



# TURNING MY Benefits INTO Peace-of-Mind

## 2020 SUMMARY OF REGIONS ASSOCIATE BENEFITS



### A WORD ABOUT OUR BENEFITS

At Regions, it is our mission to “Make Life Better” for our customers, communities and associates. One way we do this for our associates is by providing comprehensive benefits that meet their diverse needs. Associates have the opportunity to select coverage that promotes health and wellness for themselves and their families, provides financial security for the future and helps balance personal responsibilities and work life.

For more detailed information, including how to enroll, please review the information and plan documents online at [benefits.regions.com](http://benefits.regions.com). For questions, please contact the Human Resources Connect Team at 1-877-562-8383.

PLAN	ELIGIBILITY	BI-WEEKLY COST TO ASSOCIATE	BENEFIT SUMMARY
<b>MEDICAL HEALTH PLAN Blue Cross/Blue Shield (Advantage PPO)</b> Customer Service: 888-850-3276	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Shared with company <b>Benefits Eligible Compensation: Up to \$70,000</b> Associate: \$ 71.00 Associate + Child(ren): \$137.00 Associate + Spouse/DP*: \$221.00 Associate + Family: \$242.00 <b>\$70,000.01-\$140,000</b> Associate: \$ 91.00 Associate + Child(ren): \$157.00 Associate + Spouse/DP*: \$241.00 Associate + Family: \$262.00 <b>\$140,000.01 or more</b> Associate: \$126.00 Associate + Child(ren): \$192.00 Associate + Spouse/DP*: \$276.00 Associate + Family: \$297.00	<ul style="list-style-type: none"> <li>• <b>Calendar year deductible</b> <ul style="list-style-type: none"> <li>– Medical: \$1,000 per person; \$3,000 family aggregate</li> <li>– Prescription Drug: \$150 per person; limit of 3 per family</li> </ul> </li> <li>• <b>Tobacco-users</b> pay \$15 more per pay period per family</li> <li>• <b>Benefit level for most covered care except hospital inpatient</b> <ul style="list-style-type: none"> <li>– 90% In-Network after deductibles or co-pay (Out-of-Network: 70% UCR/30% co-pay). Office visits covered at 100% of allowed amount after co-pay**</li> </ul> </li> <li>• <b>Medical calendar year out-of-pocket maximum</b> <ul style="list-style-type: none"> <li>– \$2,000 individual; \$6,000 family aggregate (including deductibles, co-pays and co-insurance)</li> </ul> </li> <li>• <b>Prescription drug calendar year out-of-pocket maximum</b> <ul style="list-style-type: none"> <li>– \$3,300 individual; \$6,600 family aggregate (including deductibles and co-pays)</li> </ul> </li> <li>• <b>Hospital inpatient care (In-Network)</b> <ul style="list-style-type: none"> <li>– 90% after \$300 deductible per stay</li> </ul> </li> <li>• <b>Preventive Care</b> <ul style="list-style-type: none"> <li>– 100% In-Network for covered services</li> </ul> </li> </ul>
<b>Blue Cross/Blue Shield (Core HDHP)</b> Customer Service: 888-850-3276	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Shared with company <b>Benefits Eligible Compensation: Up to \$70,000</b> Associate: \$ 25.00 Associate + Child(ren): \$ 75.00 Associate + Spouse/DP*: \$126.00 Associate + Family: \$135.00 <b>\$70,000.01-\$140,000</b> Associate: \$ 45.00 Associate + Child(ren): \$ 95.00 Associate + Spouse/DP*: \$146.00 Associate + Family: \$155.00 <b>\$140,000.01 or more</b> Associate: \$ 80.00 Associate + Child(ren): \$130.00 Associate + Spouse/DP*: \$181.00 Associate + Family: \$190.00	<ul style="list-style-type: none"> <li>• <b>Calendar year deductible</b> <ul style="list-style-type: none"> <li>– \$2,000 associate-only; \$2,800 individual on Plus coverages; \$6,000 family aggregate</li> </ul> </li> <li>• <b>Tobacco-users</b> pay \$15 more per pay period per family</li> <li>• <b>Benefit level for most covered care except hospital inpatient</b> <ul style="list-style-type: none"> <li>– 75% In-Network after calendar year deductible, 25% co-pay (Out-of-Network: 55% UCR/45% co-pay)*</li> </ul> </li> <li>• <b>Calendar year out-of-pocket maximum</b> <ul style="list-style-type: none"> <li>– \$6,900 individual; \$13,800 family aggregate (including deductibles, co-pays and co-insurance)</li> </ul> </li> <li>• <b>Hospital inpatient care (In-Network)</b> <ul style="list-style-type: none"> <li>– 75% of UCR after calendar year deductible and \$500 deductible per stay</li> </ul> </li> <li>• <b>Preventive Care</b> <ul style="list-style-type: none"> <li>– 100% In-Network for covered services</li> </ul> </li> </ul>

\*Taxation applies to cost of Domestic Partner (DP) coverage.

\*\*Allowable charge or UCR is usually based on the prevailing rate charged in a geographic area for a specific service.

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<b>PRESCRIPTION DRUGS</b> Customer Service: 877-794-3574	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Included in Medical Health Plan cost	<ul style="list-style-type: none"> <li>• <b>Advantage PPO – Calendar year deductible</b> <ul style="list-style-type: none"> <li>– \$150 per person; 3 deductibles per family</li> <li>– After deductible is met, you will pay the co-pay or cost, whichever is less up to the calendar year out-of-pocket maximum</li> </ul> </li> <li>• <b>Core HDHP</b> – Prescriptions apply to overall Plan deductible except for certain preventive medications</li> <li>• <b>Required Generics</b> when a generic equivalent is available</li> <li>• <b>Retail:</b> Up to a 30-day supply per co-pay               <ul style="list-style-type: none"> <li>– Must Use Network Pharmacies: More than 60,000 nationwide; Non-Preferred Pharmacies at higher co-pay</li> <li>– Tier 1 (Usually Generic Drugs): \$15 co-pay per prescription</li> <li>– Tier 2 (Usually Preferred Drugs): \$30 co-pay per prescription</li> <li>– Tier 3 (Usually Other Drugs): 10% (min. \$60 – max. \$150)</li> </ul> </li> <li>• <b>Mail Order:</b> Up to a 90-day supply per co-pay               <ul style="list-style-type: none"> <li>– Tier 1 (Usually Generic Drugs): \$30 co-pay per prescription</li> <li>– Tier 2 (Usually Preferred Drugs): \$60 co-pay per prescription</li> <li>– Tier 3 (Usually Other Drugs): 10% (min. \$120 – max. \$300)</li> </ul> </li> </ul>
<b>TELADOC</b>	Regions Medical Plan participants	Company paid Applicable Co-pay per consult	<ul style="list-style-type: none"> <li>• Access to U.S. board-certified doctors and counselors in your state (averaging 20 years experience) through phone or video consults (where available).</li> <li>• Teladoc doctors can treat many illnesses such as cold/flu symptoms, pink eye, allergies, respiratory infections, sinus infections and more. Behavioral Health also available.</li> </ul>
<b>VITALITY WELLNESS PROGRAM</b>	Regions Medical Plan participants	Company paid	<ul style="list-style-type: none"> <li>• A comprehensive, interactive and personalized wellness rewards program</li> <li>• Available online or via mobile app</li> </ul>
<b>VISION CARE PLAN (VSP)</b> www.vsp.com 1-800-877-7195	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Associate: \$ 4.00 Associate + Child(ren): \$ 6.00 Associate + Spouse/DP*: \$ 6.00 Associate + Family: \$10.25  Note: No ID card required.	<ul style="list-style-type: none"> <li>• <b>WellVision® Exams (every calendar year)</b> <ul style="list-style-type: none"> <li>– \$15 Choice Network co-pay for 1 eye exam</li> </ul> </li> <li>• <b>Lenses (every calendar year)</b> <ul style="list-style-type: none"> <li>– \$25 Choice Network co-pay for purchase of lenses and/or frames</li> </ul> </li> <li>• <b>Frames (every other calendar year)</b> <ul style="list-style-type: none"> <li>– \$25 Choice Network co-pay for purchase of frames and/or lenses; \$150 allowance</li> </ul> </li> <li>• <b>Contact Lenses (every calendar year)</b> <ul style="list-style-type: none"> <li>– \$150 Choice Network allowance</li> </ul> </li> <li>• <b>May use network and non-network providers at different coverage levels</b></li> </ul>
<div style="border: 1px solid black; padding: 5px;">           *Taxation applies to cost of Domestic Partner (DP) coverage.         </div>			
<b>DENTAL CARE PLAN Blue Cross/Blue Shield</b> Customer Service: 888-850-3276	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Shared with company Associate: \$10.00 Associate + Child(ren): \$25.50 Associate + Spouse/DP*: \$20.00 Associate + Family: \$37.50	<ul style="list-style-type: none"> <li>• <b>Calendar year deductible</b> <ul style="list-style-type: none"> <li>– \$100 per person; \$300 per family</li> </ul> </li> <li>• <b>Calendar year maximum benefit</b> <ul style="list-style-type: none"> <li>– \$1,500 per person per calendar year</li> </ul> </li> <li>• <b>Diagnostic and preventive services (exams, x-rays and cleanings)</b> <ul style="list-style-type: none"> <li>– 100% of UCR with no deductible</li> </ul> </li> <li>• <b>Basic restorative and periodontic services (fillings and simple extractions)</b> <ul style="list-style-type: none"> <li>– 80% of UCR after \$100 deductible</li> </ul> </li> <li>• <b>Major services (oral surgery, root canal prosthodontics)</b> <ul style="list-style-type: none"> <li>– 50% of UCR after deductible; none in first 12 months**</li> </ul> </li> <li>• <b>Orthodontia</b> <ul style="list-style-type: none"> <li>– 50% of UCR after \$100 deductible; lifetime maximum benefit of \$1,750/person; none in first 12 months**</li> </ul> </li> </ul>
<div style="border: 1px solid black; padding: 5px;">           *Taxation applies to cost of Domestic Partner (DP) coverage.            **Waiting period for certain services applies to all associates regardless of prior service with Regions or any other employer.         </div>			
<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b> Health Equity 1-877-288-0719	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Associate elects pre-tax contributions  Not available to Core HDHP participants	Account for defraying the cost of medical, dental, and optical expenses not covered by medical/dental/vision health plans with “no-tax” dollars. <ul style="list-style-type: none"> <li>• Minimum contribution – \$600/year</li> <li>• Maximum contribution – Maximum allowed by IRS</li> <li>• Elected amount must be used by December 31; \$500 can be “rolled over” to the next plan year.</li> </ul>

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<b>DEPENDENT CARE REIMBURSEMENT ACCOUNT (DRCA)</b> Health Equity 1-877-288-0719	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Associate elects pre-tax contributions	Account for defraying the cost of qualified dependent day care expenses with “no-tax” dollars. <ul style="list-style-type: none"> <li>• Minimum contribution – \$600/year</li> <li>• Maximum contribution – Maximum allowed by IRS</li> <li>• Elected amount must be used in year elected, “use it or lose it”</li> </ul>
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Associate elects pre-tax contributions  Available to Core HDHP participants	Account defraying the cost of medical, dental and optical expenses not covered by medial/dental/vision health plans with “no tax” dollars. A savings and investment account that you can keep into retirement. <ul style="list-style-type: none"> <li>• Maximum contribution – Individual \$3,550/Family \$7,100</li> <li>• Eligibility rules more complex than FSA</li> <li>• Funds carry-over, “use it or keep it”</li> </ul>
<b>SHORT-TERM DISABILITY PLAN</b>	First day of month following 90-days of employment; full-time <b>Benefits Eligible Associates</b>	Company paid	Plan pays 60%, 70%, 80%, or 100% of eligible pay depending on length of service. <ul style="list-style-type: none"> <li>• Short-Term Disability pay percentage is based on the associate’s length of service</li> <li>• Plan begins paying on 11th business day of sickness and 11th business day following accident</li> <li>• Plan pays a maximum of 26 weeks</li> </ul>
<b>PARENTAL LEAVE</b>	Full-time Benefits 12-month Waiting Period, if hired after 1/1/2019	Company paid	<ul style="list-style-type: none"> <li>• Birth mothers receive 12 weeks of leave with full pay</li> <li>• Birth fathers and adoptive parents receive 6 weeks of leave with full pay</li> </ul>
<b>LONG-TERM DISABILITY PLAN</b>	First day of month following 90-days of employment; full-time <b>Benefits Eligible Associates</b>	Company paid	Plan pays 60% of eligible pay in the event of associate disability. <ul style="list-style-type: none"> <li>• Benefit payments begin on associate’s 181st day of total disability</li> <li>• Benefit payments reduced by applicable benefits from government or other employer sponsored plans</li> <li>• Pre-existing condition limitations apply</li> </ul>
<b>BASIC GROUP LIFE INSURANCE PLAN</b>	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Company paid	<ul style="list-style-type: none"> <li>• Benefit amount equals two times associate’s annual benefits eligible compensation (BEC) rounded to the next higher \$1,000</li> <li>• Maximum coverage of \$1,000,000</li> </ul>
<b>OPTIONAL GROUP LIFE INSURANCE PLAN</b>	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Associate paid  For rate information, log on to <b>benefits.regions.com</b> then, <ul style="list-style-type: none"> <li>• Click <b>Documents and Forms</b></li> <li>• Scroll to <b>Miscellaneous</b> section</li> <li>• Click <b>2020 Associate Contributions</b></li> </ul>	<ul style="list-style-type: none"> <li>• Additional coverage equal to 1x, 2x, 3x, 4x, or 5x benefits eligible compensation (BEC)</li> <li>• Maximum coverage of \$1,250,000</li> <li>• Conversion privilege applies</li> <li>• Associate rates are based on associate’s age and whether associate uses tobacco or e-cigarettes</li> <li>• No evidence of good health on amounts up to 3x BEC if you enroll when initially eligible</li> </ul>
<b>DEPENDENT LIFE INSURANCE PLAN</b>	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associate</b>	Associate paid  For rate information, log on to <b>benefits.regions.com</b> then, <ul style="list-style-type: none"> <li>• Click <b>Documents and Forms</b></li> <li>• Scroll to <b>Miscellaneous</b> section</li> <li>• Click <b>2020 Associate Contributions</b></li> </ul>	<ul style="list-style-type: none"> <li>• Spouse coverage available from \$25,000 up to a maximum of \$200,000</li> <li>• Spouse must complete Statement of Health for coverage above \$25,000</li> <li>• Spouse rates are based on spouse’s age and whether spouse uses tobacco or e-cigarettes</li> <li>• Child coverage is \$12,500 per child</li> </ul>
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT PLAN</b>	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Associate paid  Associate: \$0.011/\$1,000 of benefit Associate + Family: \$0.017/\$1,000 of benefit	<ul style="list-style-type: none"> <li>• Choose from four coverage amounts</li> <li>• Maximum of \$500,000</li> <li>• Spouse – 50% of associate amount; \$250,000 maximum</li> <li>• Each child – 20% of associate amount; \$50,000 maximum each child</li> <li>• Spouse and Child – 40% of associate amount and 15% of associate amount for each child</li> </ul>

PLAN	ELIGIBILITY	BI-WEEKLY COST TO ASSOCIATE	BENEFIT SUMMARY
<b>TUITION REIMBURSEMENT</b>	Full-time and part-time associates having completed successful orientation period	Shared with company. Minimum grade of "C" is required	<ul style="list-style-type: none"> <li>Applicable to all undergraduate degree programs, subject to job applicability</li> <li>Maximum 8 courses or \$5,000 per year</li> </ul>
<b>REGIONS EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	All associates	Company paid	<ul style="list-style-type: none"> <li>Web access to extensive resource materials and training programs on a wide range of topics</li> <li>Confidential assessment, counseling and referral services for associates and their eligible dependents</li> <li>In-person counseling sessions, up to three free visits per year per issue</li> <li>Unlimited scheduled telephonic counseling</li> <li>Toll-free help line 24 hours per day</li> </ul>
<b>LEGAL INSURANCE</b>	First of month coincident with or next following date of hire; full-time <b>Benefits Eligible Associates</b>	Associate paid \$8.86	<ul style="list-style-type: none"> <li>100% paid-in-full benefits when using a network attorney unless otherwise stated (limits apply)</li> <li>Telephone, on-line and office legal services</li> <li>Lesser reimbursement for non-network attorney use</li> <li>Free online legal education available to all associates</li> </ul>
<b>ASSOCIATE HOME OWNERSHIP BENEFITS AND THE 5 FOR 5 HOME LOAN</b>	All associates (includes Limited Benefits Eligible). Must be an active associate employed at least six months and must be in good standing (confirmed by manager)	Company paid	<ul style="list-style-type: none"> <li>Total qualifying Regions annual income must be \$75,000/year or less</li> <li>Total qualifying household total income must be \$150,000 or less</li> <li>First time home buyers must complete a home ownership counseling course prior to closing</li> <li>Interest free \$5,000 loan grossed up for taxes</li> <li>\$1,000 of loan forgiven for each year of service up to 5 years</li> <li>Must be in conjunction with Regions-approved mortgage loan</li> </ul>
<b>BANKING SERVICES</b>	All associates	Two free checking accounts	<ul style="list-style-type: none"> <li>Additional banking services may be free or discounted. See HR Connect &gt; Benefits &amp; Perks &gt; Associate Banking</li> </ul>
<b>THE REGIONS 401(K) PLAN</b>	Associates are automatically enrolled in the plan at 2% of eligible pay with the option to opt-out at any time	Shared with company Cost is based on individual contributions	<ul style="list-style-type: none"> <li>Associate may contribute up to 80% of total pay on a pre-tax or Roth after-tax basis</li> <li>Regions will contribute 2% of eligible pay after one year of service regardless of associate deferral (limits apply)</li> <li>Regions will match 100% of initial 5% associate pre-tax or Roth after-tax deferral after one year of service</li> <li>Associate and company contributions 100% vested to associate from date of entry into the plan</li> <li>Associate elects how his/her contributions are to be invested</li> </ul>
<b>VACATION PURCHASE PLAN</b>	Full-time <b>Benefits Eligible Associates</b>	Associate paid	<ul style="list-style-type: none"> <li>Annual opportunity to purchase up to an additional 40 hours of vacation by payroll deduction</li> </ul>

**Note: All full-time Benefits Eligible Associates also receive competitive paid time off for holidays, vacation, and sick time. For additional benefits and plan documents, visit [benefits.regions.com](http://benefits.regions.com).**

*The above is a summary of the Regions Associate Benefits plans, and is not intended to be a complete summary of plan terms and conditions. In the event of a question, the plan documents govern all benefits and terms of the programs. Though the company hopes to continue these plans indefinitely, these plans may be changed, amended, or terminated with respect to all or any class of associate.*

