

BENEFITS FOR YOUR HEALTH & WELLBEING JOURNEY



BENEFITS ENROLLMENT 2025

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Action Alert



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

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REGIONS' 2025 OPEN ENROLLMENT PERIOD BEGINS OCTOBER 28 AND RUNS THROUGH NOVEMBER 8.

As a Regions associate, your wellbeing is essential to achieving our mission to make life better for our customers, communities, and those we work with every day. We are committed to providing comprehensive benefits that meet the needs of our teams. I encourage you to familiarize yourself with and take full advantage of these for your own wellbeing.

“Regions is investing in Well to simplify and improve the overall wellbeing of our associates. We are proud to provide an innovative platform with concierge health services, personalized health action ‘nudges’ and valuable rewards.”

WHAT’S NEW IN 2025

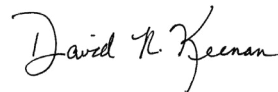
- All full-time associates, regardless of whether or not they are on a Regions Medical Plan, will now have access to **Well, Regions’ gateway to wellbeing**. Associates not on a medical plan will have the opportunity to add Well, at no cost, to their benefits during Open Enrollment with access beginning January 1. If you are on the medical plan today and haven’t activated your account, [download the app and get started!](#)
- All benefits-eligible associates will be able to elect **optional life coverage up to 3x eligible compensation** without providing evidence of good health.
- The 12-month **waiting period for supplemental and prosthetic services**, has been removed from the Dental Plan. *Please note that the 12-month waiting period remains for orthodontic services.*

In order to continue offering the comprehensive and competitive benefits that you rely on, while still managing costs, there will be modest increases to health care premiums for 2025. As costs continue to increase we continue to enhance coverage and manage premium increases. Regions will pay most of the increased cost of health care while maintaining existing medical coverage levels and holding most medical and dental copays and deductibles flat.

A list of other benefits changes can be found in the [Changes to Your 2025 Benefits](#) section of the enrollment guide.

Please set aside time in the coming days to review the Open Enrollment benefits information and to make your elections by November 8. [Find additional information and instructions for enrolling in your 2025 benefits here.](#)

Sincerely,



David R. Keenan
Senior Executive Vice President,
Chief Administrative and
Human Resources Officer



IMPORTANT: CHECK YOUR COVERAGE!

As a reminder, the Open Enrollment period is the only time that you can make changes to your benefits unless you have a qualifying life event during the year. Like last year, Open Enrollment will be a *passive* enrollment. This means that you will see current coverage levels already entered on most plans when going into the system. If you make no changes or cancellation of benefits, your 2024 benefit elections will roll over exactly as is for 2025.

While you are not required to re-enroll in your benefits*, it’s important to ensure you have the coverage that meets your needs, and that your eligible dependents have the coverage they need. Dependents might have gained other coverage or lost it, so it’s important to make sure that your benefits for 2025 still reflect your family’s needs.

**Several plans, per IRS regulations, require enrollment every year, including Health Care and Dependent Care Flexible Spending Account, Health Savings Account, and Vacation Purchase Plan.*

Benefits Enrollment

Money-Saving, Life-Enhancing, Reward-Earning Benefits

Don't forget to consider the advantages of these valuable benefits:

- **Health Savings or Health Flexible Spending and Dependent Care Flexible Spending Accounts** — Lower your income taxes when you use these accounts to pay for medical and daycare expenses.
- **Well** — Well is your gateway to wellbeing. Well is an app that serves as your primary resource to your benefits and suggests actions and small steps that you can take to improve your health and wellbeing, and earn gift cards along the way!
- **Headspace Health (EAP)** — Access free mental health coaching, free short-term counseling for yourself and five people you care about. Explore meditation and mindfulness activities to help you stress less, sleep soundly, deal with challenging times and relax more.
- **Beginning January 1, 2025 Doctor on Demand (Advantage and Core Medical Plan participants)** — Care you need, the way you want. Doctor on Demand connects you with board-certified doctors, therapists, psychiatrists and more for your healthcare needs.

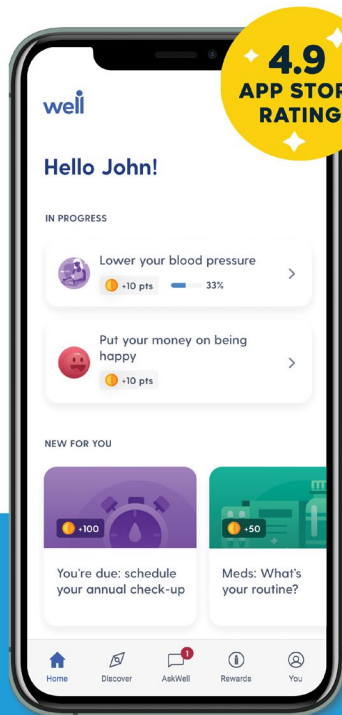
If you need assistance, please contact the HR Connect Team via [Workday Help](#) or at 877-562-8383 between the hours of 7:00 a.m. and 5:00 p.m. Central.

GOOD TO KNOW



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

Well. It's good for you.



4.9 APP STORE RATING



Live Human Help



Personalized



Real Rewards



A-Z Health Topics

[Click here to learn what a Well Guide can do for you!](#)



Sign up with your Regions email and earn \$100.

Learn more at well.co/regions

CHANGES TO YOUR 2025 BENEFITS (Effective January 1, 2025*)

What's New	What This Change Means To You
Applies to this year's Open Enrollment for 2025 and beyond	
Well — Your Gateway to Wellbeing	<p>Associates not on a Regions Medical Plan can elect to add Well, Regions' wellbeing platform, at no cost during open enrollment.</p> <p>Associates electing Credence BCBS Core or Advantage plans do not need to add Well. Your access to Well is included.</p>
Applies to Both the Credence BCBS Advantage PPO Plan and Core High Deductible Plan — Effective January 1, 2025	
Associate Contributions	<p>Rates will change for both Advantage and Core for 2025.</p> <p>See the 2025 Associate Contribution Sheet for all rates.</p>
Associate Cost Share	<p>Deductibles, Copays, Coinsurance and Out-of-Pocket Maximums will remain the same for the Credence Advantage Plan.</p> <p>Core Plan deductibles and out-of-pocket limits will slightly increase.</p>
Applies to Health Flexible Spending Account (Healthcare FSA) — Effective January 1, 2025	
Health FSA Contribution Limit	<p>The Health FSA annual limit is established by the IRS and the 2025 limit has not yet been determined. Workday will be updated to reflect the new amount as soon as it is available.</p>
Health FSA Carry Over	<p>Awaiting IRS update from current carry over of \$640. HealthEquity will be updated to reflect the new amount as soon as it is available.</p>
Applies to Health Savings Account (HSA) — Effective January 1, 2025	
HSA Contribution Limit	<p>2025 Contribution Limits:</p> <ul style="list-style-type: none"> • Individual \$4,300 • Family \$8,550
Applies to Kaiser Permanente Traditional HMO Plan (Southern California only) — Effective January 1, 2025	
Associate Contributions	<p>Rates will change for the Kaiser HMO in 2025.</p> <p>See the 2025 Associate Contribution Sheet for all rates.</p>
Applies to Credence BCBS Dental Plan — Effective January 1, 2025	
Associate Contributions	<p>Dental Rates will increase slightly:</p> <ul style="list-style-type: none"> • Associate Only \$11.50 • Associate + Child(ren) \$29.00 • Associate + Spouse/Domestic Partner \$23.00 • Associate + Family \$43.00
Waiting Period	<p>12-month waiting period for major services will be eliminated for dates of service after January 1, 2025. Waiting period for orthodontia remains.</p>
Applies to Optional Life Insurance — Effective January 1, 2025	
Associate Contributions	<p>Contributions for optional associate coverage will be reduced by approximately 12%.</p> <p>Associates will be allowed to elect or increase coverage up to 3x Benefits Eligible Compensation without providing Evidence of Insurability.</p>

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

2025 ASSOCIATE CONTRIBUTIONS PER BI-WEEKLY PAY PERIOD

Medical Plans

Credence BCBS Core High Deductible Health Plan Non-Tobacco/Vape User	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*
Associate Only	\$30.50	\$33.50
Associate + Child(ren)	\$90.50	\$99.50
Associate + Spouse/Domestic Partner**	\$151.50	\$166.75
Family or Family + Domestic Partner**	\$162.25	\$178.50

Credence BCBS Core High Deductible Health Plan Tobacco/Vape User	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*
Associate Only	\$45.50	\$48.50
Associate + Child(ren)	\$105.50	\$114.50
Associate + Spouse/Domestic Partner**	\$166.50	\$181.75
Family or Family + Domestic Partner **	\$177.25	\$193.50

Credence BCBS Advantage PPO and Kaiser HMO Non-Tobacco/Vape User	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*
Associate Only	\$85.00	\$93.50
Associate + Child(ren)	\$164.25	\$180.75
Associate + Spouse/Domestic Partner**	\$265.50	\$292.00
Family or Family + Domestic Partner**	\$291.00	\$320.00

Credence BCBS Advantage PPO and Kaiser HMO Tobacco/Vape User	Total Compensation \$70,000 and Under*	Total Compensation \$70,000.01 to \$140,000*
Associate Only	\$100.00	\$108.50
Associate + Child(ren)	\$179.25	\$195.75
Associate + Spouse/Domestic Partner**	\$280.50	\$307.00
Family or Family + Domestic Partner**	\$306.00	\$335.00

Credence BCBS Dental Plan	All Associates
Associate Only	\$11.50
Associate + Child(ren)	\$29.00
Associate + Spouse/Domestic Partner**	\$23.00
Family or Family + Domestic Partner**	\$43.00

VSP Vision Plan	All Associates
Associate Only	\$4.44
Associate + Child(ren)	\$6.65
Associate + Spouse/Domestic Partner**	\$6.65
Family or Family + Domestic Partner**	\$11.38

ARAG Legal Insurance	All Associates
Associate Only or Family	\$9.50



THINK BENEFITS

When you have a change in health or employment status:

- Make sure your beneficiaries are correct.
- Review the [SPD](#) regarding conversion privileges should your employment end.
- Learn about accelerated benefit options for terminal illness.

*Based on [Benefits Eligible Compensation](#).

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

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

ADVANTAGE PPO AND CORE HDHP PLANS

The Regions Medical Plans are administered by Credence Blue Cross Blue Shield 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 medical expenses in retirement.

With the [Advantage plan](#), you have a higher payroll deduction and, generally, your copays 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 — credenceblue.com. There is a single sign-on link to the BCBS website available at benefits.regions.com.

KAISER PERMANENTE TRADITIONAL HMO PLAN

Available to Southern California associates only

[Kaiser Permanente](#) is one of the nation's largest not-for-profit health plans. Their Southern California network includes 236 medical offices, 15 hospitals and 7,880 physicians. Their physicians and 76,000 employees provide care to 4.8 million members. Known as a physician-led or staff model Health

Maintenance Organization (HMO). Most eligible services covered at 100% after copay at in-network providers only. You must have a referral from your Primary Care Physician to see a specialist in most instances.

Coordination of Benefits

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

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

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 CREDENCE PLANS?

Credence Medical Plans meet the Affordable Care Act's affordability requirement for single coverage. The Credence Medical Plans also exceed the “Minimum Essential Health Benefits” requirement.

Since the Credence 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.



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

CREDENCE BCBS CORE HIGH DEDUCTIBLE HEALTH PLAN

Basic Definition	Lower payroll deduction, higher deductible and generally copay and out-of-pocket limits are higher.	
Feature	In-Network	Out-of-Network
Calendar Year Deductible	Combined Medical and Prescription: Associate-only: \$2,000; Individual on Associate Plus Spouse, Child(ren) or Family: \$3,300; \$6,600 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: \$7,000 individual; \$14,000 family (Includes \$2,000 individual; \$6,000 family deductible.) (In-Network: Deductibles, Copays and Coinsurance apply to the out-of-pocket maximums. Out-of-Network: Coinsurance applies to the out-of-pocket maximum.)	
Preventive Care (see Preventive Services Listing for details)	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 deductible and \$500 per-admission copay	55% MAC coverage after deductible and \$500 per-admission copay
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.		

CREDENCE ADVANTAGE PPO PLAN

Basic Definition	Higher payroll deduction, and generally copay and out-of-pocket limits are lower.	
Feature	In-Network	Out-of-Network
Calendar Year Deductible	Medical: \$1,000 per person each calendar year; \$3,000 family maximum. Prescription Drug: \$150 individual; \$450 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, Copays and Coinsurance apply to the out-of-pocket maximums. Out-of-Network: Coinsurance applies to the out-of-pocket maximum.)	
Preventive Care (see Preventive Services Listing for details)	100% coverage for all listed services	Not covered
Office Visit	100% coverage after \$35 Primary Care physician copay (ob/gyn included); 100% coverage after \$60 specialist copay	70% coverage (MAC*) after annual deductible <i>*Maximum Allowable Charge</i>
Hospital Visit	90% coverage after \$300 per-admission copay	70% MAC coverage after \$300 per-admission copay
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 copay.	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, advanced imaging, physician administered drugs, inpatient rehab, home health care, and select outpatient/office services. Generally, if precertification is not obtained, no benefits are available. See [Contact Benefits Providers](#) page for contact numbers. See the [Utilization Management Program flier](#) for more details.*



Dental



Dental health means much more than healthy teeth – it is integral to your health and wellbeing.

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 Credence Blue Cross and Blue Shield for services ranging from X-rays and routine cleanings, to fillings and orthodontic care. See the chart below for more information. 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 Blue Shield Allowed Amount as payment in full (except for

Did You Know?

With Well, you can earn points that lead to gift card rewards for completing daily health activities, answering the Question of the Day and tracking healthy habits in the Well app. The more you use the app, the more personalized it is to you and your interests.



[Visit the Well page to sign up today!](#)

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 credenceblue.com.



GOOD TO KNOW

12-month waiting period for major services will be eliminated for dates of service after January 1, 2025. Waiting period for orthodontia remains.

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.



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?

How the Vision Service Plan Pays Benefits

Feature	Copay for VSP Choice Network Providers	Description of In-Network Services
WellVision Exam®	\$15 copay	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	\$210 allowance for the frame of your choice plus a 20% discount off any amount over the allowance. Costco, Walmart and Sam's Club frame allowance is \$115. Covered every other calendar year.
Contact lenses instead of glasses	None	\$170 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 savings of 30% on non-covered lens options; 20% savings on additional glasses and sunglasses from any VSP provider within 12 months of your last WellVision Exam.

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

Did You Know?

With the Well app, you have access to Well Guides. Well features a team of real people called Well Guides, on standby ready to help. You can chat or talk by phone to help find an in-network doctor, set a health goal, manage stress and more! [Learn more about what a Well Guide can do.](#)



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.

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 High Deductible Health Plan may not participate in the Healthcare FSA because of their eligibility for the Regions Health Savings Account (HSA).

GOOD TO KNOW

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

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

IMPORTANT FSA CONSIDERATIONS

Expenses for Plan Year 2025 must be incurred by December 31, 2025 (Health FSA) and March 15, 2026 (Dependent Care FSA) and filed by April 15, 2026. Any balance over \$610 in your Health FSA and any balance in your Dependent Care FSA not incurred and filed by the deadlines are NOT refundable to you and will be forfeited. Therefore, you should estimate your and your family's expenses carefully. A balance up to \$610 in the Health FSA can be carried over and used in 2026 and beyond.



THINK BENEFITS

[View this 10 minute webinar](#) to learn everything you need to know about FSA's and get tips and tricks to make the most of your account.

[HEALTH FLEXIBLE SPENDING ACCOUNT \(HEALTHCARE FSA\)](#)

The [Healthcare FSA](#) allows annual contributions from \$600 to \$3,050 withheld on a pre-tax basis. These funds can be used to pay for any eligible medical, dental or vision expense, including deductibles and copayments 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 their 26th birthday.

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](#).*



DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

The [DCFSA](#) 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 flexible spending account (DCFSA), dependent care must be essential for you and a spouse, if applicable, to work, look for work or attend school full-time.



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.

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 themselves
- Anyone 13 or over who you can claim as a dependent on your tax return that is physically or mentally unable to care for themselves



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.

IF YOUR SPOUSE HAS A SIMILAR ACCOUNT

By law, the maximum amount you may contribute to a dependent care flexible spending account is \$5,000 per household, whether or not your spouse contributes to a DCFSA at their company.

Need Help?

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



Health Savings Account (HSA)

WHAT IS A HEALTH SAVINGS ACCOUNT?

A 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, copayments and other eligible expenses not covered by insurance. A HSA works much like a Healthcare Flexible Spending Account (FSA) only better. Advantages of participating in a HSA are provided below.

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

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

ADVANTAGES OF A HSA

A 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 [HSA Overview](#) for more information about HSA advantages.

To be eligible for a 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 a 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 2025

Individual	\$4,300
Family	\$8,550

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](#).



Life & Disability Benefits

Basic and Optional Life Insurance

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

Regions provides benefits eligible associates with a basic life benefit of the lesser of two times your benefits eligible compensation or \$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 may be required 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.

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

During 2025 Open Enrollment, associates have the chance to enroll in optional life insurance up to 3x benefits annual compensation without providing Evidence of Insurability.



Accidental Death & Dismemberment (AD&D)

AD&D insurance is a policy that pays benefits in the event of death, loss of a certain body part(s) or certain bodily functions (sight, hearing, or speech) due to an accident. You may purchase voluntary AD&D insurance for yourself or for 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 \(SPD\)](#).

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 [Designating Beneficiaries Job Aid](#).

THINK BENEFITS

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



Legal Insurance

Enroll in legal insurance: because legal needs are in your future. You can't predict the future, but you can plan for it. So whether you're planning ahead, like creating a will or buying a new home, or facing something unexpected, like fighting a traffic ticket or getting your deposit back from a difficult landlord, ARAG is there for you.

[Legal insurance](#) makes it affordable to get the legal help you need: network attorney fees are 100% paid-in-full for most covered matters.

Benefit from a wide range of coverage and services to protect your family and better navigate life's legal challenges. Enroll today.

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](#).

LONG-TERM DISABILITY

- Plan pays 60% 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.

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. Because Regions understands how important it is to prepare for retirement, we offer automatic enrollment to make it easier for you to get started. If you do not actively enroll or opt out within 30 days of becoming eligible, you will be automatically enrolled at 2% of your before tax eligible pay.

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 biweekly payroll deductions. The percentage you defer can be changed at any time.

To participate and learn more, 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?

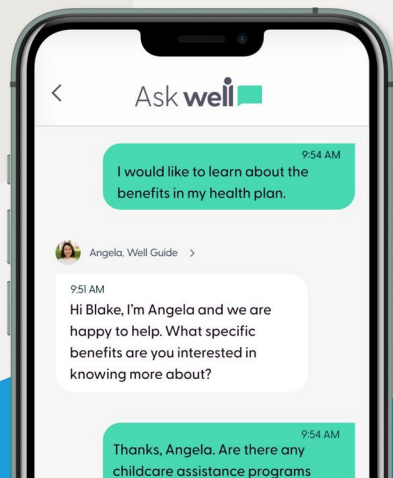
“Vesting” refers to your ability to keep the money if you leave the company. You are always 100% vested in your own contributions and in the company-matching contributions, subject to investment gains and losses.

Wellbeing@Regions



What can well Guides do?

After you join Well, you can chat with a Well Guide by scrolling to the bottom of the home screen of the mobile app and tapping either "Talk with a Well Guide" or "AskWell". From the web portal, click "Chat".



Navigation

- Can you help me find a doctor?
- Does my insurance cover alternative treatment options?
- Can you help me book an appointment?
- I just got diagnosed with [condition]...

Connection

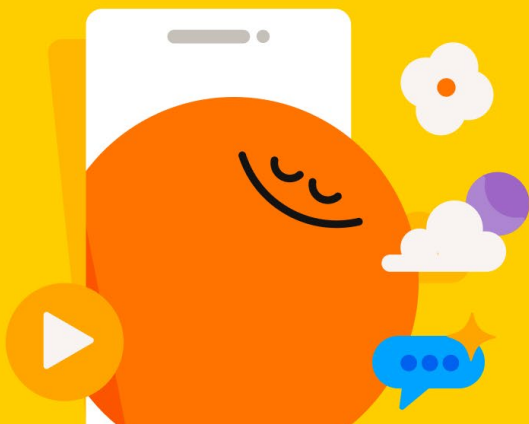
- Does my employer offer resources for weight management?
- Can you help me find ways to lower my prescription costs?
- Does my employer offer any resources for caregiver support?

Education

Goal-setting



Support for all of life's Challenges



5 invites to share with family or friends

5 visits with a licensed therapist for you and your invitees

Unlimited text-based support with a mental health coach



Join HeadSpace: work.headspace.com/regions/member-enroll

Offering weight loss, prediabetes and diabetes reversal plans!



Virta — \$0 Nutrition Therapy For Weight Loss

[Virta](#) is a virtual clinic that helps members lose weight. Guided by a medical care team, you'll learn what nutrients you need more of, and less of, to naturally burn fat and gain energy. Virta uses food as medicine and teaches members how to eat their way to better health with a nutrition plan made just for them.

VIRTA'S CARE PLAN INCLUDES:

- Personal health coaching and provider care
- Scale, meter, and testing supplies
- Guidance to make meals more healthy
- Daily support via the Virta app (mobile/desktop)
- Access to a supportive member community

**Eligibility requirements include being a participant on the Credence BCBS medical plan and having a BMI \geq 25.*

Headspace Health

All associates (regardless of medical plan participation) have access to a free Headspace account, plus five invites to share with those who have an impact on their mental wellbeing. Access meditation and mindfulness content, chat with a behavioral health coach, or if you need more support, Regions covers five therapy sessions per person, per issue. Get help with:

- 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 1-855-420-0734
- Visit <https://work.headspace.com/regions/member-enroll>

Additional information can be found on regions.com/benefits/mental-wellbeing.

Additional Benefits

Regions offers many other benefits, discounts and perks to full-time associates to help you balance their personal and professional lives. See all [Regions Associate Wellbeing Programs](#). Use these benefits to live your life to the fullest. ENJOY LIFE!

You can find detailed information at Regions HR Connect under Standards & Rules. **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 \$7,500 for a special needs child or \$3,000 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. As a Regions associate you also are eligible for a host of free or discounted banking services, including discounts on home equity and mortgage loans.

Associate Discounts

It really pays 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! Visit www.RegionsDiscountNetwork.com to sign up.

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 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 associates during their time of need.

Bereavement Leave

Full-time and part-time associates with paid time off benefits are eligible for five consecutive work days with pay following the death of a spouse or child, and three days following the death of an immediate family member (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 contributions of financial and human resources. Regions associates also demonstrate our commitment by volunteering with nonprofit 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 11 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 to a maximum of \$1,000 per year 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.](#)

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 Assistance

At Regions, continued learning opportunities are available to all associates. The Tuition Assistance Program through Guild provides associates with the opportunity to pursue an undergraduate degree program within an approved list of learning partners and programs in the learning catalog.¹ Availability and eligibility is based on business needs in select markets and may change over time. To learn more, visit Workday and search "tuition assistance."

¹Funding covers tuition and mandatory fees after the required application of federal and state grants and scholarships up to \$5,250 per funding year. Associate eligibility is subject to the Tuition Assistance Rule.

United Way

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

Vacation Purchase Plan

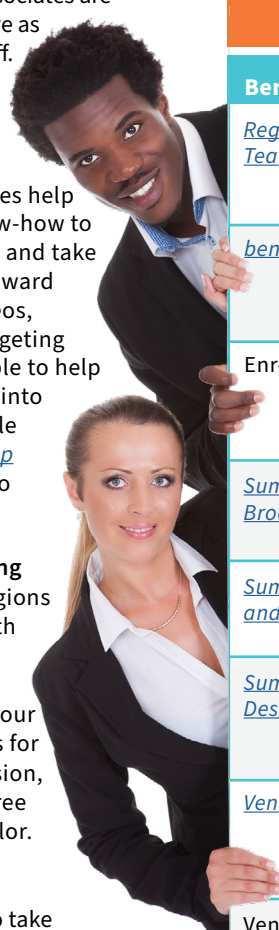
Eligible associates have the opportunity annually to purchase up to one extra week of vacation in one-day increments. Any unused Vacation Purchase Plan contributions will be returned at year end. Please see the [Vacation Time](#) document and [Vacation Purchase Plan FAQs](#) for more details.

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)	Empower	401k.regions.com	1-844-465-4455
Dental			
Dental, Dental COBRA Billing	Credence Blue Cross Blue Shield	From Work: Access Your Account From Home: credenceblue.com	1-833-663-8713
Disability			
Long- and Short-Term Disability	New York Life HR Connect Team	Disability Plans	1-888-842-4462 1-877-562-8383
EAP			
Headspace Health	Headspace	https://work.headspace.com/regions/member-enroll	1-855-420-0734
Family Building Benefits			
Family Building Benefits	Ovia Health	support@oviahealth.com	
	WINFertility	managed.winfertility.com/RegionsBank	1-833-204-2758
Flexible Spending Accounts (FSA)			
Health Care FSA and Dependent Care FSA, FSA COBRA Billing	HealthEquity	Account Login: myhealthequity.com Education: learn.healthequity.com/regions/fsa/	1-877-288-0719
Group Legal			
Group Legal	ARAG	https://www.araglegal.com/plans	1-800-247-4184
Health Coaching			
Health Coaching	Pack Health	https://packhealth.com/regions	1-855-255-2362
Health Savings Account (HSA)			
Health Savings Account (HSA)	HealthEquity	https://learn.healthequity.com/regions/hsa/	1-877-288-0719
Leave of Absence			
Leave of Absence	HR Connect Team	Leave of Absence for Regions Employees	1-877-562-8383
Life			
Basic and Optional	Regions/New York Life	Life Insurance	1-877-562-8383
Medical			
Medical including Prescription Drugs and Mental Health, Medical COBRA Billing	Credence Blue Cross Blue Shield	From Work: Access Your Account From Home: credenceblue.com	1-833-663-8713
	Kaiser Permanente	healthy.kaiserpermanente.org/southern-california/front-door	1-800-278-3296
Home Delivery Pharmacy	MedsYourWay by Amazon Pharmacy	www.amazon.com/pharmacy/alabama	1-855-793-5326
Precertification	Credence Blue Cross Blue Shield	From Work: Access Your Account From Home: credenceblue.com	1-833-663-8713
Precertification of Hospitalization	Credence Blue Cross Blue Shield	From Work: Access Your Account From Home: credenceblue.com	1-833-663-8713
Telemedicine			
Telemedicine	Teladoc	https://member.teladoc.com/alabama	1-855-477-4549
Vision			
Vision	Vision Service Plan (VSP)	www.vsp.com	1-800-877-7195
Vision COBRA Billing	HR Connect Team	http://wd5.myworkday.com/regions/wdhelp/helpcenter/create	1-877-562-8383
Wellbeing Platform			
Well	Well.co	www.well.co/regions	1-844-652-9355

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, 2025, 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 policy for complete details.](#)

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 the [benefits portal](#) 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.

