BANK OF AMERICA

NOTICE REGARDING THE BANK OF AMERICA WELLNESS PROGRAM

as of August 1, 2026

The Bank of America Wellness Program is a voluntary wellness program available to all employees enrolled in an eligible Bank of America medical plan and covered spouses, partners, or other adult dependents. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you and your covered spouse/partner choose to participate in the wellness program you will be asked to complete certain voluntary wellness activities – a Health Questionnaire, a Biometric Health Screening, and an Attestation that you have a primary care provider (PCP) and have had an annual physical with your PCP in the last 12 months. The questionnaire, often referred to as a Health Risk Assessment, asks a series of questions about your overall health and lifestyle risks including health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). The Biometric Health Screening measures your height, weight, blood pressure, waist, body mass index, A1C and total cholesterol, which requires a blood test. The PCP/Annual Physical Attestation is an electronic confirmation that you have a primary care provider (PCP) and have had an annual physical with your PCP in the last 12 months. You and your covered spouse/partner are not required to complete the wellness activities.

However, employees and covered spouses/partners who choose to complete and submit the Health Risk Assessment and Biometric Health Screening activities will each retain a credit of up to $250 toward the annual medical plan premium. Those who also complete the PCP Attestation will each retain an additional credit of up to $250 toward the annual medical plan premium.

While participation in these wellness activities is voluntary, only employees and covered spouses/partners who complete the applicable activities will maintain up to $500 each in premium credits toward the annual medical plan premium.

You must complete all wellness activities by your deadline on My Wellness (mywellnessbofa.com) **to maintain the wellness credit. Health Risk Assessments, Health Screenings and Attestations of having a PCP and annual physical completed after your wellness activities deadline will not be considered complete; the wellness credit will be removed, and your medical plan premium will increase.**

Additional incentives and/or surcharges may be included for employees and/or covered spouse/partners who do or do not participate in certain health-related activities or achieve certain health outcomes such as quitting tobacco use. For more information about the tobacco-user rate, including the tobacco user alternative standard, please see the 2026 Bank of America Health & Insurance Summary Plan Description.

The information from your Health Risk Assessment and the results from your Biometric Health Screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as health coaching and condition

management. You also are encouraged to share your results or concerns with your own provider.

Wellness Activities Waiver

The wellness activities are designed to promote overall health and prevent disease. But if you're pregnant or it's medically inadvisable or unreasonably difficult for you to participate in the wellness activities based on a medical condition, you may submit a Healthcare Provider Medical Waiver form signed by your health care provider on or before the wellness activities deadline. This signed form must be submitted by your wellness activities deadline and may be submitted in place of completing one or all of the wellness activities noted above. The Healthcare Provider Medical Waiver form may be accessed online, by phone or by email:

> Online: Log into My Wellness (mywellnessbofa.com) **> Help Page > U.S. Wellness Activities**
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> Follow the **Submission Instructions** on the form.
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> If you have questions about the waiver process, please contact Well Member Services at **bofa.mywellness@support.well.co** or by calling 844.939.5100. Representatives are available Monday through Friday from 8 am to 9 pm ET.

If you're enrolled in a wellness-eligible medical plan and re-enroll in a wellness-eligible plan as part of Annual Benefits Enrollment for coverage that starts on Jan. 1 and submitted a medical waiver, it must be dated between March 1 of the year you enrolled and the end of February of the new plan year, and it must have been received by your wellness activities deadline. If you're enrolling in the medical plan during the year and are submitting a medical waiver, it must be dated within 12 months before your medical coverage effective date and must be received by your wellness activities deadline.

Your health care provider will indicate the activity the waiver covers. If your waiver doesn't cover all of the required wellness activities, you'll still need to complete the activity that isn't covered by the waiver. The results of the non-waived activity must be submitted by your wellness activities deadline to maintain the wellness credit.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Bank of America may use aggregate information collected to design programs based on identified health risks in the workplace, the wellness program administrators will never disclose any of your personal information either publicly or back to Bank of America, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health coaches or nurses who work for your insurance carrier or other third parties who have developed specific programs for Bank of America employees in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Global HR Service Center at 800.556.6044.