't be reimbursed.



¹ While talk therapy is available for those 13–17, psychiatric support for medication management is not.

² Teladoc Health is available for general medicine and behavioral health visits for participants enrolled in an ACO or Out of Area plan, but not for PCP visits.

³ Teladoc Health is available only in the U.S. The state of Idaho allows video visits only, and Arkansas and Delaware require the first visit to be completed by video.

⁴ Kaiser Permanente members have access to similar resources.

⁵ To be eligible for fertility reimbursement, a diagnosis of infertility is not required. If you do have a medical diagnosis of infertility, most fertility treatment expenses will be covered by your bank medical plan, but you may request reimbursement through the Family Planning Reimbursement program for some eligible expenses not covered under your medical plan.

⁶ You do not have to be enrolled in a bank medical plan to be eligible for surrogacy or adoption reimbursement.

HEALTH CARE ACCOUNTS

Health care accounts allow you to use pretax money¹ to pay for eligible health care expenses such as copayments, prescription medications, eyeglasses and lab work.

Your medical plan determines which health care account(s) are available to you. And the type of health care account you have determines whether you, the bank,² or both can contribute to your account.

There are four types of health care accounts:

1. Health Flexible Spending Account (Health FSA)
2. Health Reimbursement Arrangement (HRA)
3. Health Savings Account (HSA)
4. Limited Purpose FSA

If you remain eligible, any health care account contributions you receive from the bank in 2025 will not change during the year, even if you have a qualified status change that alters the number of people you cover under your medical plan.

Triple tax advantage with the HSA

With an HSA you have access to:

- Pretax payroll contributions
- Tax-free interest and investment earnings
- Tax-free withdrawals on eligible health care expenses

You can watch a short video about the HSA on **My Benefits Resources** (mybenefitsresources.bankofamerica.com).



¹ 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.

² Any amount the bank contributes is based on your PYCC and the family members you cover. (To find your 2025 PYCC, log in to **My Benefits Resources** and select the person icon on the top right of the page to view **My Profile > Personal Information > Personal Details**.)

COMPARE HEALTH CARE ACCOUNTS

	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 Can be paired with an FSA. You contribute to the FSA and the bank contributes to the HRA.	Consumer Directed High Deductible Plan Can be paired with a Limited Purpose FSA.	Consumer Directed High Deductible Plan This account can only be used for eligible dental and vision expenses.																			
What would I use it for?	For any eligible health care expense	For any eligible health care expense	For any eligible health care expense in 2025 or in the future	Only for eligible dental and vision expenses																			
What is the maximum I can contribute for 2025?	\$3,200 , the IRS pretax contribution limit	Employee contributions cannot be made	\$4,300 Employee-only coverage \$8,550 Family coverage If you'll be at least 55 years old in 2025, you can make an additional \$1,000 catch-up contribution.	\$3,200 , the IRS pretax contribution limit																			
How much will the company contribute?	The bank does not contribute to this account.	<table><tr><th rowspan="2">Who is covered...</th><th colspan="3">If your PYCC is...</th></tr><tr><th>Less than \$50K</th><th>\$50K to less than \$100K</th><th>\$100K to less than \$250K</th></tr><tr><td> Employee only</td><td>\$500</td><td>\$400</td><td>\$300</td></tr><tr><td> Employee plus spouse/partner OR child(ren)</td><td>\$750</td><td>\$600</td><td>\$450</td></tr><tr><td> Family</td><td>\$1,000</td><td>\$800</td><td>\$600</td></tr></table> <p>In the HSA, these amounts count toward the IRS maximum.</p>		Who is covered...	If your PYCC is...			Less than \$50K	\$50K to less than \$100K	\$100K to less than \$250K	Employee only	\$500	\$400	\$300	Employee plus spouse/partner OR child(ren)	\$750	\$600	\$450	Family	\$1,000	\$800	\$600	The bank does not contribute to this account.
Who is covered...	If your PYCC is...																						
	Less than \$50K	\$50K to less than \$100K	\$100K to less than \$250K																				
Employee only	\$500	\$400	\$300																				
Employee plus spouse/partner OR child(ren)	\$750	\$600	\$450																				
Family	\$1,000	\$800	\$600																				
When are the funds 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.	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.	At the beginning of the year, or when your coverage begins.																			
What happens if there's money left at the end of the year?	Up to \$640 in unused funds will automatically roll over to your 2026 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 \$640 in unused funds will automatically roll over to your 2026 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. If you see an out-of-network dentist:

- You won't be able to take advantage of the negotiated network rates.
- Services will be subject to usual and customary limits for out-of-network services.
- You'll be responsible for any costs above the limit, plus the applicable coinsurance and deductible.

In select markets, the Aetna Dental DMO Plan is also available. Visit aetna.com/bankofamerica to see if your dentist is in network. Make sure any new dentist is in network and accepting new DMO patients before you elect this plan. Covered services are only available when received by in-network providers.

	MetLife Dental PPO (in network)	Aetna DMO (select markets, in network)
General dental expenses	<p>Annual deductible: \$50 Individual, \$150 Family Applies to basic and major expenses. Waived for preventive/diagnostic care.</p> <p>Annual maximum: \$2,000 (excludes orthodontia and preventive care services)</p> <p>Orthodontia lifetime maximum: \$2,000 for adults and children starting treatment before age 20</p> <p>Office visit copayment: None</p>	<p>Annual deductible: None</p> <p>Annual maximum: None (excludes orthodontia)</p> <p>Orthodontia lifetime maximum: 24 months active treatment plus 24 months retention</p> <p>Office visit copayment: \$5 per visit</p>
Preventive care	<p>Plan pays the percentage shown for covered services, which don't count towards your annual maximum.</p> <p>Exams: 100% Limited to two routine visits and two problem-focused visits per calendar year.</p> <p>Cleaning: 100% Limited to two visits per calendar year.</p> <p>X-rays: 100% Full mouth series limited to one set every five years. Bitewing limited to two sets per calendar year for children and one 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>You pay the percentage shown for covered services.</p> <p>Amalgam (silver) fillings: 20%</p> <p>Composite fillings: 20% Limitations may apply.</p> <p>Extractions: 20%</p> <p>Oral surgery: 20%</p> <p>Crowns, dentures and bridges: 50% Each individual service is limited to one time, per person, every seven years.</p> <p>Implants: 50%</p> <p>Orthodontia (adults and children): 50%</p>	<p>You pay the percentage shown for covered services.</p> <p>Amalgam (silver) fillings: 20%</p> <p>Composite fillings: 20% Limitations may apply.</p> <p>Extractions: 20% Uncomplicated, non-bony impactions</p> <p>Oral surgery: 20% For basic surgery; 50% for covered major surgery</p> <p>Crowns, dentures and bridges: 50% 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: 50%</p> <p>Orthodontia (adults and children): 50%</p>

VISION PLANS

We offer the Aetna Vision Plan, 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** on your personal device to easily access your benefits, ID card, claims, providers and special offers.

The Aetna Vision Discount Program

Aetna medical plan members 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 * \$0 copayment for PLUS Provider	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 * \$180 allowance, 20% discount thereafter for PLUS Provider	Plan pays a reimbursement, up to \$50 .
Contact lenses		
Standard lens fit and follow-up (once per calendar year)	\$0 copayment	Plan pays a reimbursement, up to \$40 .
Premium contact fit and follow-up (once per calendar year)	Plan provides up to a \$55 allowance, 10% discount thereafter.	Plan pays a reimbursement, up to \$40 .
Medically necessary prescription lenses for specific eye conditions that would prohibit the use of glasses (once per calendar year; prior approval is needed)	Plan pays 100% of covered services.	Plan pays a reimbursement, up to \$210 .
Elective prescription lenses (once per calendar year)	Plan provides a \$125 allowance in lieu of eyeglasses, 15% discount is applied to conventional contacts over the \$125 allowance.	Plan provides a \$125 allowance in lieu of eyeglasses.

LIFE & DISABILITY INSURANCE

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

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

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

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

	Associate life insurance	Dependent life insurance	Long-term disability insurance	Critical illness insurance	Accidental death & dismemberment insurance	Family accidental death & dismemberment insurance
What is it?	Supplemental life insurance coverage paid on a post-tax basis. A statement of health may be required.	Assists with expenses if your spouse, partner or child dies. Paid on a post-tax basis. A statement of health may be required.	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 an eligible diagnosed condition. Paid on a post-tax basis.	Additional financial protection in the event of a serious accidental injury or death. Paid on a pretax basis.	Financial protection in the event of your spouse, partner or child's serious accidental injury or death. Paid on a pretax basis. Must have employee AD&D coverage to elect.
What could it provide?	Eligible compensation³ x 1–8 , up to a maximum of \$3 million	\$10,000–\$150,000 spouse or partner \$5,000–\$25,000 each child	60% annual base pay² (or ABBR) 60% eligible compensation³ 50% annual base pay² for part-time employees	Up to \$20,000 Note: Conditions diagnosed prior to the coverage effective date will not be covered.	Eligible compensation³ x 1–8 , up to a maximum of \$3 million	60% of your coverage amount spouse or partner up to \$600,000 20% of your coverage amount each child up to \$50,000

¹ Or current compensation




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

³ Annual base pay + eligible bonus (or ABBR)

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

ADDITIONAL BENEFITS OPTIONS

You may be eligible to enroll in these benefits, most of which you can only elect during Annual Benefits Enrollment.

	Prepaid Legal plans	Child Care Plus®	Dependent Care Flexible Spending Account (Dependent Care FSA)	Purchased Time Off (PTO)
What's offered?	<p>Provides access to experienced attorneys at two coverage levels:</p> <ul style="list-style-type: none"> • Essential Coverage: Advice and counsel for common legal services, including consumer protection, debt, document preparation, family law, real estate, traffic and criminal, estate planning and civil lawsuits. • Full Coverage: All the services covered by the Essential plan, plus adoption, divorce, immigration, and small claims, tax audits and more. 	<p>Provides childcare reimbursement up to \$275 per month, per eligible child.</p>	<p>Save money by paying for dependent care expenses on a pretax basis. Care must be needed so you can work or your spouse or partner can attend school full time.</p> <p>Can be used for babysitters and nannies, child and adult day care, day camp, before- and after-school programs.</p> <p> You're not eligible if your spouse or partner stays home full time. Funds can't be used for health care expenses. Funds must be used in the same calendar year or will be forfeited.</p>	<p>Purchase additional time off from work, using pretax dollars.</p> <p>Pay for a minimum of four (whole) hours and a maximum of your weekly scheduled hours (up to 40).</p>
Who's eligible?	<p>Active, U.S.-based, full- and part-time employees—including those in Puerto Rico, Guam and the U.S. Virgin Islands—scheduled to work more than 20 hours per week.</p>	<p>An employee is eligible if:</p> <ul style="list-style-type: none"> • They earn less than \$100,000 in Performance Year Cash Compensation. • They have a child who is 12 years or younger (or 20 years or younger if incapable of self-care) and is living with them for more than half the calendar year, and they are responsible for childcare costs for that child. • They or their spouse or partner claim that child as a dependent on their federal income tax return (with some exceptions for a custodial divorced or separated parent). 	<p>Active, U.S.-based, full- or part-time employees scheduled to work more than 20 hours per week, except employees in Puerto Rico, Guam and the U.S. Virgin Islands.</p> <p> Eligible expenses can be paid for a child(ren) 12 years or younger who is a dependent(s) under IRS rules, and/or a dependent(s) who is mentally or physically incapable of self-care.</p> <p> Employees in New Jersey can't make pretax contributions, per state regulations.</p>	<p>All U.S.-based employees who are scheduled to work at least 20 hours per week and accrue vacation, except commissioned employees and employees working in Puerto Rico.</p>
What actions can I take?	<p>You are only able to enroll in Prepaid Legal during Annual Benefits Enrollment and must remain in the plan for the full calendar year unless a qualified status change occurs.</p> <p>NEW: Keep your Prepaid Legal benefits if you leave the company by enrolling in and paying for individual coverage. (California, Maine and Hawaii residents aren't eligible.) Some exclusions apply. Learn more at info.legalplans.com/bofa.</p>	<p>Enroll during Annual Benefits Enrollment or at any time during the year. Your childcare expenses are eligible for reimbursement the first of the month in which all your required documentation is approved and enrollment is complete.</p>	<ul style="list-style-type: none"> • Contribute up to \$5,000 per year (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 pay out-of-pocket and submit receipts online for reimbursement. Either way, remember to keep all receipts in case expense verification is needed later. • Note that any dependent care assistance—including employee and bank contributions to the Dependent Care FSA, Child Care Plus reimbursements and the bank's portion of the cost of care for the Back-Up Care program—that exceeds \$5,000 a year will be reported as taxable income. 	<ul style="list-style-type: none"> • You must receive permission from your manager before you purchase time off. Otherwise, your purchased time off may be canceled. • If you purchased time off this year, your election will not continue into next year automatically. You'll need to make a new election for 2025.

HOW TO ENROLL



Online

1. Log in to **My Benefits Resources** either by visiting:
 - **Flagscape (Essential links) > My Benefits Resources**, or
 - **mybenefitsresources.bankofamerica.com**
2. From the Home page, select **Enroll Now**.
3. Make your elections, then confirm and save them by selecting **Complete Enrollment**. Save a copy of your **Confirmation** statement for your records.



By phone

Call the Global HR Service Center at **800.556.6044**, Monday through Friday, 8 a.m. to 8 p.m. Eastern (excluding certain holidays).

Be ready with your benefit elections and phone PIN. When prompted, say “Annual Benefits Enrollment” to speak to a representative.

Trouble with your phone PIN?

If you don't have a phone PIN or need to reset it, log in to **My Benefits Resources My Profile > Log On Information**. If you need to reset your **My Benefits > Resources** password, ensure you know the last four digits of your Bank of America **Person Number**.

Have questions or need assistance?

Contact a Global HR Service Center representative using **chat** or the **Submit a Ticket** option on the **Contact Us** page, or call using the number above.

ADDITIONAL RESOURCES

Learn more

- Visit **HR Connect > Benefits** or **bankofamerica.com/employee > Benefits** to learn more about the benefits mentioned in this guide.
- Use the **Medical Expense Estimator** on **My Benefits Resources** (**mybenefitsresources.bankofamerica.com**) to compare your 2025 medical plan options, premiums and estimated out-of-pocket costs across plans and carriers.
- View **important notes** about the benefits offered in this guide—including information on eligibility—by referring to the *2021 Bank of America Health & Insurance Summary Plan Description* (2021 H&I SPD), and the 2022, 2023 and 2024 Bank of America Health & Insurance Summaries of Material Modifications (H&I SMMs) at **HR Connect > Benefits > Health > Medical plans > Resources > Summary Plan Descriptions and Summaries of Material Modifications**. View important legal notices enclosed with this guide.

Get guidance selecting the plans that are right for you

The Benefits Education & Planning Center (BEPC) offers personalized, confidential guidance on what benefits and coverage may be right for your unique situation. Call **866.777.8187** Monday through Friday, 9 a.m. to 8 p.m. (and until 9 p.m. Oct. 3–17) Eastern (excluding certain holidays).



CONTACTS

Medical plans

Aetna

aetna.com/bankofamerica

877.444.1012

For Aetna ACO phone numbers,
see **page 3**

Anthem

anthem.com/bankofamerica

844.412.2976

Kaiser Permanente¹

kp.org

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

UnitedHealthcare

whyuhc.com/findmydoc

877.240.4075

Critical illness insurance

MetLife

metlife.com/mybenefits

888.245.2920

Prescription coverage

Aetna and Anthem plans:

CVS Health

caremark.com

800.701.5833

TTY: 800.231.4403

UnitedHealthcare plans:

UHC/Optum Rx

whyuhc.com/findmydoc

877.240.4075

Dental

Aetna¹

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 (available to teammates earning less than \$100K in PYCC)

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 chat or the

Submit a ticket 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

¹ 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.

Every effort has been made to ensure the accuracy of this communication. However, if there are discrepancies between this communication and the official plan documents and policies, the plan documents and policies will always govern. Bank of America retains the discretion to interpret the terms or language used in any of its communications according to the provisions contained in the plan documents and policies. Bank of America also reserves the right to amend or terminate any benefit plan or policy 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.

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