BANK OF AMERICA

What would you like the power to do?®

Be ready for today and tomorrow.

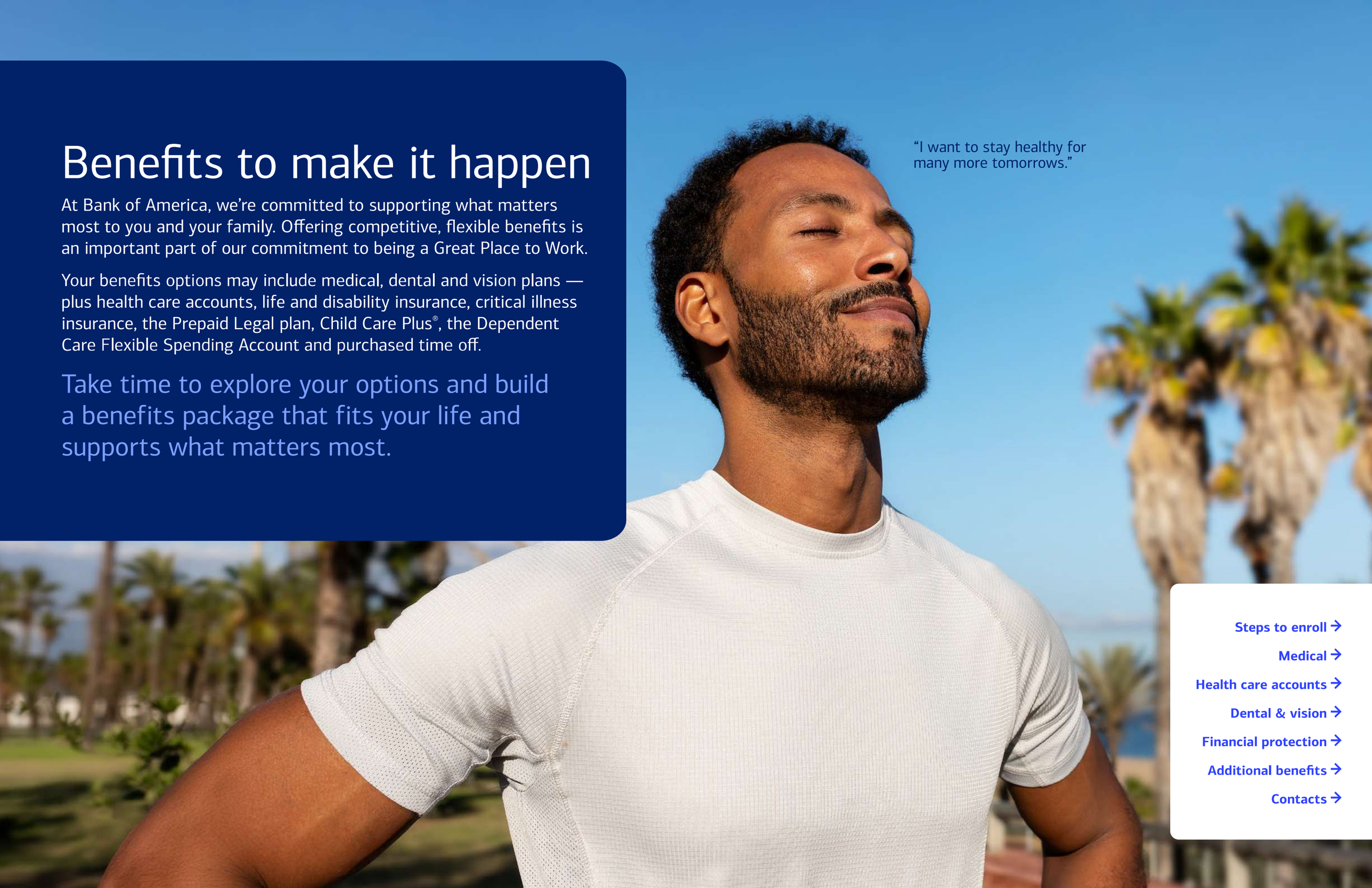
2027 U.S. Benefits Enrollment

Benefits to make it happen

At Bank of America, we're committed to supporting what matters most to you and your family. Offering competitive, flexible benefits is an important part of our commitment to being a Great Place to Work.

Your benefits options may include medical, dental and vision plans — plus 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.

Take time to explore your options and build a benefits package that fits your life and supports what matters most.



Steps to enroll →
Medical →
Health care accounts →
Dental & vision →
Financial protection →
Additional benefits →
Contacts →

3 steps to enroll

Your benefits, your choice — use this guide to review what's available and find the coverage that fits your life, then follow these steps to enroll.



Compare your options

Medical Expense Estimator (MEE)

Compare medical plans with a personalized estimate of your total costs under each option.

Benefits Education & Planning Center (BEPC)

Get personalized, confidential guidance on the coverage that may be right for you. Call **866.777.8187**, Monday through Friday, 9 a.m. to 8 p.m. Eastern (excluding certain holidays).

1

Decide who to cover

In general, you're eligible to cover yourself (if you're a full-time or part-time employee working 20 or more hours per week), your spouse or partner, and your children through the month they turn 26 (or older if continuously disabled). Go to My Benefits Resources (**mybenefitsresources.bankofamerica.com**) for dependent eligibility rules.

2

Enroll online

Log in to My Benefits Resources by visiting **Flagscape** (Essential links) > **HR and benefits** > **My Benefits Resources**, or **mybenefitsresources.bankofamerica.com**.

From the Home page, select **Enroll Now**.

Make your elections by the deadline, then confirm and save them by selecting **Complete Enrollment**. Save a copy of your *Confirmation statement* for your records.

If you don't enroll, you'll have the coverage indicated on your Enrollment Worksheet, which in most cases is no coverage for 2027.

3

Need help? We're here.

The Global HR Service Center can answer your questions.

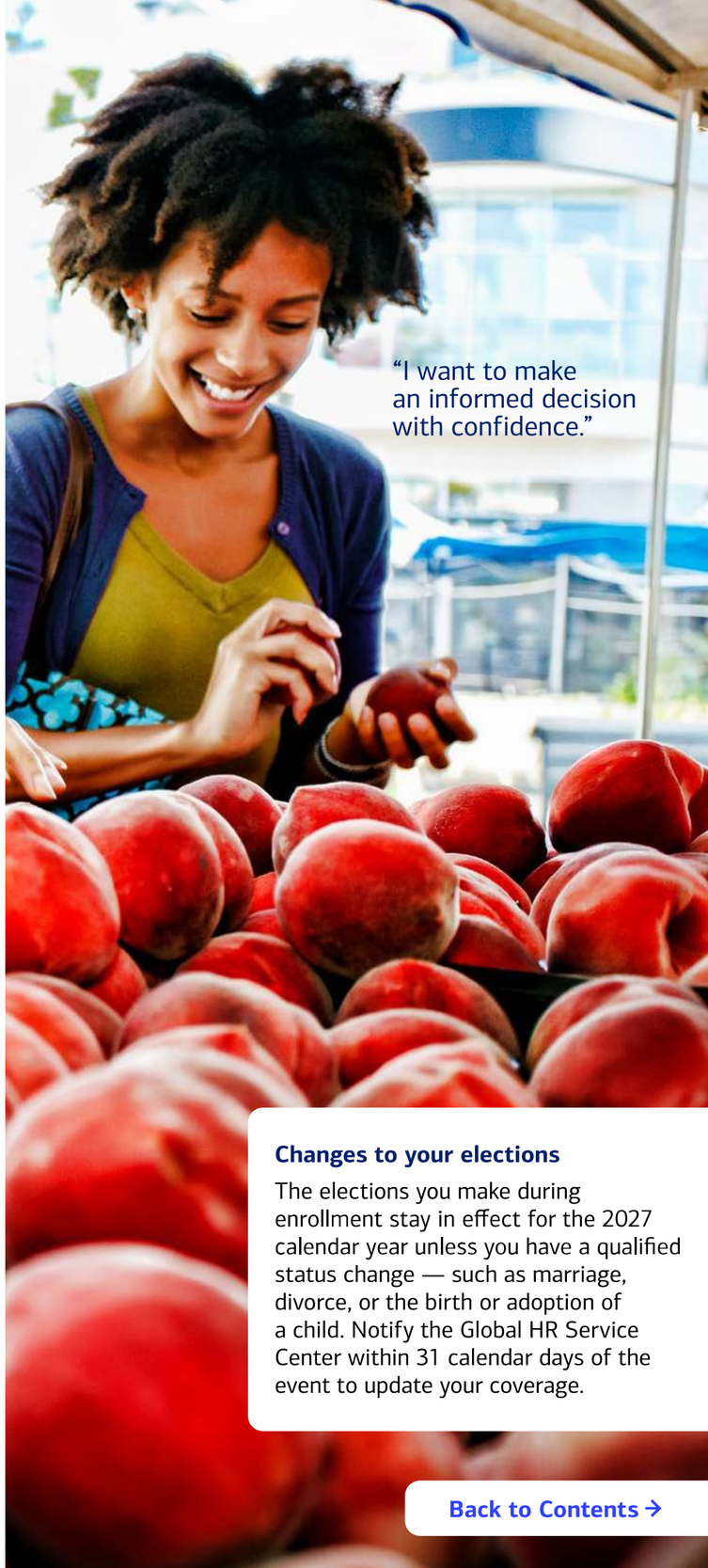
Chat first — Contact a representative using chat or the **Submit a Request** option on the **Contact Us** page of My Benefits Resources, or call **800.556.6044**, Monday through Friday, 8 a.m. to 8 p.m. Eastern (excluding certain holidays). When prompted, say "Health and Insurance" to reach a representative. Have your benefit elections and phone PIN ready.

If you don't have a phone PIN or need to reset it, log in to My Benefits Resources, select the person icon at the top right and go to **My Profile** > **Log On Information** > **Service Center PIN** > select **Change**.

Back to Contents →

Compare medical plans

National medical plans	Comprehensive PPO Plan	Consumer Directed Plan	Consumer Directed High Deductible Plan
Deductible	$	$$	$$$
Health care account money from Bank of America	✗	✓ (HRA)	✓ (HSA)
FSA-eligible	✓ (Health)	✓ (Health)	✓ (Limited purpose)
Copayment for doctor visits	✓	✓	✗
No-cost in-network preventive care (including up to two annual physicals per year)	✓	✓	✓
Access to out-of-network care (higher out-of-pocket costs)	✓	✓	✓
Paycheck contributions (premiums)	$$$	$$	$
Why you might choose it	Predictable You want to know your costs when you see a doctor or fill a prescription. You also want a plan that starts to pay for other care sooner than the other plans.	Balanced You want to know your costs when you see a doctor, and you'd like to receive a health care account contribution from the bank to help pay for health care expenses now.	Value-focused You want to pay the lowest medical premiums for coverage and receive a health care account contribution from the bank to help pay for health care expenses even after you leave the bank.



Changes to your elections

The elections you make during enrollment stay in effect for the 2027 calendar year unless you have a qualified status change — such as marriage, divorce, or the birth or adoption of a child. Notify the Global HR Service Center within 31 calendar days of the event to update your coverage.

Back to Contents →

How the plans work

Each plan works differently. Knowing what to expect before you need care makes all the difference. Here's a quick look.

	Comprehensive PPO Plan	Consumer Directed Plan	Consumer Directed High Deductible Plan
First	**You pay set copayments for some types of in-network routine care, such as doctor's office visits, and nonpreventive brand prescription medications.** In-network preventive care and preventive medications are covered at 100%. For some care in network — like inpatient hospital stays and outpatient lab work — you pay the negotiated rate until you meet your deductible. Once you reach the annual deductible, you and the plan share in the costs ("coinsurance") for those services.	**You pay set copayments for doctor's office visits.** In-network preventive care and preventive medications are covered at 100%. You pay the negotiated rate for most other in-network services until you meet your deductible. Once you reach the deductible, you and the plan share in the costs ("coinsurance") for those services.	**For most care, you must first meet your deductible.** In-network preventive care and preventive medications are covered at 100% with no deductible. When you use in-network providers, you pay the negotiated rate for services until you meet your deductible.
Next	**You continue to pay copayments and coinsurance** for covered services until you reach your out-of-pocket maximum.	**You continue to pay copayments and coinsurance** for covered services until you reach your out-of-pocket maximum.	**You and the plan share costs.** Once you've met your deductible, you pay coinsurance for covered services until you reach your out-of-pocket maximum.
Then	**The plan pays 100% of the cost of in-network care.** If you reach your out-of-pocket maximum, the plan covers 100% of eligible in-network expenses for the rest of the year.	**The plan pays 100% of the cost of in-network care.** If you reach your out-of-pocket maximum, the plan covers 100% of eligible in-network expenses for the rest of the year.	**The plan pays 100% of the cost of in-network care.** If you reach your out-of-pocket maximum, the plan covers 100% of eligible in-network expenses for the rest of the year.



Filling your prescriptions

CVS Caremark™ administers prescriptions for the national medical carriers (Rightway for Anthem members in CA and IL). Learn more on **HR Connect** > **Benefits** > **Health** > **Medical plans** > **Prescription coverage**.

Back to Contents →

Your medical premium

The bank invests significantly in health care and well-being programs for teammates and their families. Our national medical plans are self-funded, meaning the bank pays most claims and shares the cost of care with you. Your health care costs include what you pay when you receive care, plus the premium you pay to keep your coverage.

Understand your medical premium costs

What you pay for coverage is determined by many factors, including the plan you choose, the number of dependents you cover, your home ZIP code and your Performance Year Cash Compensation (PYCC).

Determining your PYCC

Newly hired or becoming benefits-eligible for the first time

Your PYCC for 2027 is your base salary as of your date of hire or the date you became benefits-eligible.

Rejoining the bank

- Use your previous PYCC amount if you were **rehired within 180 days** of leaving the bank.
- Use your base salary as of your rehire date if you were **rehired more than 180 days** after leaving the bank.
- Use your Annual Benefits Base Rate (ABBR) if you're in an ABBR role.

Returning to the United States from international assignment

Your 2027 PYCC is your annual base pay as of Dec. 31, 2025 (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 2025 and paid by June 30, 2026 (not including cash incentives, bonuses, relocation payments or similar compensation paid to employees from a non-U.S. payroll).

Use the Medical Expense Estimator on **My Benefits Resources** to compare your 2027 medical plan options, premiums, and estimated out-of-pocket costs across plans and carriers.



Keep your premiums as low as possible

Two actions can help lower what you pay for medical coverage in 2027:

Complete your wellness activities — Receive a credit of up to **$500** toward your annual medical premium (or up to **$1,000** if your covered spouse or partner completes theirs too). For medical coverage that begins after Jan. 1, we'll prorate the credit based on when your coverage takes effect. You'll have two months from your coverage effective date to complete your Wellness Activities. Visit **My Wellness** (**mywellnessbofa.com**) to get started and find your exact deadline.

Be tobacco-free — Tobacco users pay a higher rate for medical coverage. You can qualify for the non-tobacco-user rate by completing the **Tobacco User Alternative Standard Confirmation Form** or indicating you intend to quit.

Back to Contents →

Whole health support

Enrolling in a national bank medical plan with Aetna, Anthem or UnitedHealthcare unlocks other programs that support your whole health at no extra cost.

Here are just some of the programs available:

Well Rewards

Personalized wellness support for you and your covered spouse/partner, plus points that can be redeemed for gift cards

Teladoc Health

24/7 access for you and covered family members to board-certified doctors — including primary care physicians (PCPs), mental health specialists and dermatologists — for virtual care[1]

Hinge Health

Virtual physical therapy for aches, injuries and pelvic health

Available to you and covered family members, 18 and older

Maven Family Support

Preconception, pregnancy, surrogacy, adoption and parenthood guidance, plus nutritional counseling and emotional wellness support for children up to age 18

Maven Menopause & Midlife Health

24/7 support for both women and men, available to you and your covered spouse/partner during this important stage of life

Family Planning Reimbursement

Help with eligible adoption, fertility and surrogacy expenses[2]

Learn more on **HR Connect** > **Benefits** > **Health**.

[1] Teladoc Health services are available only in the U.S. PCP visits are not available to ACO or Out-of-Area plan participants (general medicine and behavioral health visits are). Talk therapy is available for those 13–17, but psychiatric support for medication management is not.

[2] Medical diagnosis of infertility is not required for reimbursement. If you 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. If enrolled in the Consumer Directed High Deductible plan, you'll need to meet your deductible before submitting expenses for fertility reimbursement.



Choice of national carriers

The national carriers — Aetna, Anthem and UnitedHealthcare — are available with all three medical plans. Each carrier offers broad in-network access across the country. Kaiser Permanente is available in select markets. Premium costs between carriers for the same medical plan may vary, so it's worth checking whether your doctors are in network before you elect a plan and carrier.[3]

Aetna medical network in greater Dallas, Jacksonville, Phoenix or Tucson areas
If enrolling in an Aetna medical plan, you'll receive coverage from an Accountable Care Organization (ACO) 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**)

This type of network only covers health care services received from in-network providers while you're 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. Learn more on **HR Connect** > **Benefits** > **Health** > **Medical plans** and select your medical plan.

[3] Provider networks can change at any time.

Back to Contents →

Health care accounts

Stretch your health care dollars further with a tax-advantaged account. Visit **HR Connect** > **Benefits** > **Health** > **Health care accounts** to learn more.



	Health Flexible Spending Account (FSA)	Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	Limited Purpose FSA (Only available if you also elect an HSA)
Works with	Comprehensive PPO Plan Consumer Directed Plan No coverage	Consumer Directed Plan	Consumer Directed High Deductible Plan	Consumer Directed High Deductible Plan
Use it for	Any **eligible** medical, dental or vision expense	Any **eligible** medical, dental or vision expense	Any **eligible** medical, dental or vision expense	Eligible dental and vision expenses only
Bank contributes?	No	Yes — based on your PYCC and who you cover:[1,2] **Who is covered** / **PYCC < $50K** / **$50K to <$100K** / **$100K to <$250K** **Employee only** — **$500** / **$400** / **$300** **Employee plus spouse/partner or child(ren)** — **$750** / **$600** / **$450** **Family** — **$1,000** / **$800** / **$600**	No	
Your 2027 contribution max[1,2]	**$3,400**,[3] the IRS pretax contribution max Up to **$680**[3] in unused funds will automatically roll over to your 2028 account.[4]	Employee contributions cannot be made. All unused funds roll over from one year to the next and remain available.[4]	**$4,500** Employee-only coverage **$9,000** Family coverage If you’re at least 55 years old in 2027, you can make an additional **$1,000** catch-up contribution. All unused funds roll over from one year to the next and remain available.	**$3,400**,[3] the IRS pretax contribution max Up to **$680**[3] in unused funds will automatically roll over to your 2028 account.[4]

[1] If your benefits effective date is on or after July 1, 2027, you’ll receive 50% of these amounts for 2027.

[2] In the HSA, the bank contribution amounts count toward the IRS maximum. 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.

[3] Amount may be adjusted each year by the IRS based on annual cost-of-living increases.

[4] You must stay enrolled in a Health FSA, HRA or Limited Purpose FSA to use funds rolled over to that specific account.

Back to Contents →

Dental & vision

A healthy smile and clear vision are worth protecting. Your enrollment period is your chance to enroll in or update your dental and vision benefits.

Dental

MetLife is our dental PPO carrier. Visit **metlife.com/mybenefits** to see whether your dentist is in network. If you use an out-of-network dentist, you won't get the negotiated network rate — you'll pay any cost above the usual and customary limit, plus the applicable coinsurance and deductible.

Plan highlights

- **Annual deductible:** **$50** individual, **$150** family (waived for preventive/diagnostic care)
- **Annual maximum:** **$2,000** (excludes orthodontia and preventive care)
- **Preventive care:** Exams, cleanings and X-rays are covered at **100%** and don't count toward your annual benefit maximum.
- **Other services:** You and the plan share costs after you meet the deductible — you pay **20%** for basic services (fillings, extractions, basic oral surgery) and **50%** for major services (crowns, dentures, bridges, implants, major oral surgery).
- **Orthodontia:** For child(ren) only. Plan pays **50%**, up to a **$2,000** lifetime benefit maximum.

Vision

Aetna is our vision carrier and benefits are administered by EyeMed. You save money when you use in-network providers.

Plan highlights

- Routine eye exams once per calendar year
- Single vision, progressive and premium progressive lenses once per calendar year
- A frame allowance once every other calendar year
- Contact lenses in place of eyeglasses

Find an in-network provider at **member.eyemedvisioncare.com/bac** and look for the **PLUS** symbol to save even more.

Enrolling in Aetna medical coverage? You'll also have access to the Aetna Vision Discount Program at no cost, offering discounts on exams, eyeglasses, LASIK and more. Call **877.444.1012** for details.

Visit **My Benefits Resources** to view your premiums.



Another dental plan option may be available to you

In select markets, you can choose the Aetna Dental DMO Plan. Visit **My Benefits Resources** to see if this option is available where you live. Before you enroll, visit **aetna.com/bankofamerica** to see whether your dentist is in network — and if you're considering a new dentist, confirm they're accepting new DMO patients. This plan only covers services from in-network providers.

Back to Contents →

Financial protection

Life is full of surprises. That's why the bank provides core financial protection at no cost to you. During your enrollment period, you can explore additional coverage options to add an extra layer of security for yourself and those who depend on you.

You automatically receive no-cost coverage for:

- Associate basic life insurance
- Short-term disability insurance
- Long-term disability insurance
- Business travel accident insurance



Designate a beneficiary

During your enrollment period, be sure to designate beneficiaries for your insurance coverage and Health Savings Account (HSA), if applicable, to ensure your benefits reflect your wishes.

Your supplemental insurance coverage

Here's a look at your options for buying additional coverage and what each one is designed to protect. For more details, visit **My Benefits Resources**.

	Why you might want it
Accidental death & dismemberment (AD&D)	You want additional financial protection in the event you're seriously injured or you die because of an accident. If you have AD&D coverage, you're also eligible to elect coverage for your spouse, partner or child.
Associate supplemental life	You want to provide your beneficiary (or beneficiaries) with a higher life insurance benefit payout than what the bank-paid basic coverage provides.[1]
Critical illness	You want added financial protection (up to **$20,000**) if you're diagnosed with a covered condition — such as cancer, a heart attack or a stroke — paid directly to you as a lump-sum benefit to use however you need it, from medical bills to everyday expenses. Once enrolled, you're also eligible to elect coverage for your spouse, partner or child. **Note:** Conditions diagnosed prior to the coverage effective date will not be covered.
Dependent life	You want help with expenses if your spouse, partner or child dies.[1]
Long-term disability	You want additional long-term disability coverage on top of the bank-provided core coverage in the event you're unable to work due to a qualifying disability.

[1] A statement of health may be required before any life insurance coverage elections take effect. You'll be notified when you enroll if a statement of health is needed.

Back to Contents →

Additional benefits

Need a lawyer? Help with child care? A little extra time off? These benefits support the moments that matter most, and they're available whether or not you enroll in a bank medical plan. During your enrollment period, review your options and elect the benefits that best meet your needs.

Prepaid Legal plans

Access a network of attorneys, with eligible attorney fees covered when you use a network provider. Once enrolled, coverage remains in place for the calendar year.

Choose from two options:

Essential Coverage: Legal support for everyday needs, including family law, real estate and wills

Full Coverage: Includes Essential Coverage plus estate planning, adoption, divorce and more

Child Care Plus®

If your PYCC is less than $100,000, enrollment in Child Care Plus (CCP) may be available to help cover eligible child care expenses in 2027. You can elect CCP during your enrollment period or at any time during the year.

Eligible participants can receive up to **$275** per month, per child.

Dependent Care Flexible Spending Account (FSA)

A Dependent Care FSA lets you pay for eligible expenses, like day care, babysitters, day camps and before- or after-school programs, with pretax dollars. Contribute up to **$7,500** per household (**$3,750** if married and filing separately) and save on care that helps you and your spouse or partner work or attend school.

Purchased time off (PTO)

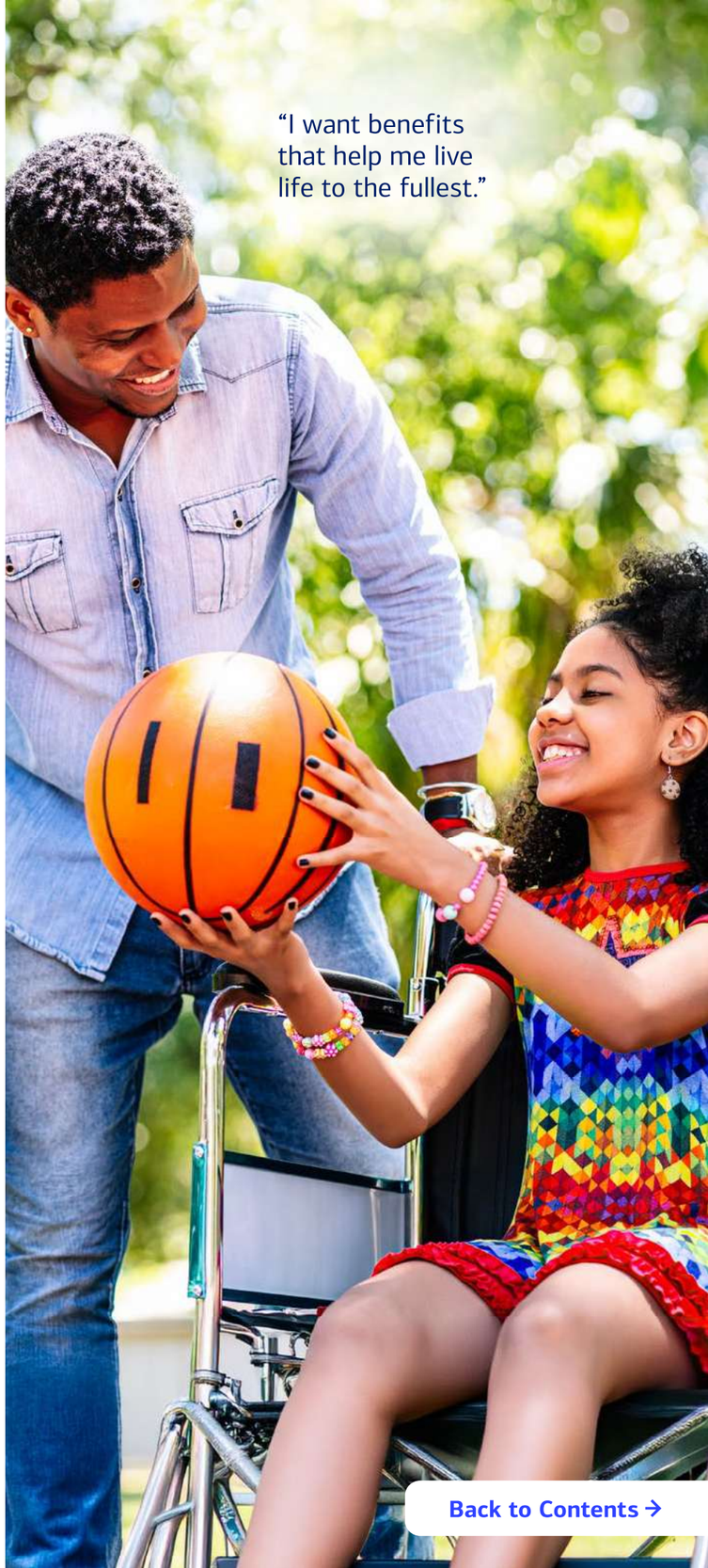
If you accrue vacation and are eligible,[1] you can purchase additional time off from work — from four (whole) hours up to your weekly scheduled hours (maximum of 40).

Manager approval is required before enrolling. Otherwise, any election you make may be canceled.

Want to learn more?

Go to **HR Connect** > **Benefits**.

[1] If your benefits effective date is after Jan. 1, 2027, you cannot enroll in PTO for 2027, but you can enroll for subsequent years, during Annual Benefits Enrollment, if you remain eligible. Commissioned employees and employees working in Puerto Rico are not eligible for PTO.



Back to Contents →

Contacts

Questions? We've got you covered. Whether you're checking if a provider is in network, comparing plans or looking for guidance before you enroll, help is just a click or call away.



Medical

Aetna
aetna.com/bankofamerica
877.444.1012 (for Aetna ACO phone numbers, see **Whole health support**)

Anthem
anthem.com/bankofamerica
844.412.2976

Kaiser Permanente[1]
kp.org
Refer to the number on the back of your ID card.

UnitedHealthcare (UHC)
whyuhc.com/findmydoc
877.240.4075

Prescription

CVS Caremark™
caremark.com
800.701.5833

Rightway[2]
joinrightway.com/rx
833.502.9085

Prepaid Legal

MetLife Legal Plans
metlife.com/mybenefits
888.245.2920

Vision

Aetna
member.eyemedvisioncare.com/bac
877.444.1012

Dental

Aetna[1]
aetna.com/bankofamerica
877.444.1012

MetLife
metlife.com/mybenefits
888.245.2920

More benefits information

HR Connect
hrconnect.bankofamerica.com

Employee Resources at Home
bankofamerica.com/employee

My Wellness
mywellnessbofa.com

Health care & dependent care accounts

Health Benefit Solutions
myhealth.bankofamerica.com
866.791.0254

Critical illness

MetLife
metlife.com/mybenefits
888.245.2920

Child Care Plus®

My Benefits Resources
mybenefitsresources.bankofamerica.com
800.556.6044 (Global HR Service Center)

Additional support

Global HR Service Center
My Benefits Resources
mybenefitsresources.bankofamerica.com
800.556.6044

Benefits Education & Planning Center (BEPC)
866.777.8187

Important details about the benefits offered in this guide — including information on eligibility — can be found in the *2026 Bank of America Health & Insurance Summary Plan Description* (2026 H&I SPD) at **HR Connect** > **Benefits** > **Health** > **Medical plans** > **Resources** > **Summary Plan Descriptions and Summaries of Material Modifications**. View **important legal notices** online.

[1] Kaiser Permanente and Aetna Dental DMO plans are only available in select markets.

[2] For Anthem members in California and Illinois

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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Back to Contents →