Are You Ready to Make Your Benefits Connection?

benefits@regions 2017
Dear Regions Associates:

At Regions, it is our mission to “Make Life Better” for our customers, communities and our associates. One way we do this for our associates is by providing a comprehensive offering of benefits that help protect the health, finances and future of you and your family.

During your enrollment period, you will have the opportunity to select the coverage which helps you achieve your personal goals for the coming year and the future. Regions offers benefits choices that:

- Promote the health and wellness of you and your family
- Protect your income while you are working
- Provide financial security in the event of your disability or death
- Help you save for retirement
- Help balance your personal responsibilities and work life

This enrollment guide, available from work or home at benefits.regions.com, provides important information, resources and helpful tools to assist you in making your benefit elections for 2017. After reviewing the materials, enroll at any time up until the deadline via My Workday@Regions. See the How to Enroll page for specific online instructions. If you cannot find answers to your benefit questions within the online materials, contact the Benefits Assistance Center at 877-562-8383, option 1.

Thank you for your efforts and engagement. The Regions team is stronger than ever, and I am proud to offer this benefits package and to work with you as we build better futures for ourselves, our co-workers, our customers and our communities.

Sincerely,

David R. Keenan
Sr. Executive Vice President
Human Resources
MAKE YOUR BENEFITS CONNECTION 2017

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 this Enrollment Guide and at benefits.regions.com. There are significant changes for 2017. Please be sure to review the Changes to Your 2017 Benefits page before enrolling.
- Enroll in your 2017 benefits (Medical, Dental, Vision, Optional Life, AD&D, Flexible Spending, Health Savings and Legal Insurance) on My Workday@Regions. See How To Enroll for details. (401(k) is a separate enrollment that can be done at any time).
- Verify the accuracy of your personal information — address, 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.
- 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 HealthEquity site via www.bcbsal.com.
- 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 2017. If you do not enroll, you and your dependents will not have coverage for 2017 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 Savings Plan (medical) with associate-only coverage and in the company-paid Basic Life Insurance and Disability Plans.
# CHANGES TO YOUR 2017 BENEFITS

## What’s New

### Applies to Advantage Medical Plan – Effective January 1, 2017

<table>
<thead>
<tr>
<th>Calendar Year Deductible</th>
<th>The calendar year deductible is $1,000 per person; $3,000 family maximum. The Out-Of-Pocket Maximum did not increase.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Doctor Visit Co-pay</td>
<td>The primary care doctor visit co-pay is $35. Teladoc co-pay is $25.</td>
</tr>
<tr>
<td>Specialist Doctor Visit Co-pay</td>
<td>The specialist doctor visit co-pay is $60.</td>
</tr>
</tbody>
</table>
| Associate Contributions | • Associate Only .......... $65.50  
  • Associate + Child(ren) ... $128.00  
  • Associate + Spouse/DP ... $201.00  
  • Associate + Family ........ $221.00 |

### Applies to Core Medical Plan – Effective January 1, 2017

<table>
<thead>
<tr>
<th>Plan Name Change</th>
<th>Core High Deductible Savings Plan</th>
</tr>
</thead>
</table>
| Plan Type Change | This plan will now be a High Deductible Health Plan (HDHP) with a Health Savings Plan (HSA) option. Features include:  
  - Lower payroll deductions than Advantage  
  - Higher deductible  
  - All out-of-pocket expenses go toward the deductible, including prescriptions  
  - Tax-Advantaged Savings vehicle through the HSA  
  - Preventive Care covered at 100% |
| Calendar Year Deductible | The calendar year deductible is $2,000 Associate-only coverage; Individual on Associate Plus is $2,600; $6,000 family maximum. The deductible must be met before any services are covered, with the exception of Preventive Care. The Out-Of-Pocket Maximum will not increase. |
| Associate Contributions | • Associate Only .......... $34.00  
  • Associate + Child(ren) ... $79.00  
  • Associate + Spouse/DP ... $126.00  
  • Associate + Family ........ $140.00 |

### Applies to both the Advantage Plan and Core High Deductible Savings Plan – Effective January 1, 2017

| Colonoscopy Coverage | Colonoscopies due to diagnosis (not preventive) will no longer be subject to the deductible at any age. Preventive colonoscopies will remain at no charge at age 50 and every ten years thereafter. |

### Applies to Prescription Drug Coverage on Both the Advantage Plan and Core High Deductible Savings Plan – Effective January 1, 2017

| Tier 3 Co-pay Increase | The co-pay for Tier 3 Prescriptions is 10% (with a minimum co-pay of $60 and maximum co-pay of $150) of the BCBSAL negotiated rate. For instance:  
  **Example 1**  
  - BCBSAL Negotiated Rate = $400  
  - $400 x 10% = $ 40  
  - Co-pay = $ 60 (minimum)  
  **Example 2**  
  - BCBSAL Negotiated Rate = $1,600  
  - $1,600 x 10% = $ 160  
  - Co-pay = $ 150 (maximum)  
  Talk to your physicians prior to January to discuss possible lower cost alternatives. See the Prescription Drug Page for more information. |
| CVS Non-Preferred Pharmacy Notice (including those within Target) | CVS charges more than other pharmacies for their services and products. Therefore, they now are considered a Non-Preferred pharmacy on our plans. Co-pays are higher when using CVS.  
  - Tier 1 = +%5 or $20 per RX  
  - Tier 2 = +%10 or $40 per RX  
  - Tier 3 = +%10 or $70 minimum – $160 maximum per RX  
  If you wish to change to a lower cost pharmacy, you will need to request new prescriptions from your physician(s) prior to January 1, 2017. Your new pharmacy may also be able to do this for you upon request. Remember, you can save money on maintenance medications (2 co-pays for a 3-month supply) by using the Prime Mail Order Pharmacy. Ask your physician to write your prescription for a 90-day supply. |
| Shingles and Pneumococcal Vaccines | Vaccines for Shingles and Pneumonia are now available via the BCBSAL Vaccine Pharmacy Network. Age and/or frequency restrictions may apply. See the BCBSAL Immunization List for details. |
## CHANGES TO YOUR 2017 BENEFITS

### Applies to Healthcare Flexible Spending Account (FSA) – Effective January 1, 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator Change</td>
<td>BCBSAL is partnering with HealthEquity to administer FSA accounts. Participants will receive new FSA spending cards and will submit 2017 receipts to HealthEquity. The HealthEquity website will be accessible from the BCBSAL website via a single sign-on link. For more information about HealthEquity see the FSA page on benefits.regions.com.</td>
</tr>
<tr>
<td>Changes Due to New HSA Offering</td>
<td>• FSA not available to Core High Deductible Savings Plan members due to eligibility for the HSA. • FSA funds must be spent by December 31, 2016 in order to participate in the HSA beginning January 1, 2017. If funds remain, your start date will be April 1, 2017.</td>
</tr>
<tr>
<td>FSA Grace Period</td>
<td>BCBSAL will continue to handle 2016 claims including Grace Period claims through March 15, 2017. Claims for 2016 + Grace Period should be filed with BCBSAL. Claims for 2017 should be filed with HealthEquity.</td>
</tr>
</tbody>
</table>

### Applies to Dental Plan – Effective January 1, 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Contributions</td>
<td>• Associate Only . . . . . . . $10.00</td>
</tr>
<tr>
<td></td>
<td>• Associate + Child(ren) . . . $22.00 ( ^)</td>
</tr>
<tr>
<td></td>
<td>• Associate + Spouse/DP . . $20.00 ( ^)</td>
</tr>
<tr>
<td></td>
<td>• Associate + Family . . . . . . . $35.00</td>
</tr>
</tbody>
</table>

### Applies to Domestic Partner Benefits – Effective January 1, 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Coverage Termination (2018)</td>
<td>Coverage for Domestic Partners will no longer be available beginning January 1, 2018. We are providing 14-months’ notice to give associates with Domestic Partner coverage time to make other arrangements. Coverage will remain available for married couples of the same or opposite sex. You cannot enroll a new domestic partner in 2017.</td>
</tr>
<tr>
<td>Disability Vendor Change</td>
<td>CIGNA is our new disability carrier for Short Term and Long Term Disability. Claims started prior to January 1, 2017 will remain with MetLife.</td>
</tr>
<tr>
<td>Medicare Enrollment Requirement</td>
<td>Long Term Disability recipients are required to enroll in Medicare when they are accepted on Social Security Disability.</td>
</tr>
</tbody>
</table>
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 your benefits within 31 days after hire to have 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. 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 MyWorkday@Regions along with supporting documentation to verify your request. See the Changes Due to Life Events section of benefits.regions.com for detailed information.

2017 ASSOCIATE CONTRIBUTIONS PER BI-WEEKLY PAY PERIOD

<table>
<thead>
<tr>
<th>Medical Core High Deductible Savings Plan</th>
<th>Total Compensation $50,000 and Under*</th>
<th>Total Compensation $50,001 to $100,000*</th>
<th>Total Compensation over $100,000*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Only</td>
<td>$34.00</td>
<td>$51.50</td>
<td>$77.50</td>
</tr>
<tr>
<td>Associate + Child(ren)</td>
<td>$79.00</td>
<td>$96.00</td>
<td>$122.00</td>
</tr>
<tr>
<td>Associate + Spouse/Domestic Partner</td>
<td>$126.00</td>
<td>$142.50</td>
<td>$168.50</td>
</tr>
<tr>
<td>Family</td>
<td>$140.00</td>
<td>$157.00</td>
<td>$183.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Advantage Plan</th>
<th>Total Compensation $50,000 and Under*</th>
<th>Total Compensation $50,001 to $100,000*</th>
<th>Total Compensation over $100,000*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Only</td>
<td>$65.50</td>
<td>$83.00</td>
<td>$109.00</td>
</tr>
<tr>
<td>Associate + Child(ren)</td>
<td>$128.00</td>
<td>$145.00</td>
<td>$171.00</td>
</tr>
<tr>
<td>Associate + Spouse/Domestic Partner</td>
<td>$201.00</td>
<td>$217.50</td>
<td>$243.50</td>
</tr>
<tr>
<td>Family</td>
<td>$221.00</td>
<td>$238.50</td>
<td>$264.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>All Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Only</td>
<td>$10.00</td>
</tr>
<tr>
<td>Associate + Child(ren)</td>
<td>$22.00</td>
</tr>
<tr>
<td>Associate + Spouse/Domestic Partner</td>
<td>$20.00</td>
</tr>
<tr>
<td>Family</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Plan</th>
<th>All Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Only</td>
<td>$4.00</td>
</tr>
<tr>
<td>Associate + Child(ren)</td>
<td>$6.00</td>
</tr>
<tr>
<td>Associate + Spouse/Domestic Partner</td>
<td>$6.00</td>
</tr>
<tr>
<td>Family</td>
<td>$10.25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Plan</th>
<th>All Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Only or Family</td>
<td>$8.40</td>
</tr>
</tbody>
</table>

*Based on 2015 Compensation. Life Insurance rates can be found on the 2017 Associate Contributions Sheet.
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* (Please see Important Notice below.)
• 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

An eligible child can be your:

• Natural child
• Legally adopted child or child placed with you for adoption
• Foster child
• Child for whom you are the court-appointed legal guardian
• Stepchild
• Your 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

*Domestic partners and their children are only eligible for medical, dental and vision coverage, and proof of eligibility must be submitted. See the Dependent Eligibility section of benefits.regions.com for details regarding documentation requirements, legal spouse information and domestic partnership coverage.

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 Requirements)
• Children (including grandchildren) who are not the child of you or your spouse, unless you have court-appointed legal guardianship

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, domestic partnership certification, 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 FAQ section of benefits.regions.com.

IMPORTANT NOTICE: Coverage for Domestic Partners (DP) will no longer be available beginning January 1, 2018. Regions is providing 14 months’ notice to give associates with DP coverage time to make other arrangements. Coverage will remain available for legally married couples of the same or opposite sex. You cannot enroll a new domestic partner in 2017.
How to Enroll

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

Enrollment in the 401k Plan can be done via 401k.regions.com.

EASY STEPS TO BENEFITS ENROLLMENT ONLINE

Enrolling via My Workday@Regions 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 Benefits Assistance Center at 877-562-8383, option 1 between the hours of 8:00 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.
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 Savings Plan, you have a lower payroll deduction and, generally, your out-of-pocket costs (expenses paid for by the insured – 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.

With the Advantage plan, you have a higher payroll deduction and, generally, your co-pay 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 learn more about these benefits, check to see if your doctor is in the network, order replacement cards and access your claims statements on the BCBS website — www.bcbsal.com. There is a single sign-on link to the BCBS website available at benefits.regions.com.

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 Vendor Contact page for contact numbers.

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. 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.

With the Core High Deductible Savings Plan, you have a lower payroll deduction and, generally, your out-of-pocket costs (expenses paid for by the insured – deductibles and co-insurance) are higher. This plan has a tax-free Healthcare Savings Account (HSA) option to help defray the cost of qualified medical expenses.

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?

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. There are tax implications on premiums for Domestic Partner coverage. Visit the Dependent Eligibility Page for more information.
<table>
<thead>
<tr>
<th>Feature</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Definition</strong></td>
<td>Lower payroll deduction, higher deductible and generally co-pay and out-of-pocket limits are higher.</td>
<td></td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>Associate-only: $2,000; Individual on Associate Plus Spouse, Child(ren): $2,600; $6,000 family maximum</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximums</strong></td>
<td>Separate Medical: $3,250 individual; $9,750 family (Includes $2,000 individual; $6,000 family medical deductible.) Separate Prescription Drugs: $3,300 individual or family (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.)</td>
<td>Preventive Care (see Preventive Services Listing for details) 100% coverage for all listed services Not covered</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>75% coverage after calendar year deductible</td>
<td>55% coverage (MAC*) after calendar year deductible *Maximum Allowable Charge</td>
</tr>
<tr>
<td><strong>Hospital Visit</strong></td>
<td>75% coverage after $500 per-admission co-pay</td>
<td>55% MAC coverage after $500 per-admission co-pay</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>75% coverage after calendar year deductible</td>
<td>75% MAC coverage after calendar year deductible</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>75% coverage after calendar year deductible; limit of 30 total visits per person per calendar year</td>
<td>75% coverage subject to calendar year deductible; limit of 30 habilitative and 30 rehabilitative visits per person per calendar year</td>
</tr>
<tr>
<td><strong>Speech, Physical and Occupational (hand) Therapy</strong></td>
<td>Covered at 75% of the allowance subject to the calendar year deductible.</td>
<td>Covered at 55% of the allowance subject to the calendar year deductible.</td>
</tr>
<tr>
<td><strong>PET Scans, CT Scans, MRI and MRA’s</strong></td>
<td>Covered at 90% of the allowance with no deductible or co-pay.</td>
<td>Covered at 70% of the allowance subject to the calendar year deductible.</td>
</tr>
</tbody>
</table>

**Precertification is required for some services. Please consult the Summary Plan Description. No coverage for non-certified procedures.**

<table>
<thead>
<tr>
<th>Feature</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Definition</strong></td>
<td>Higher payroll deduction, and generally co-pay and out-of-pocket limits are lower.</td>
<td></td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$1,000 per person each calendar year; $3,000 family maximum</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximums</strong></td>
<td>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.)</td>
<td>Preventive Care (see Preventive Services Listing for details) 100% coverage for all listed services Not covered</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>100% coverage after $35 Primary Care physician co-pay (ob/gyn included); 100% coverage after $60 specialist co-pay</td>
<td>70% coverage (MAC*) after annual deductible *Maximum Allowable Charge</td>
</tr>
<tr>
<td><strong>Hospital Visit</strong></td>
<td>90% coverage after $300 per-admission co-pay</td>
<td>70% MAC coverage after $300 per-admission co-pay</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>90% coverage after calendar year deductible</td>
<td>90% MAC coverage after calendar year deductible</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>90% coverage after calendar year deductible; limit of 30 total visits per person per calendar year</td>
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<tr>
<td><strong>Speech, Physical and Occupational (hand) Therapy</strong></td>
<td>90% coverage subject to calendar year deductible; limit of 30 habilitative and 30 rehabilitative visits per person per calendar year</td>
<td>90% coverage subject to calendar year deductible; limit of 30 habilitative and 30 rehabilitative visits per person per calendar year</td>
</tr>
<tr>
<td><strong>PET Scans, CT Scans, MRI and MRA’s</strong></td>
<td>Covered at 90% of the allowance with no deductible or co-pay.</td>
<td>Covered at 70% of the allowance subject to the calendar year deductible.</td>
</tr>
</tbody>
</table>

**Precertification is required for some services. Please consult the Summary Plan Description. No coverage for non-certified procedures.**
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 Savings Plan.

Prescription Drugs

Prescription drug coverage provided under both the Advantage Plan and Core High Deductible Savings 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, 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
  - **Core Plan:** $3,300 per person or family

- Generic equivalents are required when available (see next page)

- 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 PrimeMail
  - 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

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.
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

REQUIRED GENERIC EQUIVALENTS
Generic equivalent medications are required in both the Advantage and Core Plans. A Generic Equivalent Drug is a medication which has the same active ingredients as the brand-name drug. If you purchase a brand-name drug which has a generic equivalent, you will pay the full cost of the brand name drug.

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.

GOOD TO KNOW
Summary Plan Descriptions (SPDs) provide detailed information about your benefits.

PrimeMail – Mail Order Program
PrimeMail mail order delivery program 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 PrimeMail, visit the Mail Order page on benefits.regions.com.
Teladoc®

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

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions including:

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

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 $40 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.

SEEN HOW TELADOC® WORKS

Step 1
Contact Teladoc.

Step 2
Talk with a doctor.

Step 3
Resolve your issue.

Step 4
Settle up.

Step 5
Smile.

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, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

*Teladoc not available in Arkansas.
**Video not available in all states.
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 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.com.

### How the Dental Plan Pays Benefits

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

*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.

GOOD TO KNOW

There is a 12-month waiting period for Orthodontia, Oral Surgery, Complex Extractions and Other Supplemental and Prosthetic Services.
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 forms 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 may be required.

Using your VSP benefit is easy:

- To find a VSP doctor or an affiliate 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

<table>
<thead>
<tr>
<th>Feature</th>
<th>Co-pay for VSP Choice Network Providers</th>
<th>Description of In-Network Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam®</td>
<td>$15 co-pay</td>
<td>Focuses on your eye health and overall wellness. Covered every calendar year.</td>
</tr>
<tr>
<td>Prescription lenses</td>
<td>$25 for lenses and/or frames</td>
<td>Single vision, lined bifocal, lined trifocal and polycarbonate lenses are fully covered, as well as scratch resistant coating are covered every calendar year.</td>
</tr>
<tr>
<td>Frames</td>
<td>$25 for lenses and/or frames</td>
<td>$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.</td>
</tr>
<tr>
<td>Contact lenses instead of glasses</td>
<td>None</td>
<td>$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.</td>
</tr>
<tr>
<td>Laser VisionCare</td>
<td>Not applicable</td>
<td>Average 15% off the regular price or 5% off the promotional price at contracted facilities.</td>
</tr>
<tr>
<td>Extra savings on glasses and sunglasses</td>
<td>Not applicable</td>
<td>Average 20-25% savings on all non-covered lens options; 20% off additional eyewear purchases within 12 months of your last VSP exam.</td>
</tr>
</tbody>
</table>

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.

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

NEW FOR 2017

Blue Cross and Blue Shield of Alabama (BCBSAL) is partnering with HealthEquity to administer Flexible Spending Accounts. All 2017 FSA claims should be filed with HealthEquity. A single sign-on (SSO) link to HealthEquity can be found on the FSA section of the BCBSAL website. To learn more about FSAs, visit the HealthEquity member education portal.

IMPORTANT FSA CONSIDERATIONS

Use It or Lose It: Expenses must be incurred by December 31, 2017 (Dependent Day Care FSA) or March 15, 2018 (Health FSA). Any funds that are unused are NOT refundable to you. In other words, if you don’t use it, you lose it! Therefore, you should estimate your and your family’s expenses carefully.

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.

(HEALTHCARE FSA)

The Healthcare FSA allows annual contributions from $600 to $2,600 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 via www.bcbsal.com. 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 via www.bcbsal.com 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.

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 Savings Plan and meet other eligibility requirements (below) can enroll in an HSA administered by HealthEquity.

When you elect to participate in the HSA via MyWorkday, 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. Your HealthEquity account is easily accessible via myBlueCross at www.bcbsal.com. You may also create a user name and password to login directly to your account at https://myhealthequity.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 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

<table>
<thead>
<tr>
<th>HSA Contribution Limits 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

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.
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 up to $750,000 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, an EOI email with instructions for completing the form online will be sent to your Regions email address. 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, an EOI email with instructions for completing the form online will be sent to your Regions email address. 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.

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.

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

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

*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.
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 My Workday@Regions. 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.

Legal Insurance

Embrace life’s opportunities with fewer worries with Ultimate Advisor® legal insurance from ARAG®. Legal insurance gives you a place to turn for help with addressing a wide range of everyday situations like dealing with traffic tickets, resolving warranty issues, buying a home or creating a will — and most covered legal matters are 100% paid-in-full when you work with a credentialed ARAG Network Attorney.

COMPREHENSIVE COVERAGE YOU CAN TRUST

ARAG provides coverage for a wide variety of everyday life matters, including the following areas:

- Wills and Estate Planning
- Family Law (name change, adoption, divorce)
- Consumer Protection (car repair, consumer fraud)
- Identity Theft Protection
- Criminal Matters (misdemeanor, juvenile matters)
- Tenant Rights
- Real Estate Matters
- Federal Tax Issues
- Traffic Matters (license restoration)
- And much more – contact ARAG for details!
CALL A PROFESSIONAL FOR HELPFUL ADVICE
Whenever you have a question or need clarification, you can call a Network Attorney who can help you understand your legal issue. Plus, they can help you review or prepare documents, including a Standard Will. You will also benefit from Financial Counseling and Education Services.

ONLINE RESOURCES – GET EMPOWERED AND LEARN MORE
Visit the ARAG Legal Center to access a collection of DIY Docs®, as well as helpful guidebooks and articles to help you understand everyday legal issues. For additional questions, call ARAG toll-free at 800-247-4184, Monday – Friday, 7:00 a.m. – 7:00 p.m., Central Time; e-mail questions to service@ARAGgroup or visit the ARAG Legal Center (Access Code 11880rf).

For complete details about this coverage you can also review the Certificate of Insurance or Legal Insurance Overview.

GOOD TO KNOW
• Identity Theft Protection
Identity Theft Protection is an included feature that helps members by providing a formidable front line of protection against identity theft with Credit Monitoring, Internet Surveillance and Child Monitoring services. If you fall prey to identity theft, you can rely on Full-Service Identity Restoration and Lost Wallet Services. Should you become a victim of identity theft, Identity Theft Insurance also provides coverage up to $1 million for expenses associated with restoring your identity.* Please review the ID Theft Infographic to see how identity theft can affect your life.

• Financial Counseling and Education Services
Talk with a certified Financial Counselor who can help you with a wide range of financial topics — cash and debt management, budgeting, retirement planning, federal tax information and more. You will also receive access to a variety of useful online tools — a personalized financial plan, articles and calculators to help you map out a solid financial strategy.

*Please see the Identity Theft Plan Summary for eligibility, coverage, limitations and exclusions.
RETIREMENT

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 ENROLL?
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.

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

ACCESSING YOUR ACCOUNT
To access your account, visit http://401k.regions.com.

New Members:
- Register your account: Click “Get Started” and follow the prompts
- Create a username and password
- Answer several security questions for future password assistance
- Click “Enroll Now” and follow the instructions

CONTRIBUTE 4% 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 4% 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 may also make an annual 2% employer contribution to eligible associates regardless of whether or not they contribute to the Plan.

You are eligible to receive the 2% employer contribution beginning the first of the month after you have completed one year of service. Compensation prior to your one-year anniversary is not eligible and is excluded from the calculation.

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.
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.

WELLNESS

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 as a communication from Wellness@Regions.

WELLNESS@REGIONS MICRO SITE

The Wellness microsite (located on HR Connect via our company intranet, life@regions) houses information about wellness initiatives available across our 16-state footprint. Each month the site features a new wellness theme with helpful articles, related recipes, motivational tips and other resources. Just follow the wellness@regions link on the main page of life@regions to access the site.

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 https://regionseap.personaladvantage.com
  User ID: regions   Password: myplateisfull

Additional information can be found on life@regions > HR Connect > Associate Relations > Employee Assistance Program.

SHORT-TERM DISABILITY

- Pays 60% – 100% of pay based on an associate’s length of service (limits apply).

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 Corporate Leave of Absence Department at 1-866-723-7031. You will need to submit an Agreement to Maintain Benefits to specify which benefits you would like to maintain while you are out. Remember that you must make payments timely (every pay day) to keep benefits active.
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 your local HR Representative.** All benefits in this section are subject to change without notice.

**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 $1,000 is available to associates whose primary residence is uninhabitable due to fire, flood, tornado, hurricane or other acts of nature. In the instance of a major disaster, Regions may give associates the opportunity to donate to this fund 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) and Domestic Partner. Regions will continue to comply with all applicable state and local laws.

**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 Benefits Assistance Center at 1-877-562-8383, option 1.

**Community Involvement**
Regions’ passion for its communities is seen through our significant contribution of financial and human resources. To demonstrate our commitment, over the next seven years we have pledged $100 billion in community development that will help grow small businesses, provide mortgages for individuals with low or moderate incomes, and revitalize underserved communities.

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

*Regions Insurance Group has a separate holiday policy.*

**ADDITIONAL BENEFITS**

**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 and identity theft protection, to free travelers’ checks. 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.

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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.

Regions Insurance – Personal Lines
Regions has a subsidiary, Regions Insurance, that can assist you in obtaining individual homeowners, renters, automobile, umbrella and more. Call 1-888-786-8303 for more information.

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.

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.

*Benefit is not available to Regions Insurance Group.

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

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.

Where to Go for Benefits Information

<table>
<thead>
<tr>
<th>Benefits Source</th>
<th>Information For You</th>
</tr>
</thead>
</table>
| benefits.regions.com | • Regions Benefits Internet Website  
| | • Accessible from work or home  
| | • Benefits information at your fingertips 24/7  
| | • Gateway to benefits enrollment site  
| Enrollment Guide | • Provides information specific to new hire and annual open enrollment  
| | • Benefits Overview  
| | • Changes to benefits for the upcoming year  
| Regions Benefits Assistance Center | • Assistance when you can’t find the answers you need  
| | • Manned by Regions Corporate Benefits Associates  
| | • Available 8 a.m. – 5 p.m. Central, Monday through Friday  
| | • Call 1-877-562-8383, option 1  
| Summary of Benefits Brochures | • 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) | • Summary brochure required by health care reform (PPACA)  
| | • Universal format across all employers  
| | • Easier comparison between plans  
| Summary Plan Description (SPD) | • 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 | • 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 | • Assistance when you can’t find the information you need  
| | • Help with a claims issue  
| | • Toll-free numbers are listed in the Vendor Contact section  

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.
<table>
<thead>
<tr>
<th>Benefit or Service</th>
<th>Company</th>
<th>Web Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental</strong></td>
<td>Blue Cross and Blue Shield of Alabama</td>
<td>From Work: Access Your Account From Home: <a href="http://www.bcbsal.com">www.bcbsal.com</a></td>
<td>1-888-850-3276</td>
</tr>
<tr>
<td><strong>EAP</strong></td>
<td>American Behavioral</td>
<td>regionseap.personaladvantage.com</td>
<td>1-888-688-8883</td>
</tr>
<tr>
<td><strong>2016 Flexible Spending Accounts (FSA)</strong></td>
<td>Blue Cross and Blue Shield of Alabama</td>
<td>From Work: Access Your Account From Home: <a href="http://www.bcbsal.com">www.bcbsal.com</a></td>
<td>1-800-213-7930</td>
</tr>
<tr>
<td><strong>Group Legal</strong></td>
<td>ARAG</td>
<td><a href="http://www.ARAGLegalCenter.com/home/">http://www.ARAGLegalCenter.com/home/</a></td>
<td>1-800-247-4184</td>
</tr>
<tr>
<td><strong>Leave of Absence</strong></td>
<td>Regions Associate Relations</td>
<td>life@regions &gt; HR Connect</td>
<td>1-866-723-7031</td>
</tr>
<tr>
<td><strong>Life</strong></td>
<td>Regions/Unum</td>
<td>Life Insurance</td>
<td>1-877-562-8383, option 1</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td>Blue Cross and Blue Shield of Alabama</td>
<td>From Work: Access Your Account From Home: <a href="http://www.bcbsal.com">www.bcbsal.com</a></td>
<td>1-888-850-3276</td>
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<tr>
<td></td>
<td>PrimeMail</td>
<td>From Work: Access Your Account From Home: <a href="http://www.bcbsal.com">www.bcbsal.com</a></td>
<td>1-800-391-1886</td>
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<td>Blue Cross and Blue Shield of Alabama</td>
<td>From Work: Access Your Account From Home: <a href="http://www.bcbsal.com">www.bcbsal.com</a></td>
<td>1-866-803-8002</td>
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<td></td>
<td>Blue Cross and Blue Shield of Alabama</td>
<td>From Work: Access Your Account From Home: <a href="http://www.bcbsal.com">www.bcbsal.com</a></td>
<td>1-800-248-2342</td>
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<tr>
<td><strong>Vision</strong></td>
<td>Vision Service Plan (VSP)</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>1-800-877-7195</td>
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<tr>
<td></td>
<td>Regions Corporate Benefits</td>
<td></td>
<td>1-877-562-8383, option 1</td>
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</table>
Insurance Marketplace. To assist you as a way to buy health insurance: the Health Care Reform provides an alternative healthcare exchange notice for details.

Creditable Prescription Drug 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 January 1, 2016, 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

Please “think green” before printing the entire guide — it will remain on life@regions and the enrollment site throughout the year.
The enrollment guide is a Summary of Materials Modifications and is intended to provide select highlights of the plans. For more detailed benefit information, please refer to the appropriate Summary Plan Descriptions. 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.