



TURNING MY *Benefits* INTO *Peace-of-Mind*

REGIONS ASSOCIATE BENEFITS

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Action Alert

This symbol indicates that you must take action on this item during open enrollment





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Dear Regions Associates:

Your Total Rewards as a Regions associate includes comprehensive benefits that help protect the health, finances and future of you and your family.

During enrollment, you have the opportunity to turn your benefit options into peace of mind by selecting benefits that:

- Promote the health and wellness of you and your family
- Provide financial security in the event of your disability or death
- Help balance your personal responsibilities and work life

An overview of your benefits options can be found in this guide. Be sure to enroll within 31 days of your date of hire.

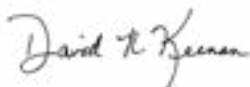
I would like to encourage you to spend time learning about your benefits options.

Surprisingly, some money-saving, reward-earning and life-enhancing benefits are underutilized by Regions associates such as:

- **Health Savings or Health Flexible Spending and Dependent Daycare Reimbursement Accounts** — Lower your income taxes when you use these accounts to pay for medical and daycare expenses.
- **Vitality Wellness Program** — Earn gift card rewards for health improvement activities. Approximately \$200,000 in rewards have been redeemed in 2019 so far!
- **Employee Assistance Program (EAP)** — Access free short-term counseling for yourself or a family member and resources to help you every day.
- **Healthcare BlueBook (Core HDHP participants)** — Shop for the best quality, cost-efficient providers.
- **Regions Discount Shopping Network** — Exclusive opportunities to save on travel, electronics, tickets, and everyday purchases.

The Regions team is stronger than ever, and I am proud to offer this benefits package to my fellow associates as we share success in providing value to our customers, communities, and families.

Sincerely,



David R. Keenan
Chief Human Resources Officer





TURNING MY *Choices* INTO *Decisions*

BENEFITS ENROLLMENT

Benefits enrollment is part of an ongoing partnership between you and Regions. The company's role in the partnership is to offer you a top-notch selection of benefits you and your family can use to protect your health, finances and future. Your role in this partnership is to select the right benefits, and to use them wisely. Why not take the next step to learn about the benefits options available to you? Then you'll be ready to Make Your Benefits Connection.

Your Enrollment Checklist

- ✓ Review all the enrollment information available within the Benefits Enrollment section.
- ✓ Enroll in your 2020 benefits in [Workday](#).
 - See [How to Enroll](#) for details.
 - [401\(k\)](#) is a separate enrollment that can be done at any time.
 - You can enroll in the Vitality Wellness Program at www.powerofvitality.com.
- ✓ Select correct rates based on Tobacco Use status of yourself and your dependents. If anyone in the family uses tobacco, you must select the tobacco rate for medical. If you or your spouse uses tobacco, you must select the tobacco rate for Optional Life Insurance. Failure to do so could mean non-covered services or loss of coverage.
- ✓ Verify the accuracy of your personal information — addresses, birth dates, and Social Security numbers of you and your eligible dependents.
- ✓ Ensure that you have selected each dependent that you wish to be covered for each benefit.
- ✓ On each page, ensure that only eligible dependents are covered by your benefits.
- ✓ Designate primary and secondary beneficiaries for Basic Life, Optional Life and AD&D insurance.
 - You will need the address and birth date of each beneficiary.
 - Beneficiaries for your 401(k) can be designated at 401k.regions.com and your Health Savings Account on the [Health Equity site](#).
- ✓ If you are electing optional life insurance, certain higher levels require you to submit an Evidence of Insurability (EOI) upon email request from UNUM for approval. See the [Optional Life Insurance Page](#) for details.
- ✓ Select “Waive” for any benefits you do not want.
- ✓ Confirm your elections and print a copy of your benefits elections for your records.

WHAT HAPPENS IF I DO NOT ENROLL?

You must enroll to have benefits coverage during 2020. If you do not enroll, you and your dependents will not have coverage for 2020 for dental, vision, health flexible spending account, dependent care account, health savings account, legal, optional life or AD&D. You will only be enrolled in the Core High Deductible Health Plan (medical) with associate-only coverage and in the company-paid Basic Life Insurance and Disability Plans.

CHANGES TO YOUR 2020 BENEFITS (Effective January 1, 2020*)

What's New	What This Change Means To You
Applies to Both the Advantage Plan and Core High Deductible Plan – Effective January 1, 2020	
More Associates Eligible for Lower-Cost Medical Coverage	<p>Associate payroll contributions will be based on the following structure: Total Eligible Compensation for Year Ending 12/31/2018* Lowest Tier: \$70,000 and under (was \$50,000) Middle Tier: \$70,000.01 to \$140,000 Highest Tier: Over \$140,000 (was \$100,000)</p> <p>*Based on 2018 Eligible Compensation. See Associate Contributions for per period payroll deductions.</p>
Teladoc Behavioral Health	<p>Taking care of your mental health is an important part of your overall well-being. In addition to the Employee Assistance Program (EAP) and mental health benefits through BCBSAL, you and your covered dependents (ages 18 and over) now have convenient access to confidential, quality treatment by phone or video. Choose to see a psychiatrist, psychologist, social worker or therapist and establish an ongoing relationship. A \$25 Copay will apply (deductible applies for Core Plan). Teladoc does not offer a crisis hotline. Appointments must be scheduled.</p>
Applies to Core High Deductible Medical Plan – Effective January 1, 2020	
Calendar Year Deductible	<p>The calendar year deductible will increase to \$2,800 per individual on Associate Plus Spouse, Child(ren) or Family coverage. Other deductibles will remain the same. Reminder: The deductible must be met before any services are covered; except for Preventive Care and Preventive Medications (see next item).</p>
Out-of-Pocket Maximums Are Now Combined	<p>In Network / Out of Network Combined medical and prescription drugs: \$6,900 individual; \$13,800 family (includes \$2,000 individual; \$6,000 family medical deductible)</p>
Preventive Medications for Chronic Conditions	<p>Certain preventive medications for chronic conditions such as diabetes, high blood pressure, high cholesterol, asthma and heart conditions will be covered under the Core Plan with no deductible. The co-pays based on the drug tier will apply. See the HSA Preventive Drug List for a list of covered medications.</p>
Associate Contributions – Core	<p>Rates will remain the same for the \$70,000 and under salary tier in 2020 but will slightly increase for other tiers.</p> <p>\$70,000 and under per pay period deduction for Tobacco/Vaping Free* associates.</p> <ul style="list-style-type: none"> • Associate Only \$25.00 • Associate + Child(ren) \$75.00 • Associate + Spouse/Domestic Partner . . . \$126.00 • Associate + Family \$135.00 <p>See Associate Contributions for all salary tiers. See Tobacco Surcharge Information.*</p>
Applies to Advantage PPO Medical Plan – Effective January 1, 2020	
Associate Contributions – Advantage	<p>Rates will slightly increase in 2020 for the Advantage Plan.</p> <p>\$70,000 and under per pay period deduction for Tobacco/Vaping Free* associates.</p> <ul style="list-style-type: none"> • Associate Only \$71.00 • Associate + Child(ren) \$137.00 • Associate + Spouse/Domestic Partner . . . \$221.00 • Associate + Family \$242.00 <p>See Associate Contributions for all salary tiers. See Tobacco Surcharge Information.*</p>
FSA \$500 Rollover Attribute	<p>Effective December 31, 2020. See page 16 for more information.</p>
Applies to Health Savings Account (HSA) – Effective January 1, 2020	
HSA Contribution Limit	<p>2019 Contribution Limits:</p> <ul style="list-style-type: none"> • Individual \$3,550 • Family \$7,100
Applies to Dental Plan – Effective January 1, 2020	
Associate Contributions	<ul style="list-style-type: none"> • Associate Only \$10.00 • Associate + Child(ren) \$25.50 • Associate + Spouse/Domestic Partner . . . \$20.00 • Associate + Family \$37.50
Applies to Basic Life Insurance – Effective January 1, 2020	
Maximum Benefit	Maximum benefit for Basic Life Insurance provided by Regions will increase to \$1 million.

*This list is not intended to be all encompassing. Changes to covered drugs, covered procedures, pre-certification requirements, etc., are made year-round.

Associate Eligibility

WHEN CAN I MAKE BENEFIT ELECTIONS?

You have three opportunities to enroll in Regions benefits:

- When you are hired as a full-time associate
- During the annual Open Enrollment
- When you experience a qualifying life event

Hired as a Full-Time Associate

If you are hired as a full-time associate scheduled to work 30 or more hours per week, or if after 12 months of employment you have worked an average of 30 hours per week, you are eligible for benefits coverage.

If your first day in a benefits eligible position is the first of the month, you are eligible for benefits beginning that day. If you are hired on the second day of the month or later, your benefits will start on the first day of the following month.

You must enroll in or waive your benefits within 31 days after hire. If you do not make elections, you will be enrolled in the Core Medical Plan with associate-only coverage.

Annual Open Enrollment

Regions has an annual benefits open enrollment period each fall. At this time you must review benefit plan options and make changes for the upcoming year. All benefits chosen during this time are effective on January 1 of the following year, and remain in effect through December 31 as long as you maintain eligibility throughout the year. During open enrollment, you can enroll for the first time, renew your coverage, make changes to your current plans or cancel participation.



THINK BENEFITS

Whenever you experience a qualifying life event:

- Review coverage levels on all your plans
- Submit the Change in Status request within 31 days if you wish to make changes

Your coverage does not renew automatically. You must re-enroll each year during open enrollment to have benefits for the following year. Associates who do not enroll or actively waive medical coverage will be enrolled automatically into the Core Medical Plan with associate-only coverage.



Qualifying Life Event

The choices you make during enrollment remain in effect for the entire plan year unless you have a qualifying event as defined by the IRS. If you experience a qualifying event, you must submit your requested changes within 31 days of the event by submitting a change in status request via Workday along with supporting documentation to verify your request. See the **Changes Due to Life Events** section of benefits.regions.com for detailed information.

2020 ASSOCIATE CONTRIBUTIONS PER BI-WEEKLY PAY PERIOD

Medical Core High Deductible Savings Plan Non-Tobacco/Vape User***	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*	Total Compensation over \$140,000*
Associate Only	\$25.00	\$45.00	\$80.00
Associate + Child(ren)	\$75.00	\$95.00	\$130.00
Associate + Spouse/Domestic Partner**	\$126.00	\$146.00	\$181.00
Family/Family + Domestic Partner**	\$135.00	\$155.00	\$190.00

Medical Core High Deductible Savings Plan Tobacco/Vape User***	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*	Total Compensation over \$140,000*
Associate Only	\$40.00	\$60.00	\$95.00
Associate + Child(ren)	\$90.00	\$110.00	\$145.00
Associate + Spouse/Domestic Partner**	\$141.00	\$161.00	\$196.00
Family/Family + Domestic Partner **	\$150.00	\$170.00	\$205.00

Medical Advantage Plan Non-Tobacco/Vape User***	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*	Total Compensation over \$140,000*
Associate Only	\$71.00	\$91.50	\$126.00
Associate + Child(ren)	\$137.00	\$157.00	\$192.00
Associate + Spouse/Domestic Partner**	\$221.00	\$241.00	\$276.00
Family/Family + Domestic Partner**	\$242.00	\$262.00	\$297.00

Medical Advantage Plan Tobacco/Vape User***	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*	Total Compensation over \$140,000*
Associate Only	\$86.00	\$106.00	\$141.00
Associate + Child(ren)	\$152.00	\$172.00	\$207.00
Associate + Spouse/Domestic Partner**	\$236.00	\$256.00	\$291.00
Family/Family + Domestic Partner**	\$257.00	\$277.00	\$312.00

Dental	All Associates
Associate Only	\$10.00
Associate + Child(ren)	\$25.50
Associate + Spouse/Domestic Partner**	\$20.00
Family/Family + Domestic Partner**	\$37.50

Vision	All Associates
Associate Only	\$4.00
Associate + Child(ren)	\$6.00
Associate + Spouse/Domestic Partner**	\$6.00
Family/Family + Domestic Partner**	\$10.25

Group Legal	All Associates
Associate Only or Family	\$8.86

THINK BENEFITS



When you have a change in health or employment status:

- *Make sure you have beneficiaries on file.*
- *Review the SPD regarding conversion privileges should your employment end.*
- *Learn about accelerated benefit options for terminal illness.*

*Based on 2018 Benefits Eligible Compensation. Life insurance rates can be found on the [2020 Associate Contributions Sheet](#).

**In addition, taxation applies to the cost of domestic partner coverage.

***See the [Tobacco Cessation](#) page for details.



DEPENDENT ELIGIBILITY

Benefits coverage is available to eligible dependents of associates. Please review the information below to ensure your dependents meet the requirements for coverage.

Dependent Criteria

WHO CAN BE COVERED UNDER MY BENEFITS?

If you enroll yourself in Regions benefits, you may also enroll your eligible dependents who include:

- Your legal spouse or domestic partner*
- Your eligible children to age 26** for the Medical, Dental, Vision, Optional Life and Legal Plans
- Your eligible children to age 26** who are unmarried, full-time students (between age 19 and 26) for the AD&D Plan

*Domestic partners and their children are only eligible for medical, dental, vision, EAP and legal coverage and proof of eligibility must be submitted. See [Dependent Eligibility](#) section of [benefits.regions.com](#) for details.

**Coverage will terminate at end of the birth month.

An eligible child can be your:

- Or your domestic partner's natural child
- Legally adopted child or child placed with you or your domestic partner for adoption
- Foster child
- Child for whom you or your domestic partner are the court-appointed legal guardian
- Stepchild
- Incapacitated child who is unable to support himself or herself and depends on you for support; the incapacity must have occurred before age 26 and be validated by the corresponding benefits vendor

WHO CANNOT BE COVERED UNDER MY BENEFITS?

Examples of ineligible dependents include but are not limited to:

- Ex-spouse (even if court-ordered)
- Common Law Spouse (see [Domestic Partner Benefits Requirements](#))
- Children (including grandchildren) who are not the child of you or your spouse, unless you have court-appointed legal guardianship
- A spouse or child who is also a Regions associate cannot be double-covered by any plan including life insurance

PROOF OF DEPENDENT STATUS

Regions, its insurance companies and other claims administrators will periodically audit the eligibility of your covered dependent. You may be asked to submit proof of dependent status by providing a marriage certificate, birth certificate, tax return, etc.

It is your responsibility to remove any ineligible dependents from the Regions benefit plans during open enrollment or when they become ineligible. Dependents covered under your benefits who are determined to be ineligible or for whom you cannot provide proof of their eligibility, will be removed immediately, premiums will not be refunded and you will be responsible for any claims that may have been paid on their behalf. You may also be subject to disciplinary action up to and including termination.

For more information see the [Benefits Eligibility FAQs](#) section of [benefits.regions.com](#).

How to Enroll

Once you have reviewed the Regions benefit materials and determined the benefit mix that will best suit your needs, access [Workday](#) to enroll in the Medical, Dental, Vision, Optional Life Insurance, Accidental Death & Disability (AD&D), Health Flexible Spending Account or Health Savings Account, Dependent Daycare Reimbursement Account, Legal Plans and Vacation Purchase Plan. **You must re-enroll in these plans each year for continued participation.**

Enrollment in the **401k Plan** can be done via [401k.regions.com](#).

Company-provided benefits such as Basic Life Insurance, Short-Term and Long-Term Disability are automatically enrolled.

EASY STEPS TO BENEFITS ENROLLMENT ONLINE

Enrolling via [Workday](#) is easy and convenient and can be completed in just a few minutes. You can enroll from home or work 24 hours a day, 7 days a week during your enrollment window. For step by step instructions, access the [Navigate Benefits Enrollment Job Aid](#). You will receive a Benefits Enrollment notification in your Workday Inbox.

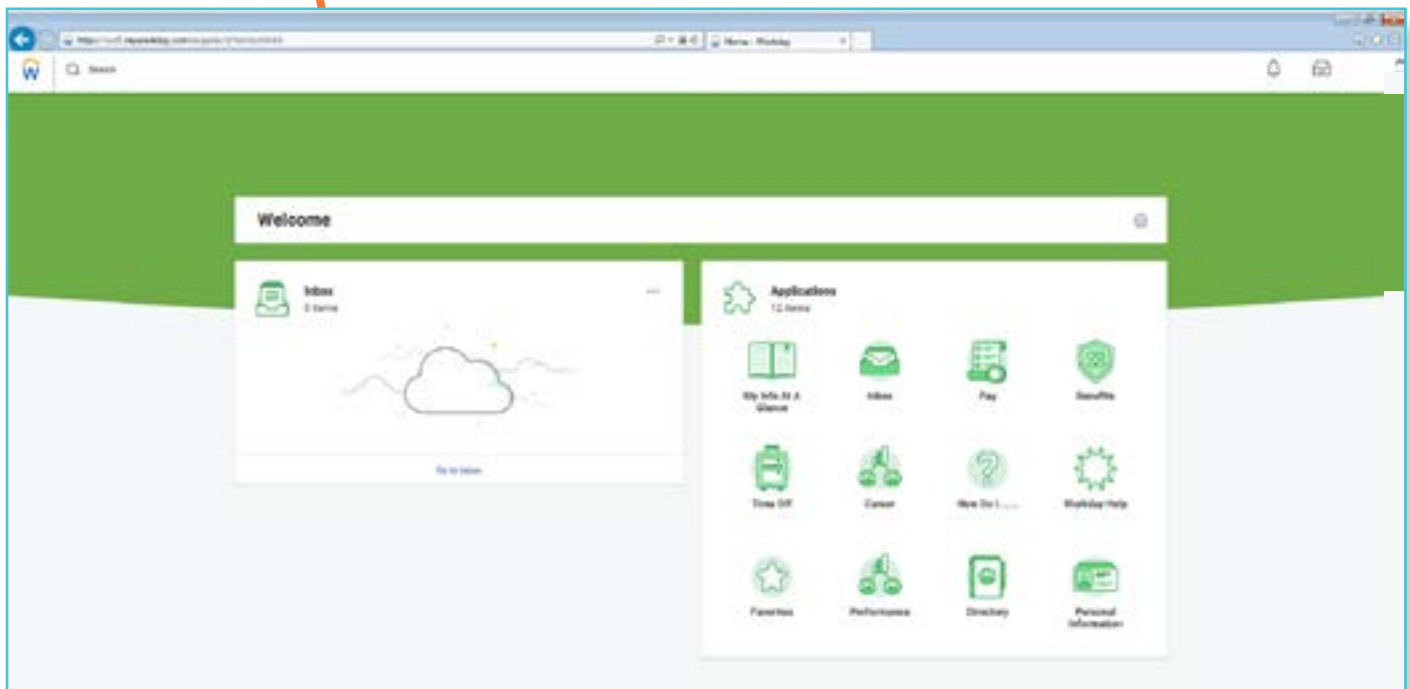
You must proceed through the enrollment process completely and select the “submit” button to save your elections. If you exit the site before confirming your choices, your elections will not be saved and you will not be enrolled in any benefits (except associate-only Core Medical and company-paid Basic Life Insurance and Disability).

If you do not have computer access or if you require personal assistance, please contact the HR Connect Team at 877-562-8383 between the hours of 7:00 a.m. and 5:00 p.m. Central.



GOOD TO KNOW

Make sure each dependent that you want covered is listed on each benefit screen.





TURNING Good Health INTO A Good Life

HEALTH BENEFITS

The comparison charts on the next page, the [Summary of Benefits](#), [Summary Plan Descriptions](#) and [Summary of Benefits Coverage \(SBC\)](#) can assist with your decision. In the event of a discrepancy, plan changes listed in this guide will prevail.

Medical

The Regions Medical Plan is administered by Blue Cross and Blue Shield of Alabama (BCBS) and offers two options: **Core** and **Advantage**. Comparing the two medical plan options carefully can help you determine the plan that best fits your needs.

With the **Core High Deductible Health Plan**, you have a much lower payroll deduction and, generally, your out-of-pocket costs (deductible and co-insurance) are higher. This plan has a tax-free **Health Savings Account (HSA)** option to help defray the cost of qualified medical expenses and to save for retirement.

With the **Advantage plan**, you have a higher payroll deduction and, generally, your co-pays and out-of-pocket costs are lower. This plan has a tax-free **Healthcare Flexible Spending Account (FSA)** option to help defray the cost of qualified medical expenses.

There is an extensive national network of providers through the Blue Cross Blue Shield Association. Using in-network providers means lower out-of-pocket costs for you. You can check to see if your doctor or pharmacy is in the network, order replacement cards and access your claims statements on the BCBS website — www.bcbsal.org. There is a single sign-on link to the BCBS website available at benefits.regions.com.

Your medical premiums are withheld from your payroll on a pre-tax basis. This means your taxable income will be lowered because premiums are deducted before federal, state and local income taxes are withheld.

Coordination of Benefits

IS THERE A BENEFIT TO HAVING “DOUBLE COVERAGE” THROUGH MY SPOUSE’S EMPLOYER OR SOME OTHER INSURANCE COMPANY?

Enrolling in more than one plan may cost you money without providing any greater benefit.

THINK BENEFITS



Whenever you receive medical services, ask yourself the following questions:

- Is this a covered service?
- Is precertification required?
- Are all the providers in-network?

We encourage you to study the *Coordination of Benefits* sections of each [Summary Plan Description](#) before paying for two plans.

Health Care Reform

CAN I ENROLL IN THE HEALTH MARKETPLACE/HEALTH EXCHANGE INSTEAD OF ONE OF THE REGIONS PLANS?

Regions medical plans meet the Affordable Care Act’s affordability requirement for single coverage. The Regions medical plans also exceed the “Minimum Essential Health Benefits” requirement.

Since the Regions Medical Plans (both Core and Advantage) meet these requirements you will not receive a tax credit if you decline coverage through Regions and obtain coverage through the Healthcare Exchange / Marketplace. You may also be subject to penalties if you choose to do so. See the [Healthcare Exchange Notice](#) for more information.

CORE HIGH DEDUCTIBLE HEALTH PLAN

Basic Definition	Lower payroll deduction, higher deductible and generally co-pay and out-of-pocket limits are higher.	
Feature	In-Network	Out-of-Network
Calendar Year Deductible	Associate-only: \$2,000; Individual on Associate Plus Spouse, Child(ren) or Family: \$2,800; \$6,000 family maximum	
Calendar Year Out-of-Pocket Maximums <i>(This is the amount you would pay before benefits would be paid at 100%)</i>	Combined Medical and Prescription: \$6,900 individual; \$13,800 family (Includes \$2,000 individual; \$6,000 family deductible.) (In-Network: Deductibles, Co-pays and Coinsurance apply to the out-of-pocket maximums. Out-of-Network: Coinsurance applies to the out-of-pocket maximum.)	
Preventive Care <i>(see Preventive Services Listing for details)</i>	100% coverage for all listed services	Not covered
Office Visit	75% coverage after calendar year deductible	55% coverage (MAC*) after calendar year deductible <i>*Maximum Allowable Charge</i>
Hospital Visit	75% coverage after \$500 per-admission co-pay	55% MAC coverage after \$500 per-admission co-pay
Emergency Services	75% coverage after calendar year deductible	75% MAC coverage after calendar year deductible
Chiropractic Care	75% coverage after calendar year deductible; limit of 30 total visits per person per calendar year	
Speech, Physical and Occupational (hand) Therapy	75% coverage subject to calendar year deductible; limit of 40 habilitative and 40 rehabilitative visits per person per calendar year. Medical Necessity Review required for visits 20-40.	
PET Scans, CT Scans, MRI and MRA's	Covered at 75% of the allowance subject to the calendar year deductible.	Covered at 55% of the allowance subject to the calendar year deductible.
Precertification is required for some services. Please consult the Summary Plan Description . No coverage for non-certified procedures.		

ADVANTAGE PPO PLAN

Basic Definition	Higher payroll deduction, and generally co-pay and out-of-pocket limits are lower.	
Feature	In-Network	Out-of-Network
Calendar Year Deductible	\$1,000 per person each calendar year; \$3,000 family maximum	
Calendar Year Out-of-Pocket Maximums <i>(This is the amount you would pay before benefits would be paid at 100%)</i>	Separate Medical: \$2,000 individual; \$6,000 family (Includes \$1,000 individual; \$3,000 family medical deductible.) Separate Prescription Drugs: \$3,300 individual; \$6,600 family (Includes \$150 individual; \$450 prescription drug deductible.) (In-Network: Deductibles, Co-pays and Coinsurance apply to the out-of-pocket maximums. Out-of-Network: Coinsurance applies to the out-of-pocket maximum.)	
Preventive Care <i>(see Preventive Services Listing for details)</i>	100% coverage for all listed services	Not covered
Office Visit	100% coverage after \$35 Primary Care physician co-pay (ob/gyn included); 100% coverage after \$60 specialist co-pay	70% coverage (MAC*) after annual deductible <i>*Maximum Allowable Charge</i>
Hospital Visit	90% coverage after \$300 per-admission co-pay	70% MAC coverage after \$300 per-admission co-pay
Emergency Services	90% coverage after calendar year deductible	90% MAC coverage after calendar year deductible
Chiropractic Care	90% coverage after calendar year deductible; limit of 30 total visits per person per calendar year	
Speech, Physical and Occupational (hand) Therapy	90% coverage subject to calendar year deductible; limit of 40 habilitative and 40 rehabilitative visits per person per calendar year. Medical Necessity Review required for visits 20-40.	
PET Scans, CT Scans, MRI and MRA's	Covered at 90% of the allowance with no deductible or co-pay.	Covered at 70% of the allowance subject to the calendar year deductible.
Precertification is required for some services. Please consult the Summary Plan Description . No coverage for non-certified procedures.		

GOOD TO KNOW



Precertification is required for many services including but not limited to: Hospital admissions, PET scans, CT scans, MRIs, MRAs, physician administered drugs, inpatient rehab, home health care, etc. Generally, if precertification is not obtained, no benefits are available. See [Contact Benefits Providers](#) page for contact numbers.

Preventive Medical Care

Preventive screenings can help catch many health problems before they become serious.



Our medical plan provides coverage for most age-appropriate routine exams, immunizations and preventive screenings.

These covered services are determined by the United States Preventive Services Task Force (USPSTF) or Regions, if our coverage exceeds the recommendations. When provided by an in-network physician, covered services are provided at no cost to you on both the Advantage Plan and Core High Deductible Health Plan.



THINK BENEFITS

Before you receive preventive services, review the [Preventive Services Listing](#) and [SPD](#). Your doctor may order services that are not covered by our plan or recommended by health care reform, and you will be responsible for those costs. Take the listing with you if you want to be sure that you have the lowest out of pocket costs possible.

Associates and their spouses are eligible for a routine physical examination each year with specific age appropriate tests, such as mammograms and colorectal screenings. In addition, females may receive a gynecological wellness exam covered at 100% each year.

Routine well-child care, including office visits and immunizations, are covered for children up to age 6. An annual routine exam and recommended screenings are covered for dependent children age 7 to 26. Female dependent children age 10 and above are also eligible to receive a gynecological visit and preventive testing.

Note: Not everything your doctor orders is a covered service. For a complete list of preventive benefits, see the [Preventive Services Listing](#) and the [Summary Plan Descriptions](#).

Did You Know?

With the Vitality wellness program, you can earn points that lead to gift card rewards for completing **preventive** care services (such as routine exams and age-appropriate cancer screenings). Associates on the Regions Medical Plans are eligible to participate in Vitality at no cost.

To learn more read the [Vitality Quick Guide](#) and [How to Earn Vitality Points](#) or visit the [Vitality](#) page to sign up today!



Prescription Drugs

Prescription drug coverage provided under both the Advantage Plan and Core High Deductible Health Plan has the following features:

- Calendar Year deductible (**must be met before co-pays apply**)
 - **Advantage Plan:** \$150 per person per calendar year; limited to three deductibles per family
 - **Core Plan:** No separate prescription deductible. Prescriptions apply towards overall plan deductible, except for certain Preventive Medication. You must pay \$2,000 / \$2,800; then co-pays apply
- Calendar year Out-of-Pocket Maximum (includes co-pays and Advantage Plan deductible)
 - **Advantage Plan:** \$3,300 per person / \$6,600 per family
- Generic equivalents are required when available (see next page)
- SourceRX 1.0 Formulary applies
- Network pharmacies
 - Extensive network of participating pharmacies (> 65,000) including most major retail chains. No coverage at non-participating pharmacies
 - Up to a 30-day supply
 - Tier 1 (Usually Generic Drugs): \$15 co-pay per prescription
 - Tier 2 (Usually Preferred Drugs): \$30 co-pay per prescription
 - Tier 3 (Usually Non-Preferred Drugs): 10% (minimum \$60; maximum \$150) co-pay per prescription
- Mail Order Pharmacy Program through AllianceRX Walgreens Prime or at Walgreens Retail Stores ([90DayMyWay](#))
 - Up to a 90-day supply
 - Tier 1 (Usually Generic Drugs): \$30 co-pay per prescription — a savings of up to \$15
 - Tier 2 (Usually Preferred Drugs): \$60 co-pay per prescription — a savings of up to \$30
 - Tier 3 (Usually Non Preferred Drugs): 10% (minimum \$120; maximum \$300) co-pay per prescription — a savings of up to \$150

SOURCERX 1.0 FORMULARY

Prescription Drugs on both the **Core** and **Advantage Plans** are subject to the **Prime Therapeutics SourceRX 1.0 Formulary**. A formulary is a list of covered and non-covered prescriptions. SourceRX 1.0 was designed to push back against today's high cost medications. It works by requiring alternatives to more expensive drugs. This helps you get the right medicine at the best cost.

SourceRX 1.0 maintains an effective covered drug list by:

- managing non-preferred drugs, high cost brands and expensive generics
- excluding non-essential drugs such as non-FDA approved drugs and drugs with safety or efficacy concerns
- capitalizing on over-the-counter alternatives

Review the [SourceRX 1.0 Formulary Guide](#). Always consult your doctor about treatment or prescription changes. This list may help guide you and your doctor in selecting an appropriate medication for you. If any of your medications are listed as non-covered, ask your doctor to prescribe a covered formulary.

NON-PREFERRED PHARMACY

CVS charges more than other pharmacies for their services and products. Therefore, CVS (including those in Target stores) are considered a Non-Preferred pharmacy on the Regions Medical Plans. Co-pays will be higher when using CVS.

- Tier 1 = +\$5 or \$20 co-pay per prescription
- Tier 2 = +\$10 or \$40 co-pay per prescription
- Tier 3 = +\$10 or \$70 minimum; \$160 maximum co-pay per prescription

To make the most of your prescription benefits, you may access the RX Benefit Manager tool on the BCBS/PrimeMail website.

- Go to www.bcbsal.org; register or sign in (dependents must register separately); click Pharmacy > Rx Benefit Manager in the "Manage Rx Benefits section > Accept > Enter the name of each of your prescriptions.
- The results will show the current price of the drug and will give a list of generic equivalents, if applicable. It will also give a list of alternative medicines that might save you thousands of dollars per year.
- There's also a claims history feature available for your use.

Be sure to tell your physician, during your office visit, that your plan requires generic equivalents. If he/she indicates DAW (Dispensed As Written) on the prescription, the pharmacy will not be able to provide you with a generic equivalent and you will pay the full cost of the drug.

NEW FOR 2020 – CORE PLAN

Certain preventive medications for chronic conditions such as diabetes, high blood pressure, high cholesterol, asthma and heart conditions will be covered under the Core Plan with no deductible. The co-pays based on the drug tier will apply. See the [HSA Preventive Drug List](#) for a list of covered medications.

OTHER PRESCRIPTION REQUIREMENTS

There are various clinical programs and reviews in place that help improve patient safety and health, while also focusing on appropriate drug utilization and usage. These include but are not limited to step therapy, quantity limits and prior authorization. Blue Cross Blue Shield/Prime Therapeutics aims to maintain the quality of your prescription drug benefits while keeping your prescription costs as low as possible.

AllianceRX Walgreens Prime – Mail Order Program

Mail order delivery is a convenient, easy way to have medications that you take on a long-term basis delivered to you.

HIGHLIGHTS OF THE PROGRAM

- **Significant Savings**
 - Save up to 33 percent on prescriptions
 - Generally, a 90-day supply for only two co-pays
- **Convenience**
 - Prescriptions are delivered wherever is most convenient for you
 - Ordering can be done online, over the phone or through the mail
 - Receive up to a 90-day supply of medication at one time
 - Confidential packaging protects your privacy

- **Personalized Service**

- You can choose to receive notification through email or by phone when your order is received, when your prescriptions are mailed and when it's time to refill your medications
- 24/7 access to your prescription information, including claims history
- Licensed U.S.-based pharmacists available seven days per week

For instructions on getting started with AllianceRx, visit the Mail Order page on benefits.regions.com.

Teladoc® General Medicine

Talk to a doctor anytime, anywhere.

Teladoc® gives Regions Medical Plan participants 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video* consults. It's an affordable alternative to costly urgent care and emergency room visits when you need care now.

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip or away from home
- For short-term prescription refills



WHAT IS THE CHARGE FOR A CONSULTATION?

- The consultation co-pay is \$25 per consultation for Advantage Plan members. The consultation fee for Core Plan members will be \$45 per consult until the plan deductible is met. After that, the co-pay will also be \$25 per consult. Payment is due at the end of the consult by credit or debit card. The fee also qualifies for Flexible Spending Account or Health Savings Account reimbursement.
- For more information, visit Teladoc.com/Alabama or call 1-855-477-4549.

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions including:

- Cold and Flu symptoms
- Allergies
- Bronchitis
- Respiratory infection
- Pink eye
- Poison Ivy
- Sinus problems
- And more!

WHO ARE THE TELADOC DOCTORS?

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing primary care physicians (PCPs), pediatricians, internists and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

**Video not available in all states. Arkansas requires first consult to be by video.*

NEW FOR 2020 – TELADOC

Behavioral Health Services

Speak with a Licensed Therapist from Anywhere

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Behavioral Health, adults 18 and older can get regular care for anxiety, depression, grief, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship.

Scheduling phone or video visits with a therapist is easy and convenient. You can make an appointment seven days a week from 7 a.m. to 9 p.m. local time. Appointments are confirmed within 72 hours.

WHY USE TELADOC'S BEHAVIORAL HEALTH SERVICE?

- Confidential Treatment
- Convenience to speak with a therapist from anywhere
- Flexible scheduling
- Quick access to the right provider for you

A \$25 co-pay will apply for Advantage Plan members. Core Plan members will pay the following out-of-pocket until the deductible is met:

Psychiatrist initial visit: \$200

Psychiatrist on-going visit: \$95

Psychologist, licensed clinical social worker, counselor or therapist: \$85

Once the deductible is met, the co-insurance will be 25% of the cost of the visit.

Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.



Dental health means much more than healthy teeth — it is integral to your health and well-being.

Oral diseases and conditions are often a sign of other health problems, so taking preventive measures today means a healthier tomorrow.

Dental insurance helps cover the cost of dental care for you and your family. Regions offers comprehensive dental coverage through Blue Cross and Blue Shield of Alabama for services ranging from X-rays and routine cleanings, to fillings and orthodontic care. The dental plan covers preventive services, including two cleanings a year, at 100 percent with no deductible. Your dental premiums are withheld from your pay on a pre-tax basis.

You are not required to use an in-network dentist on this plan. However, you will maximize your benefits if you do, because all in-network dentists must accept the Blue Cross

Did You Know?

With the Vitality wellness program, you can earn points that lead to gift card rewards for completing your **preventive dental check-up once per year**. Associates on the Regions Medical Plans are eligible to participate in Vitality at no cost. To learn more read the [Vitality Quick Guide](#) and [How to Earn Vitality Points](#) or visit the [Vitality](#) page to sign up today!



Blue Shield Allowed Amount as payment in full (except for your deductible and coinsurance). Also, preferred dentists only collect the deductible and/or coinsurance before filing claims, except for services that are non-covered benefits such as implants. Non-network or non-preferred dentists may charge you the difference between the allowed amount and their billed charges and may require full payment from you before filing claims.

For more plan information, please see the [Dental Summary of Benefits](#) and the [Dental Summary Plan Description \(SPD\)](#). To find a network dentist, see the [Find a Doctor](#) page on www.bcbsal.org.

GOOD TO KNOW



There is a 12-month waiting period for Orthodontia, Oral Surgery, Root Canals and Crowns, Complex Extractions and Other Supplemental and Prosthetic Services.

How the Dental Plan Pays Benefits

Feature	Plan Benefit
Diagnostic and preventive services such as exams, X-rays and cleanings	100% of UCR* with no deductible
Annual deductible	\$100 per person; \$300 per family
Basic restorative and periodontic services such as fillings and removal of diseased gum tissue	80% of UCR* after deductible
Supplemental and prosthetic services such as oral surgery and bridges**	50% of UCR* after deductible
Annual maximum benefit for above services	\$1,500 per person per calendar year
Orthodontia**	50% of UCR* after deductible; lifetime maximum benefit of \$1,750 per person

*Usual Customary and Reasonable (UCR) amount or allowed amount.

**These benefits are available if services are received after you and your dependents have been covered by the plan for one year.

Vision

A routine eye exam can detect simple blurred vision or find a wide range of other diseases that may otherwise go unnoticed until it's too late. For this reason, it is important to schedule regular eye exams for you and your family. Regions offers a voluntary (associate-paid) vision plan through Vision Service Plan (VSP). VSP provides coverage for routine eye exams, eyeglasses and contact lenses. With VSP, most associates can save substantially on the cost of routine eye care.



VSP DOCTORS

VSP has a large network of providers. You'll maximize your benefit when you see a doctor in the VSP Choice Network. In addition to covered services, these physicians provide discounts on non-covered services and select materials. There is no ID card or claim form required when using a VSP doctor. Simply tell your doctor's office that you are covered by VSP when you make your appointment. Your provider's office will be able to verify your benefits and file your claim.

PARTICIPATING RETAIL CHAINS

You'll receive similar coverage when you use a participating retail chain, however some of the costs may be higher or discounts may be lower or not available. Participating retail chains include Costco and Eye Care Centers of America. The participating retail chain will also file claims for you.

OTHER PROVIDERS

With non-network providers, there is a reimbursement schedule for your eye exam and eyewear. Claim forms will usually be required.

Using your VSP benefit is easy:

- To find a VSP doctor or a retail chain provider visit vsp.com or call 800-877-7195.
- Review your benefit information at vsp.com.
- When you make your appointment, tell them you have VSP. There is no ID card necessary.

How the Vision Service Plan Pays Benefits

Feature	Co-pay for VSP Choice Network Providers	Description of In-Network Services
WellVision Exam®	\$15 co-pay	Focuses on your eye health and overall wellness. Covered every calendar year.
Prescription lenses	\$25 for lenses and/or frames	Single vision, lined bifocal, lined trifocal, standard progressive and polycarbonate lenses are fully covered, as well as scratch resistant coating are covered every calendar year.
Frames	\$25 for lenses and/or frames	\$150 allowance for the frame of your choice plus a 20% discount off any amount over the allowance. Costco frame allowance is \$80. Covered every other calendar year.
Contact lenses instead of glasses	None	\$150 allowance for the contacts and contact lens exam (fitting and evaluation). Covered every calendar year. A 15% discount off the contact lens exam applies. If you choose contact lenses, you will be eligible for a frame one calendar year from the date your contacts were obtained.
Laser VisionCare	Not applicable	Average 15% off the regular price or 5% off the promotional price at contracted facilities.
Extra savings on glasses and sunglasses	Not applicable	Average 20-25% savings on all non-covered lens options; 20% off additional eyewear purchases within 12 months of your last VSP exam.

For more information see the [VSP Summary of Benefits](#).

Flexible Spending Accounts

The Regions [Flexible Spending Accounts \(FSAs\)](#) provide a simple way to reduce healthcare and dependent day care expenses by allowing participants to pay for eligible expenses with pre-tax dollars and by reducing their taxable income. You can estimate your tax savings by completing the [online tax worksheet](#) available on the HealthEquity website.



REMINDER: A prescription or letter from your physician is required for over-the-counter (OTC) medications to be eligible for reimbursement. **Note:** Exceptions to this rule include insulin, diabetic supplies and some other medical supplies. For more information, see the [HealthEquity Qualified Medical Expense Database](#).

Regions offers associates the opportunity to enroll in two types of FSAs — one for eligible healthcare expenses* and one for dependent day care expenses. Participation in a medical or dental plan is not required to be eligible for participation in the flexible spending accounts.

*Note: Associates who choose to participate in the Core HighDeductible Health Plan may not participate in the Healthcare FSA because of their eligibility for the Regions Health Savings Account (HSA).

To learn more about FSAs, visit the [HealthEquity member education portal](#).

IMPORTANT FSA CONSIDERATIONS

Expenses must be incurred by December 31, 2020 and filed by March 31, 2021. Any funds that are unused in your Dependent Day Care FSA, or any balance over \$500 in your Health FSA are NOT refundable to you. Any funds over \$500 will be forfeited. Therefore, you should estimate your and your family's expenses carefully. A balance up to \$500 in the Health FSA can be carried over and used in 2021 and beyond.

Calendar Year Lock-In: Once you have enrolled in the spending account(s), you cannot stop participating or change the amount you are contributing until the next enrollment period, unless you have a qualifying life event and request a consistent change within 31 days.

GOOD TO KNOW

Deductibles, co-payments, and co-insurance can be reimbursed through the Health FSA.



HEALTH FLEXIBLE SPENDING ACCOUNT (HEALTHCARE FSA)

The Healthcare FSA allows annual contributions from \$600 to \$2,750 withheld on a pre-tax basis. These funds can be used to pay for any eligible medical, dental or vision expense, including deductibles and co-payments for you and your eligible dependents. This is true even if the dependent is not a tax dependent or covered under your health plan. Funds can also be used for children until age 26.

Expenses are considered qualified if they are:

- Medically necessary
- Not reimbursed by a health care plan (medical, dental or vision)
- Considered eligible by the IRS

When you enroll in a healthcare FSA, the entire elected amount is available to you on January 1 or, for new hires, your eligibility date, which means you don't have to wait for payroll deductions to begin using your healthcare FSA. For more information about qualified medical expenses, see the [HealthEquity Qualified Medical Expense Database](#).

Using your funds:

- **Debit card transactions** — Swipe your HealthEquity FSA debit card at the pharmacy or doctor's office. Be sure to save all receipts.
- **Reimbursement** — If paying out-of-pocket for expenses, submit a claim for reimbursement directly on the member portal and have funds electronically transferred to your personal banking account. Or use the [FSA Reimbursement Form](#).
- **Issue payment to provider** — From the HealthEquity member portal, you can issue payments to providers by creating a new claim, or by using existing integrated insurance claims, if available.

Complete information about your account is available at [HealthEquity](#). You may also contact HealthEquity Customer Service at (877) 288-0719.

DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT (DCRA)

The DCRA allows you to contribute between \$600 to \$5,000 on a pre-tax basis to pay for eligible day care expenses.

How Do You Qualify?

To qualify for a dependent care reimbursement account (DCRA), dependent care must be essential for you and a spouse, if applicable, to work, look for work or attend school full-time.

To be considered qualified, dependents must meet one of the following criteria:

- Children under the age of 13
- A spouse who is physically or mentally unable to care for him / herself
- Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him / herself

Note: Private school and summer camp fees are not eligible for reimbursement. For more guidance about eligible and ineligible expenses, visit the [HealthEquity education portal](#).

Care must be provided by an eligible caregiver, defined as:

- A person for whom you can provide a Social Security number
- A day care facility with a taxpayer identification number

Children or stepchildren under age 19 and anyone you or your spouse claim as a dependent on your tax return are not eligible caregivers.

Please Note: Eligible dependent day care expenses must be paid out-of-pocket. You may submit a reimbursement request through [HealthEquity's member portal](#) or by using the [DCRA reimbursement form](#). Recurring DCRA claims can be scheduled for the duration of the plan year.

Requests for reimbursement of claims incurred January 1 through December 31 must be submitted by March 31 of the following year. There is no grace period for the Dependent Care Reimbursement Account, therefore all expenses must be incurred by December 31 of the current year.

IF YOUR SPOUSE HAS A SIMILAR ACCOUNT

By law, the maximum amount you may contribute to a dependent day care reimbursement account is \$5,000 per household, whether or not your spouse contributes to a DCRA at his / her company.



THINK BENEFITS

Each time you receive health care services, keep your receipts which are required for reimbursement and validation of expenses. HealthEquity offers an easy-to-use Documentation Library that allows you to upload and store receipts within the member portal.



Need Help?

HealthEquity is available 24 hours per day and 7 days per week at 1-877-288-0719.

Health Savings Account (HSA)

WHAT IS A HEALTH SAVINGS ACCOUNT?

An HSA is a tax-favored savings account for the purpose of paying eligible out-of-pocket medical, dental and vision expenses now or in the future, and even into retirement.

Out-of-pocket expenses include deductibles, co-insurance, co-payments and other eligible expenses not covered by insurance. An HSA works much like a Healthcare Flexible Spending Account (FSA) only better. Advantages of participating in an HSA are provided below.

Participation in a qualified High Deductible Health Plan is required in order to contribute to an HSA.

Associates who enroll in the Core High Deductible Health Plan and meet other eligibility requirements (below) can enroll in an HSA administered by HealthEquity.

When you elect to participate in the HSA via Workday, HealthEquity will create your account and supply you with a debit card to conveniently pay for eligible expenses. For a list of eligible expenses see the [HealthEquity Qualified Medical Expense Database](#). You may also create a user name and password to login directly to your account at <https://my.healthequity.com/HE.aspx>.

Funds you contribute to an HSA may be used to pay for qualified health expenses for you and your tax deductible dependents. Unlike the FSA, you cannot file claims on adult children who are dependents on your health plan. However, they can set up an HSA of their own. For assistance call HealthEquity's customer service at 1-877-288-0719.

ADVANTAGES OF AN HSA

An HSA can save you money on health care and more, thanks to some great tax advantages.

- HSA contributions are tax-deductible (via pre-tax payroll deductions or additional deposits via the HealthEquity member portal).
- Withdrawals for health care expenses are tax-free.
- You earn tax-free interest on the money in your account. Plus, you have the ability to invest the money in your account once the value reaches \$2,000.
- Your HSA balance rolls over from year to year, which means you don't forfeit any unused balance. It's always yours to spend on eligible health care expenses, save and invest for future use. At age 65, you can start using your HSA dollars for any purpose, not just health care expenses. And your health care withdrawals are tax-free.

Review HealthEquity's [Winning with an HSA](#) brochure for more information about HSA advantages.

To be eligible for an HSA you must not:

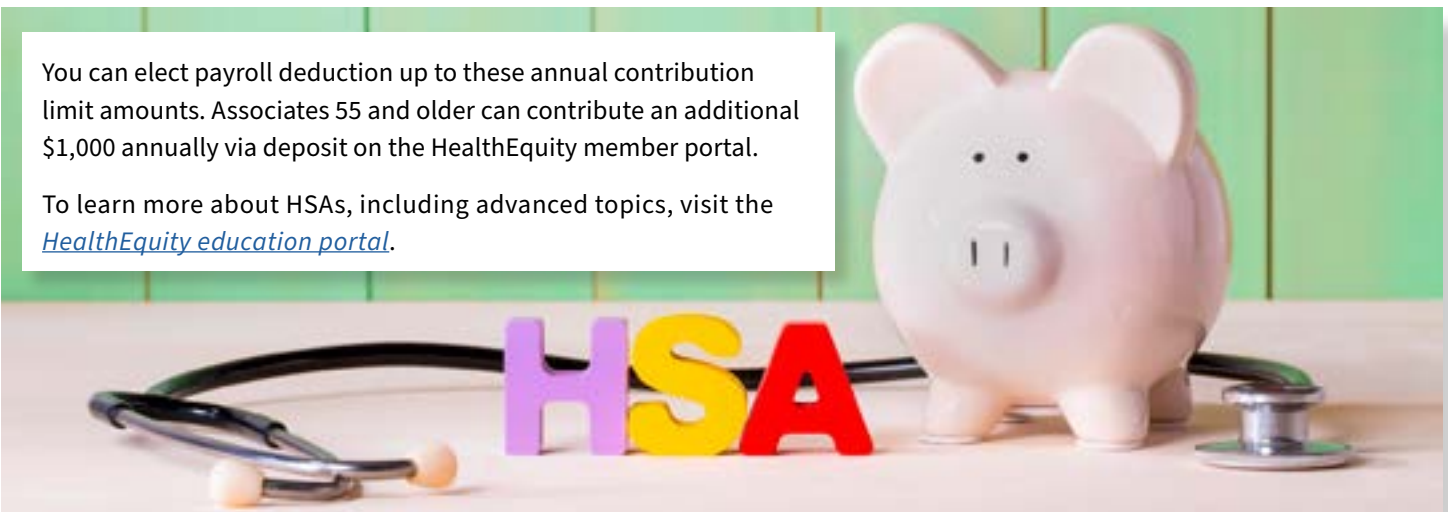
- Be covered by a Healthcare Flexible Spending Account (FSA) or Health Reimbursement Account (HRA), unless the balance is \$0 at the time you open an HSA
- Be covered by another health plan (unless it's another HSA-qualified plan)
- Be covered by Medicare or TRICARE
- Be a dependent of another taxpayer

HSA Contribution Limits 2020

Individual	\$3,550
Family	\$7,100

You can elect payroll deduction up to these annual contribution limit amounts. Associates 55 and older can contribute an additional \$1,000 annually via deposit on the HealthEquity member portal.

To learn more about HSAs, including advanced topics, visit the [HealthEquity education portal](#).





TURNING MY *Elections* INTO *Protection*

LIFE & DISABILITY BENEFITS

Basic and Optional Life Insurance

The right amount of life insurance coverage can provide financial security for yourself and your family.

Regions provides benefits eligible associates with a basic life benefit of two times your benefits eligible compensation or the lesser of \$1 million at no cost to you. You may also elect Optional Life Insurance coverage for yourself, your spouse and/or your children.

Coverage for you is available in multiples of your benefits eligible compensation (BEC) — one to five times — up to the maximum benefit. When increasing your coverage, you will receive a notification in your Workday Inbox to submit Evidence of Insurability. Rates are based on your age and

whether you use tobacco. To elect the lower, non-tobacco-user rates, you must not have used any tobacco products or e-cigarettes during the previous 12 months.

You may also elect life insurance coverage for your spouse and children*. The minimum amount of coverage for your spouse is \$25,000 and the maximum is \$200,000. The cost of your spouse's coverage is based on your spouse's age, the amount of coverage requested and whether your spouse uses tobacco or e-cigarettes. When increasing coverage, you will receive a notification in your Workday Inbox to submit Evidence of Insurability. The amount of coverage available for each of your children is \$12,500. See [Associate Contributions Sheet](#) for rates.

To be eligible for Optional Life Insurance, your spouse or eligible dependent children* cannot be hospitalized or receiving home treatment for a life-threatening illness on your effective date. For more plan information, please see the [Life Insurance Summary Plan Description \(SPD\)](#).

**Your eligible children to age 26.*

Note: If your spouse or dependent child also works for Regions, they cannot be double-covered on any benefit plan.



GOOD TO KNOW

[Summary Plan Descriptions \(SPDs\)](#) provide detailed information about your benefits.

Accidental Death & Dismemberment (AD&D)

AD&D insurance is a policy that pays benefits in the event of death, loss of a body part(s) or certain bodily functions (sight, hearing, or speech) due to an accident. You may purchase voluntary AD&D insurance, provided through Zurich, for you or for you and your family. Available coverage amounts are: \$50,000, \$100,000, \$250,000 or \$500,000. You will be insured for the amount you select, and coverage amounts for your family members will depend on the amount of coverage you choose for yourself, as well as the number of eligible family members you cover. For more plan information, please see the [AD&D Summary Plan Description \(SPD\)](#).

How the AD&D Coverage Pays

If your AD&D election includes:	The qualifying accident happens to:	The payable AD&D Benefit you will receive equals up to:	For example, if you choose \$100,000 coverage for yourself, you'll have:
Associate Only	You	100% of the amount you selected for yourself	\$100,000 in coverage
Associate + Family (associate and spouse only)	Your spouse	50% of the amount you selected for yourself	\$50,000 in coverage for your spouse's injury
Associate + Family (associate and child(ren) only)	Your child(ren)	20% of the amount you selected for yourself for each child*	\$20,000 for each child injured
Associate + Family (associate, spouse and children)	Your spouse and your child(ren)	40% of the amount you selected for yourself for your spouse and 15% of the amount you selected for yourself for each child**	\$40,000 for your spouse and \$15,000 for each child

**Your eligible children to age 26 who are unmarried full-time students. See the [AD&D Summary Plan Description](#) for a schedule of benefits. The maximum AD&D benefit for associates is \$500,000, spouses \$250,000 and each child \$50,000.

Note: If your spouse or dependent child also works for Regions, they cannot be double-covered on any benefit plan.

Beneficiaries

Every year, there are Regions associates who die without having a beneficiary for their life insurance. This can result in your life insurance being paid to someone you don't intend, delay payment to your beneficiaries and cause unnecessary financial hardship. Don't let this happen to you or your family. Name a beneficiary today.

You must have a current beneficiary on file (a person or entity you wish to receive a benefit upon your death) for your life insurance and AD&D coverage. This ensures that your wishes are carried out and that your loved ones' financial well-being and peace of mind are not jeopardized should you die unexpectedly.

You can verify or change your beneficiaries at any time by accessing [Workday](#). As the associate, you are the beneficiary of any dependent life or dependent AD&D insurance you may have elected. Beneficiaries for your 401(k) can be designated at [401k.regions.com](#). For step-by-step instructions on how to change beneficiaries, access the [Editing Beneficiaries Job Aid](#).



When electing your beneficiaries the following information is required:

- Full name
- Address
- Date of Birth
- Social Security Number (recommended)
- Phone number (recommended)
- Email address (recommended)

We strongly encourage you to elect secondary beneficiaries. In the event the primary beneficiaries are no longer living, the life insurance claim will be paid to the secondary beneficiary.

THINK BENEFITS

When updating beneficiaries, remember to update your 401(k) beneficiary as well.



Legal Insurance

Enroll in legal insurance: Because legal is everywhere

Have you ever stopped to think about how many events in your life have legal aspects to them? There are the joys — like having a baby or buying the house of your dreams — and the challenges — like when true love doesn't work out or your kid gets in trouble with the law.

We are excited to offer you a benefit that is there for the legal ups and downs: legal insurance from ARAG®. With legal insurance, your Network Attorney fees are 100% paid in full for a wide variety of covered legal matters.

WHAT DOES LEGAL INSURANCE COVER?



Count on a broad range of coverage and services, like:

- Wills and estate planning
- Real estate and home ownership
- License suspension
- Disputes with a landlord
- Family law matters (child support, child custody)
- Divorce
- Small claims court
- Consumer fraud
- Personal property disputes
- Student loan debt
- Bankruptcy
- Tax audit
- Criminal matters
- And more!

To see a full list of coverages available under your plan, visit ARAGlegal.com/myinfo and enter access code 11880rf.

HOW LEGAL INSURANCE BENEFITS YOU

- Work with a network attorney and attorney fees are 100% paid-in-full for most covered matters.
- Save an average of \$2,065 per legal matter.
- Access more than 14,000 attorneys within ARAG's network with an average of 20 years of experience.
- Address your covered legal situations with a network attorney who is only a phone call away for legal help and representation.
- Use DIY Docs® to create any of 350+ legally valid documents, including state-specific templates.

LEARN MORE AND ENROLL

- Watch a [video about legal insurance](#).
- Download a [plan flyer](#).
- Visit ARAGlegal.com/myinfo and enter access code 11880rf.
- Call ARAG Customer Care from 7:00 a.m. to 7:00 p.m. Central time, Monday through Friday at 800-247-4184.

For complete details about this coverage you can review the [Certificate of Insurance](#) or [Legal Insurance Overview](#).

Disability

If you are unable to work because of a qualified disability, Regions provides income replacement protection at no cost to you. You are automatically enrolled in this benefit. Coverage includes benefits for both short-term and long-term disability. Pre-existing limitations or other conditions may apply.



SHORT-TERM DISABILITY

- Pays 60% – 100% of pay based on an associate's length of service (limits apply).
- For maternity benefits, see [Parental Leave Policy](#).

LONG-TERM DISABILITY

- Plan pays 60 percent of pay in the event of associate disability (limits apply).

Additional information about these plans can be found on benefits.regions.com.

If you are planning a leave of absence, please contact the HR Connect Team at 877-562-8383. Your benefits will automatically continue while you are on leave. An invoice will be sent to your home address in Workday. You must make payments timely (every pay day) to keep benefits active. To cancel benefits, enter a change benefits event in Workday.



TURNING MY *Retirement Dream* INTO *Reality*

RETIREMENT BENEFITS

Regions 401(k) Plan

The Regions 401(k) Plan offers you an opportunity to save and invest for your retirement years.

PLAN FOR YOUR FUTURE

You may spend 20 years or more in retirement — that's a long time to go without a paycheck! Of course, there will still be bills to pay, so you'll need to plan ahead for your future income needs. Social Security may provide only 40% or less of your income, and continuing to work may not be possible. That leaves personal investments, savings, and other assets. Setting aside as much money as you possibly can during your working years can help you maintain a comfortable lifestyle in retirement — that's where the Regions Financial Corporation 401(k) Plan comes in.

WHY CONTRIBUTE?

The Plan offers you important advantages to help you prepare for your future.

- Company matching contributions
- Current tax savings
- Investment choice
- Flexibility to manage your account
- Convenient payroll deduction

GET STARTED TODAY

There's no better time than right now to start investing in the Plan. The sooner you start, the more potential you have to reach your goals. You can contribute to the Plan upon hire or anytime after your hire date.

ACCESSING YOUR ACCOUNT

New Participants:

You can contribute to the Regions 401(k) Plan upon hire or any time after your hire date. Once you elect to defer to the Plan, you save through bi-weekly payroll deductions. The percentage you defer can be changed at any time.

To participate, go to 401k.regions.com.

CONTRIBUTE 5% TO GET THE FULL COMPANY MATCH

Regions Financial Corporation will contribute \$1.00 into most associate accounts for every \$1.00 contributed to the Plan, up to the first 5% of eligible pay. Matching contributions will be invested according to your investment elections.

You are eligible to receive company matching contributions the first of the month following one year of service.

2% EMPLOYER CONTRIBUTIONS

Regions Financial Corporation will also make an annual 2% employer contribution to eligible associates regardless of whether or not they contribute to the Plan. To receive this contribution, associates must not be actively accruing a benefit in the Regions Retirement Pension Plan, be employed on the last business day of the year, completed one year of service and have completed a minimum of 1,000 hours of service in that year. The employer contribution will take place the first quarter of the following year.

WHEN ARE YOU VESTED?

Vesting refers to your ability to keep the money if you leave the company. You are always 100% vested in your own contributions and in the company-matching contributions, subject to investment gains and losses.



TURNING MY *Motivation* INTO *Action*

WELLNESS@REGIONS

The Regions Corporate Wellness program, [Wellness@Regions](#), gives associates access to multiple options for improving and maintaining a healthy lifestyle. The program includes initiatives in the areas of nutrition, physical activity, emotional health and overall well-being providing associates with resources to Enjoy Life in a healthy manner.

OUR LOGO

Our logo represents a



holistic or whole-person approach to wellness. The three icons incorporate physical activity (body), emotional health (heart), nutrition (fork and spoon), and overall well-being (apple). When you see the logo in whole or in part as individual icons, you will know it is a communication from Wellness@Regions.

WHAT IS VITALITY?

[Vitality](#) is a comprehensive, interactive and personalized wellness program that makes it easy for you to make healthy choices, while earning rewards. When you're healthy, you look better and enjoy a better quality of life overall.



Whether you want to lose weight, stop smoking, become more physically active or learn habits that lead to better sleep, Vitality can help! Not only will Vitality help you choose personal health goals, they'll reward you (with Gift Card choices) as you strive to achieve them. You could earn \$500 or more in gift cards per year. You can also participate and be rewarded for all the health improvement activities you already do, such as staying at a healthy weight or being physically active.

WHO CAN USE VITALITY?

Vitality is available to all associates and their dependent spouses/domestic partners who are on one of the Regions Medical Plans (Core or Advantage). This program is being provided free of charge by Regions.

HOW DO I REGISTER?

To register, visit the [Vitality website](#) and enter your first and last name (the way your name is listed in Workday), DOB, email address and then Regions User ID (use all caps) when it asks for Principal Member's Employee ID Number.

Employee Assistance Program (EAP)

The EAP program is a free, confidential assessment, counseling and referral service for all associates and their eligible dependents who may need help in any of the following areas:

- Marital and family issues
- Alcohol and other drug dependency
- Stress-related issues
- Legal and financial referrals
- Emotional problems
- Health
- Personal growth

To take advantage of this benefit:

- Call 1-888-688-8883
- Visit the [Employee Assistance Program](#) site
ser ID: regions Password: myplateisfull

Additional information can be found on [life@regions](#) > HR Connect > Wellness@Regions > Employee Assistance Program

ADDITIONAL BENEFITS

Regions offers many other benefits, discounts and perks to full-time associates to help you balance your personal and professional life. Use these benefits to live your life to the fullest. ENJOY LIFE!

You can find detailed information at Regions HR Connect under Policies. **If you have additional questions, please contact the HR Connect Team.** All benefits in this section are subject to change without notice and may not be available to every subsidiary.

ADOPTION ASSISTANCE

If you are adopting a child while employed, Regions may provide you with reimbursement of up to \$3,000 for a special needs child or \$1,000 for other adoption. Requests must be made within six months of the adoption.

Associate Banking Perks

Associates are eligible for two free checking accounts and one free LifeGreen savings account with an associate checking account. Also, as a Regions associate you are eligible for a host of free or discounted banking services from discounted mortgage fees to identity theft protection, and more. For more information about these, visit a Regions branch.

Associate Discounts

It could really pay to be a Regions associate! National retailers offer discounts on everyday items such as cell phones and services, desktop computers, laptops and PC accessories through the Associate Purchase Program. Regions Discount Network is an exclusive shopping website where associates can enjoy savings on entertainment, travel, services, merchandise and more! For more information see [Life@Regions > HRConnect > Benefits & Perks > Associate Purchase Program and Regions Discount Network](#).

Associate Home Ownership Program

If you meet certain criteria, you can qualify for a forgivable \$5,000 loan to help with costs associated with buying a home in conjunction with a Regions-approved mortgage.

Associate Relief Fund

Emergency assistance of up to \$3,000 is available to associates whose primary residence is uninhabitable due to fire, flood, tornado, hurricane or other acts of nature. Regions gives associates the opportunity to donate to this fund via payroll deductions or online banking to assist their fellow co-workers during their time of need.

Bereavement Leave

Full-time and part-time associates with paid time off benefits are eligible for three consecutive work days with pay following the death of your immediate family member (spouse, child, parent, sibling, grandparent, grandchild, corresponding in-laws, and equivalent step-relatives).

Business Travel Accident

Regions provides accidental coverage of 3X annual salary up to \$750,000 for full-time associates traveling on company business. If you have questions regarding claims, please contact the HR Connect Team at 1-877-562-8383.

Community Involvement

Regions' passion for its communities is seen through our significant contribution of financial and human resources. Regions associates also demonstrate our commitment by volunteering with non-profit organizations and Regions-sponsored charitable events.

Death Benefits

If you are a full-time associate and you die while employed with Regions, your spouse (or if not married, the beneficiary on file for your Basic Term Life Insurance policy) is entitled to receive one month of your gross pay in addition to any other benefits.

Dependent Scholarship Program

Awards are given to children/legal dependents of full-time associates based on the basis of need, academic achievement and extracurricular leadership. The program provides scholarships to assist with tuition and other college expenses at an accredited two- or four-year college or university toward a Bachelor's or Associate's degree. Scholarships may be renewable when certain requirements are met.

Family and Medical Leave

You may be eligible for up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered service member with a serious injury or illness) during a 12-month period. The leave may be paid, unpaid, or a combination of paid and unpaid leave depending on the circumstances of the leave. If you are not eligible for FMLA, you may be eligible for a Personal Leave of Absence.

HOLIDAYS

Regions generally observes 10 paid holidays per year in line with the Federal Reserve schedule.

Jury and Witness Duty

You are eligible to take leave from work whenever called to serve as a juror or compelled by subpoena to give testimony as a witness in a trial. The leave may or may not be paid leave depending on certain criteria.

Matching Gifts Program

The Matching Gifts Program allows associates to contribute to educational institutions and cultural organizations. The Regions Financial Corporation Foundation will match the gift dollar-for-dollar on the associate's behalf.

Military Leave

Regions supports associates performing military service and will comply with the requirements of federal and state laws when leave is required to fulfill a military obligation. If you are called to active duty for a period longer than 30 days, Regions may provide pay differential during your leave.

Paid Time Off

Regions recognizes the importance of time away from work for leisure, rest and recreation. Regions provides a competitive vacation schedule to eligible associates according to their length of service and/or position.

Regions also understands that unexpected emergencies will arise. Associates are granted sick time which can be used for incapacitating injury or illness, the care of sick members of the immediate family, visits to a physician or dentist, or to satisfy the elimination period for Short-Term Disability.

Parental Leave

Regions provides new parents who are in a benefits eligible position with paid parental leave. Newly hired associates are eligible after 12 months of employment. Birth mothers receive 12 weeks, birth fathers and adoptive parents receive 6 weeks. Associates are not required to use sick leave as part of parental paid time off. See the policy for complete details: Life@Regions > HRConnect > Policies > You and Regions Guidelines (policy manual).

Regions Next Step

Financial wellness resources help you gain the financial know-how to clarify your personal goals and take positive strides to move toward them. Online courses, videos, podcasts, calculators, budgeting tools and more are available to help break your financial plans into manageable and achievable steps. Let [Regions Next Step](#) inspire and motivate you to pursue your goals.

Survivor Financial Planning

Support is provided by Regions free-of-charge to assist with financial planning in the event of life threatening illness or death of you or your spouse. Coverage provides for a personal counseling session, a financial plan, and toll-free access to a trained counselor.

TaxSlayer Service

All associates are eligible to take advantage of TaxSlayer®, a free, easy and convenient online program that will make filing your tax returns a breeze.

Training/Career Development

Regions provides you the tools to succeed at your job. Training opportunities run from product knowledge to computer skills to management techniques. You'll be able to take classes in person, on the computer and through self-study video and audio.

Tuition Reimbursement

Tuition Reimbursement is available to full-time and part-time associates* after their initial orientation period. Available for all undergraduate degree programs within an approved college/university's school of business — subject to job applicability. Maximum benefit of eight courses and \$5,000 per year.

United Way

Regions provides associates with the opportunity to conveniently donate to the United Way through payroll deduction.

Vacation Purchase Plan

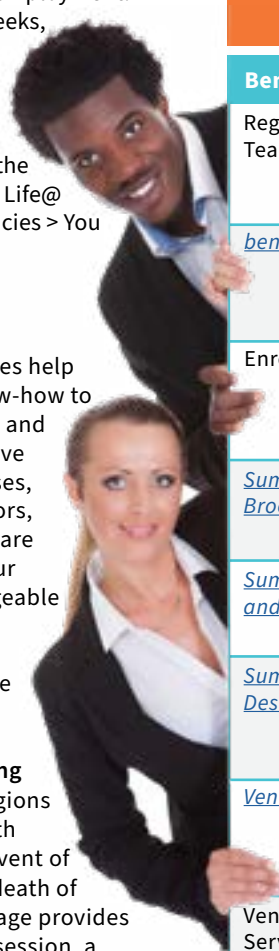
Eligible associates have the opportunity annually to purchase up to one extra week of vacation in one-day increments. Any unused Vacation Purchase Plan contributions will be returned at year end. Please see the [Vacation Time](#) document and [Vacation Purchase Plan FAQs](#) for more details.

What A Difference A Day Makes

Through Regions' associate volunteer program, *What A Difference A Day Makes*, associates are given the opportunity to make life better by giving back to the communities where we work and live. *What A Difference A Day Makes* allows associates to take one day per year, with pay, to volunteer in the community.

Worker's Compensation

To protect your rights under Worker's Compensation laws following any accident or injury suffered on the job you need to report the incident to your manager or supervisor within 24 hours. Worker's Compensation laws vary from state to state.



Where to Go for Benefits Information	
Benefits Source	Information for You
Regions HR Connect Team	<ul style="list-style-type: none"> Assistance when you can't find the answers you need Manned by Regions Corporate HR Associates Available 7 a.m. – 5 p.m. Central, Monday through Friday Call 1-877-562-8383
benefits.regions.com	<ul style="list-style-type: none"> Regions Benefits Internet Website Accessible from work or home Benefits information at your fingertips 24/7 Gateway to benefits enrollment site
Enrollment Guide	<ul style="list-style-type: none"> Provides information specific to new hire and annual open enrollment Benefits Overview Changes to benefits for the upcoming year
Summary of Benefits Brochures	<ul style="list-style-type: none"> Summary or Overview Brochure for each benefit Not intended to provide every detail of the Plan Available at benefits.regions.com and some vendor websites
Summary of Benefits and Coverage (SBC)	<ul style="list-style-type: none"> Summary brochure required by health care reform (PPACA) Universal format across all employers Easier comparison between plans
Summary Plan Description (SPD)	<ul style="list-style-type: none"> Governing document of each Plan Details plans coverage and exclusions Changes to Your Benefits section of Enrollment Guide provides information on Plan changes before the SPD is updated
Vendor Websites	<ul style="list-style-type: none"> Website content varies from vendor to vendor May include benefits information, provider search feature, claim statement review and history, printable forms, ID card re-ordering, etc.
Vendor Customer Service Departments	<ul style="list-style-type: none"> Assistance when you can't find the information you need Help with a claims issue Toll-free numbers are listed in the Contact Benefits Providers section



Contact Benefits Providers

Benefit or Service	Company	Web Address	Telephone
401(k) / Roth 401(k)			
Regions 401(k)	MassMutual	401k.regions.com	1-800-701-8892
Dental			
Dental, Dental COBRA Billing	Blue Cross and Blue Shield of Alabama	From Work: Access Your Account From Home: https://www.bcbsal.org/	1-888-850-3276
Disability			
Long- and Short-Term Disability	CIGNA HR Connect Team	Disability Plans	1-866-562-8421 1-877-562-8383
EAP			
Employee Assistance Program	American Behavioral	Employee Assistance Program	1-888-688-8883
Flexible Spending Accounts (FSA)			
FSA (Health Care Expense and Dependent Care), FSA COBRA Billing	HealthEquity	From Work: Access Your Account for single sign-on to HealthEquity from BCBSAL From Home: https://www.bcbsal.org/ Account Login: www.myhealthequity.com Education: www.healthequity.com/regions	1-877-288-0719
Group Legal			
Group Legal	ARAG	https://www.araglegal.com/plans	1-800-247-4184
Health Savings Account (HSA)			
Health Savings Account	HealthEquity	https://learn.healthequity.com/regions/hsa/	1-877-288-0719
Healthcare Quality & Cost Tool			
Core Plan	Healthcare Bluebook	From Work: Healthcare Bluebook Direct Link Your Account From Home: Log on to bookmark www.healthcarebluebook.com/cc/regions	1-800-341-0504
Leave of Absence			
Leave of Absence	HR Connect Team	life@regions > HR Connect	1-877-562-8383
Life			
Basic and Optional	Regions/Unum	Life Insurance	1-877-562-8383
Medical			
Medical including Prescription Drugs and Mental Health, Medical COBRA Billing	Blue Cross and Blue Shield of Alabama	From Work: Access Your Account From Home: https://www.bcbsal.org/	1-888-850-3276
Mail Order Pharmacy	AllianceRx Walgreens Prime	From Work: Access Your Account From Home: https://www.bcbsal.org/	1-800-391-1886
Precertification of MRIs, PETs, CTs and MRAs	Blue Cross and Blue Shield of Alabama	From Work: Access Your Account From Home: https://www.bcbsal.org/	1-866-803-8002
Precertification of Hospitalization	Blue Cross and Blue Shield of Alabama	From Work: Access Your Account From Home: https://www.bcbsal.org/	1-800-248-2342
Vision			
Vision	Vision Service Plan (VSP)	www.vsp.com	1-800-877-7195
Vision COBRA Billing	HR Connect Team		1-877-562-8383

Legal Notices

APPEALS

You have the right to appeal Adverse Eligibility and Benefit Determinations. See the [Summary Plan Descriptions](#) for more information.

COBRA Rights Notice

If you enroll in medical, dental, vision, or the Health Care Flexible Spending Account, you should be aware of your rights under COBRA (the Consolidated Omnibus Budget Reconciliation Act, as amended). Among other things, COBRA mandates that an employer give employees the ability to continue the same coverage after leaving employment. See the [COBRA Notice](#) for more details.

Creditable Prescription Drug Notice for Medicare-Eligible Associates

This creditable prescription drug coverage information is for Medicare-eligible associates and covered dependents.

Note: Individuals who are not currently eligible for Medicare and do not expect to become eligible before December 31, 2020, can disregard this information. The notice is required by the government as part of the regulations of Medicare Part D drug coverage. In summary, it states that for as long as you and/or your dependents remain covered by your current Regions-sponsored BlueCross coverage, which includes prescription drug benefits, you do not need to (and in fact should not) enroll in Medicare Part D. It goes on to say that when you do sign up for Part D, you will need to provide a copy of this notice to Medicare when you enroll. See the [Creditable Prescription Drug Notice](#) for details.

Healthcare Exchange Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

The Patient Protection and Affordable Care Act (PPACA) commonly referred to as Health Care Reform provides an alternative way to buy health insurance: the Health Insurance Marketplace. To

assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by Regions.

HIPAA Privacy: Protecting Your Personal Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all of Regions' medical, dental and vision care plans. The [Regions HIPAA Privacy Notice](#) spells out what the plan is required by law to do regarding your own protected health information.

Maternity and Newborn Infant Coverage

The health and welfare of mothers and newborns is important, and our plan complies with the Newborns and Mothers Health Protection Act. Inpatient maternity care benefits are covered for no less than 48 hours following a natural delivery and 96 hours following a Caesarean section. For details regarding how maternity benefits are covered, see the [Summary Plan Description](#).

Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a Regions medical plan if you or your dependents lose eligibility for that other coverage. Also, if you have a new dependent as a result of marriage, birth, or adoption, you may be able to enroll your dependent in a Regions medical plan. You must request enrollment within 31 days after the event. To learn more, visit [benefits.regions.com](#) > Changes Due to Life Events.

Special Enrollment Period for Medicaid or Children's Health Insurance Program (CHIP)

Associates (or dependents of an associate) who (1) become eligible for Medicaid or the Children's Health Insurance Program (CHIP), or (2) whose coverage terminates due to loss of eligibility for Medicaid may make changes in their medical coverage. Any change requests must be received within 60 days of becoming eligible or of the exhaustion or termination of coverage. Please read the [CHIP Notice](#) for more information regarding eligibility, how to enroll in CHIP coverage or how to receive premium assistance.

The Women's Health and Cancer Rights Act

Regions' health plans cover mastectomies and certain related reconstructive surgery. The law requires Regions to notify you annually of the availability of this coverage. A member who is receiving benefits in connection with a mastectomy will also receive coverage for reconstruction of the breast on which a mastectomy was performed and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications at all stages of the mastectomy, including lymphedema. Benefits for this treatment will be subject to the same calendar year deductible and coinsurance provisions that apply for other medical and surgical benefits.

USERRA — The Uniformed Services Employment and Reemployment Rights Act

Health Insurance Protection While You Are On Military Leave

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions except for service-connected illnesses or injuries. See the Regions policy on Military Leave on [life@regions](#) > HR > Associate Policies > *You & Regions Manual*.

Glossary

You can find definitions to many of the terms in this guide on the [Glossary](#) page at [benefits.regions.com](#) and in the government required [Uniform Glossary](#).

Please
"think green"
before printing the
entire guide — it will
remain on [life@regions](#)
and the enrollment site
throughout the year.

benefits.regions.com

The enrollment guide is a Summary of Materials Modifications and is intended to provide select highlights of the plans. Limitations and exclusions apply. For more detailed benefit information, please refer to the appropriate Summary Plan Descriptions or Certificate of Insurance. You may also call the vendor with questions. Every attempt was made to make this communication as accurate as possible. If a discrepancy exists between this communication and the official plan documents, this communication will govern. In addition, while Regions intends that these Plans be continued indefinitely, it reserves the right to amend or terminate them at any time.

