



Benefits for Your Health & Wellbeing Journey

2025 SUMMARY OF REGIONS ASSOCIATE BENEFITS

A WORD ABOUT OUR BENEFITS

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

For more detailed information, including how to enroll, please review the information and plan documents online at benefits.regions.com. For questions, please contact the Human Resources Connect Team via Workday Help Messaging or call 1-877-562-8383.

PLAN	ELIGIBILITY	BI-WEEKLY COST TO ASSOCIATE	BENEFIT SUMMARY
MEDICAL HEALTH PLAN Credence Blue Cross/ Blue Shield (Advantage PPO) Customer Service: 888-850-3276	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Shared with company Benefits Eligible Compensation: Up to \$70,000 Associate: \$ 85.00 Associate + Child(ren): \$164.25 Associate + Spouse/DP*: \$265.50 Associate + Family: \$291.00 \$70,000.01-\$140,000 Associate: \$ 93.50 Associate + Child(ren): \$180.75 Associate + Spouse/DP*: \$292.00 Associate + Family: \$320.00 \$140,000.01-\$250,000 Associate: \$114.75 Associate + Child(ren): \$221.75 Associate + Spouse/DP*: \$358.50 Associate + Family: \$392.75	<ul style="list-style-type: none"> • Calendar year deductible <ul style="list-style-type: none"> - Medical: \$1,000 per person; \$3,000 family aggregate - Prescription Drug: \$150 per person; limit of 3 per family • Tobacco-users pay \$15 more per pay period per family • Benefit level for most covered care except hospital inpatient <ul style="list-style-type: none"> - 90% In-Network after deductibles or co-pay. Out-of-Network: 70% MAC/30% co-pay. Office visits covered at 100% of allowed amount after co-pay** • Medical calendar year out-of-pocket maximum <ul style="list-style-type: none"> - \$2,000 individual; \$6,000 family aggregate (including deductibles, co-pays and co-insurance) • Prescription drug calendar year out-of-pocket maximum <ul style="list-style-type: none"> - \$3,300 individual; \$6,600 family aggregate (including deductibles and co-pays) • Hospital inpatient care (In-Network) <ul style="list-style-type: none"> - 90% after \$300 deductible per stay • Preventive Care <ul style="list-style-type: none"> - 100% In-Network for covered services
Credence Blue Cross/ Blue Shield (Core HDHP) Customer Service: 888-850-3276	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Shared with company Benefits Eligible Compensation: Up to \$70,000 Associate: \$ 30.50 Associate + Child(ren): \$ 90.50 Associate + Spouse/DP*: \$151.50 Associate + Family: \$162.25 \$70,000.01-\$140,000 Associate: \$ 33.50 Associate + Child(ren): \$ 99.50 Associate + Spouse/DP*: \$166.75 Associate + Family: \$178.50 \$140,000.01-\$250,000 Associate: \$ 41.25 Associate + Child(ren): \$122.25 Associate + Spouse/DP*: \$204.50 Associate + Family: \$219.00	<ul style="list-style-type: none"> • Calendar year deductible <ul style="list-style-type: none"> - \$2,000 associate-only; \$3,300 individual on Plus coverages; \$6,600 family aggregate • Tobacco-users pay \$15 more per pay period per family • Benefit level for most covered care except hospital inpatient <ul style="list-style-type: none"> - 75% In-Network after calendar year deductible, 25% co-pay. Out-of-Network: 55% MAC/45% co-pay* • Calendar year out-of-pocket maximum <ul style="list-style-type: none"> - \$6,900 individual; \$13,800 family aggregate (including deductibles, co-pays and co-insurance) • Hospital inpatient care (In-Network) <ul style="list-style-type: none"> - 75% of MAC after calendar year deductible and \$500 deductible per stay • Preventive Care <ul style="list-style-type: none"> - 100% In-Network for covered services

*Taxation applies to cost of Domestic Partner (DP) coverage.
 **Allowable charge or MAC is usually based on the prevailing rate charged in a geographic area for a specific service.

For salaries above **\$250,000**:

- Log on to benefits.regions.com then,
- Click **Documents and Forms**
- Scroll to **Miscellaneous** section
- Click **2025 Associate Contributions**

*Taxation applies to cost of Domestic Partner (DP) coverage.
 **Allowable charge or MAC is usually based on the prevailing rate charged in a geographic area for a specific service.

For salaries above **\$250,000**:

- Log on to benefits.regions.com then,
- Click **Documents and Forms**
- Scroll to **Miscellaneous** section
- Click **2025 Associate Contributions**

PLAN	ELIGIBILITY	BI-WEEKLY COST TO ASSOCIATE	BENEFIT SUMMARY
Kaiser Permanente (Traditional HMO Plan) Customer Service: 800-278-3296	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates in Southern California only	Same as Credence Blue Cross/Blue Shield (Advantage PPO) above	<ul style="list-style-type: none"> Visit the Kaiser page on benefits.regions.com for coverage details.
PRESCRIPTION DRUGS Credence Blue Cross/Blue Shield Customer Service including information on the SourceRx formulary: 877-794-3574	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Included in Medical Health Plan cost	<ul style="list-style-type: none"> Advantage PPO – Calendar year deductible <ul style="list-style-type: none"> \$150 per person; 3 deductibles per family After deductible is met, you will pay the co-pay or cost, whichever is less up to the calendar year out-of-pocket maximum Core HDHP – Prescriptions apply to overall Plan deductible except for certain preventive medications Required Generics when a generic equivalent is available Retail: Up to a 30-day supply per co-pay <ul style="list-style-type: none"> Must Use Network Pharmacies: More than 60,000 nationwide; Non-Preferred Pharmacies at higher co-pay Tier 1 (Usually Generic Drugs): \$15 co-pay per prescription Tier 2 (Usually Preferred Drugs): \$30 co-pay per prescription Tier 3 (Usually Other Drugs): 10% (min. \$60 – max. \$150) Mail Order: Up to a 90-day supply per co-pay <ul style="list-style-type: none"> Tier 1 (Usually Generic Drugs): \$30 co-pay per prescription Tier 2 (Usually Preferred Drugs): \$60 co-pay per prescription Tier 3 (Usually Other Drugs): 10% (min. \$120 – max. \$300)
WINFertility PROGRAM Customer Service: 833-204-2758	Regions Credence Medical Plan participants	Shared with company; included in Regions Medical Plan rates; deductibles, copays or coinsurance apply	<ul style="list-style-type: none"> Associates must enroll in the WINFertility program to activate fertility coverage 2-cycle lifetime maximum benefit toward eligible expenses related to fertility treatment and related fertility medications 24/7 access to WIN’s Nurse Care Managers and Care Managers for medical and emotional guidance and support
DOCTOR ON DEMAND Customer Service: 800-997-6196	Regions Credence Medical Plan participants	Shared with company Applicable Co-pay per consult	<ul style="list-style-type: none"> On-demand access or same day appointments with board certified physicians from any device with a front-facing camera Providers can treat most common urgent and everyday care (non-emergency) conditions such as upper respiratory infections, allergies, UTI’s, rashes, back pain and much more. Behavioral Health appointments are also available
WELL – YOUR GATEWAY TO WELLBEING Email: wellbeing@regions.com	All full-time associates, those on Regions Credence Medical Plan and those who elect Well in benefits enrollment	Company paid	Well is your primary gateway to all of Regions’ health and wellbeing programs. With Well, you’ll enjoy: <ul style="list-style-type: none"> Personalized health tips and suggestions Gift card rewards* for completing healthy actions A team of Well Guides, waiting to help
VISION CARE PLAN (VSP) www.vsp.com 1-800-877-7195	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Associate: \$ 4.44 Associate + Child(ren): \$ 6.65 Associate + Spouse/DP*: \$ 6.65 Associate + Family: \$11.38 Note: No ID card required.	<ul style="list-style-type: none"> WellVision® Exams (every calendar year) <ul style="list-style-type: none"> \$15 Choice Network co-pay for 1 eye exam Lenses (every calendar year) <ul style="list-style-type: none"> \$25 Choice Network co-pay for purchase of lenses and/or frames Frames (every other calendar year) <ul style="list-style-type: none"> \$25 Choice Network co-pay for purchase of frames and/or lenses; \$210 allowance (\$115 at discount stores) Contact Lenses (every calendar year) <ul style="list-style-type: none"> \$170 Choice Network allowance May use network and non-network providers at different coverage levels

*Wellbeing rewards are considered taxable income.

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

PLAN	ELIGIBILITY	BI-WEEKLY COST TO ASSOCIATE	BENEFIT SUMMARY
DENTAL CARE PLAN Credence Blue Cross/ Blue Shield Customer Service: 888-850-3276	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Shared with company Associate: \$11.50 Associate + Child(ren): \$29.00 Associate + Spouse/DP*: \$23.00 Associate + Family: \$43.00	<ul style="list-style-type: none"> • Calendar year deductible <ul style="list-style-type: none"> – \$100 per person; \$300 per family • Calendar year maximum benefit <ul style="list-style-type: none"> – \$1,500 per person per calendar year • Diagnostic and preventive services (exams, x-rays and cleanings) <ul style="list-style-type: none"> – 100% of MAC with no deductible • Basic restorative and periodontic services (fillings and simple extractions) <ul style="list-style-type: none"> – 80% of MAC after \$100 deductible • Major services (oral surgery, root canal prosthodontics) <ul style="list-style-type: none"> – 50% of MAC after deductible • Orthodontia <ul style="list-style-type: none"> – 50% of MAC after \$100 deductible; lifetime maximum benefit of \$1,750/person; none in first 12 months
FLEXIBLE SPENDING ACCOUNT (FSA) HealthEquity 877-288-0719	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Associate elects pre-tax contributions Not available to Core HDHP participants	Account for defraying the cost of medical, dental, and optical expenses not covered by medical/dental/vision health plans with “no-tax” dollars. <ul style="list-style-type: none"> • Minimum contribution – \$600/year • Maximum contribution – \$3,300/year • Elected amount must be used by December 31; \$660 can be “rolled over” to the next plan year
DEPENDENT CARE REIMBURSEMENT ACCOUNT (DRCA) HealthEquity 877-288-0719	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Associate elects pre-tax contributions	Account for defraying the cost of qualified dependent day care expenses with “no-tax” dollars. <ul style="list-style-type: none"> • Minimum contribution – \$600/year • Maximum contribution – Maximum allowed by IRS • Elected amount must be used by March 15, 2024, “use it or lose it”
HEALTH SAVINGS ACCOUNT (HSA)	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Associate elects pre-tax contributions Available to Core HDHP participants	Account defraying the cost of medical, dental and optical expenses not covered by medial/dental/vision health plans with “no tax” dollars. A savings and investment account that you can keep into retirement. <ul style="list-style-type: none"> • Maximum contribution – Individual \$4,300/Family \$8,550 • Eligibility rules more complex than FSA • Funds carry-over, “use it or keep it”
THE REGIONS 401(K) PLAN Empower 844-465-4455	Associates are automatically enrolled in the plan at 2% of eligible pay and increasing 1% each year thereafter up to 10% with the option to opt-out at any time	Shared with company Cost is based on individual contributions	<ul style="list-style-type: none"> • Associate may contribute up to 80% of total pay on a pre-tax or Roth after-tax basis • Regions will contribute 2% of eligible pay after one year of service regardless of associate deferral (limits apply) • Regions will match 100% of initial 5% associate pre-tax or Roth after-tax deferral after one year of service • Associate and company contributions 100% vested to associate from date of entry into the plan • Associate elects how his/her contributions are to be invested
SHORT-TERM DISABILITY PLAN	First day of month following 90-days of employment; full- time Benefits Eligible Associates	Company paid	Plan pays 60%, 70%, 80%, or 100% of eligible pay depending on length of service. <ul style="list-style-type: none"> • Short-Term Disability pay percentage is based on the associate’s length of service • Plan begins paying on 11th business day of sickness and 11th business day following accident • Plan pays a maximum of 26 weeks
PARENTAL LEAVE	12-month Waiting Period; full-time Benefits Eligible Associates	Company paid	<ul style="list-style-type: none"> • Birth mothers receive up to 12 weeks of leave (including disability leave) with full pay (limits apply) • Birth fathers and adoptive parents receive up to 6 weeks of leave with full pay (limits apply)
LONG-TERM DISABILITY PLAN	First day of month following 90-days of employment; full- time Benefits Eligible Associates	Company paid	Plan pays 60% of eligible pay in the event of qualified disability. <ul style="list-style-type: none"> • Benefit payments begin on associate’s 181st day of total disability • Benefit payments reduced by applicable benefits from government or other employer sponsored plans • Pre-existing condition limitations apply

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

PLAN	ELIGIBILITY	BI-WEEKLY COST TO ASSOCIATE	BENEFIT SUMMARY
BASIC GROUP LIFE INSURANCE PLAN	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Company paid	<ul style="list-style-type: none"> Benefit amount equals two times associate's annual benefits eligible compensation (BEC) rounded to the next higher \$1,000 Maximum coverage of \$1,000,000
OPTIONAL GROUP LIFE INSURANCE PLAN	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Associate paid For rate information, log on to benefits.regions.com then, <ul style="list-style-type: none"> Click Documents and Forms Scroll to Miscellaneous section Click 2025 Associate Contributions 	<ul style="list-style-type: none"> Additional coverage equal to 1x, 2x, 3x, 4x, or 5x benefits eligible compensation (BEC) Maximum coverage of \$1,250,000 Conversion privilege applies Associate rates are based on associate's age and whether associate uses tobacco or e-cigarettes No evidence of good health on amounts up to 3x BEC if you enroll when initially eligible
DEPENDENT LIFE INSURANCE PLAN	First of month coincident with or next following date of hire; full-time Benefits Eligible Associate	Associate paid For rate information, log on to benefits.regions.com then, <ul style="list-style-type: none"> Click Documents and Forms Scroll to Miscellaneous section Click 2025 Associate Contributions 	<ul style="list-style-type: none"> Spouse coverage available from \$25,000 up to a maximum of \$200,000 Spouse must complete Statement of Health for coverage above \$25,000 Spouse rates are based on spouse's age and whether spouse uses tobacco or e-cigarettes Child coverage is \$12,500 per child
ACCIDENTAL DEATH & DISMEMBERMENT PLAN	First of month coincident with or next following date of hire; full-time Benefits Eligible Associates	Associate paid Associate: \$0.014/\$1,000 of benefit Associate + Family: \$0.022/\$1,000 of benefit	<ul style="list-style-type: none"> Choose from four coverage amounts Maximum of \$500,000 Spouse – 50% of associate amount; \$250,000 maximum Each child – 20% of associate amount; \$50,000 maximum each child Spouse and Child – 40% of associate amount and 15% of associate amount for each child
TUITION ASSISTANCE	Eligible full-time and part-time associates in select markets based on business need	Company paid, up to \$5,250 per funding year Must meet eligibility requirements and maintain a cumulative GPA of 2.5 or better for undergraduate degree programs	<ul style="list-style-type: none"> Applicable to select academic programs within an approved list of learning partners and programs in the learning catalog Tuition and reimbursements for related expenses such as required text books and course fees¹
HEADSPACE MENTAL HEALTHCARE	All associates	Company paid	<ul style="list-style-type: none"> Confidential mental healthcare and worklife support for you and your dependents Tools and support for everyday stress, coaching, counseling, and referral services Meditation and mindfulness to help you stress less, sleep soundly, and relax more Access to coaches via texts 24/7/365 Therapy visits on video or in person (up to 5 sessions per person, per issue, per year) Referrals to local resources for help with daily stressors like child and eldercare needs, financial stress, legal assistance, and more
LEGAL INSURANCE	First of month coincident with or next following date of hire; full-time Benefits Eligible	Associate paid \$9.50	<ul style="list-style-type: none"> 100% paid-in-full benefits when using a network attorney unless otherwise stated (limits apply) Telephone, on-line and office legal services Lesser reimbursement for non-network attorney use Free online legal education available to all associates

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.

PLAN	ELIGIBILITY	BI-WEEKLY COST TO ASSOCIATE	BENEFIT SUMMARY
ASSOCIATE HOME OWNERSHIP BENEFITS AND THE 5 FOR 5 HOME LOAN	Associates All associates (includes Limited Benefits Eligible). Must be an active associate employed at least six months and must be in good standing (confirmed by manager)	Company paid	<ul style="list-style-type: none"> Total qualifying Regions annual income must be \$100,000/year or less Total qualifying household total income must be \$200,000 or less First time home buyers must complete a home ownership counseling course prior to closing Interest free \$5,000 loan grossed up for taxes \$1,000 of loan forgiven for each year of service up to 5 years Must be in conjunction with Regions-approved mortgage loan
BANKING SERVICES	All associates	Two free checking accounts	<ul style="list-style-type: none"> Many other banking services are free or discounted. Visit Workday and search "TeamGreen Banking"
VACATION PURCHASE PLAN	Full-time Benefits Eligible Associates	Associate paid	<ul style="list-style-type: none"> Annual opportunity to purchase up to an additional 40 hours of vacation by payroll deduction

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

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

