2027 BENEFITS GUIDE

RBC City National Bank



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Benefits@cnb.com

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WHAT'S INSIDE?

Benefits to support you and your family

City National Bank proudly offers a wide range of programs to support your physical, emotional, financial and social needs so you can concentrate on what matters most – both inside and outside of work.

Take the time to review your options and explore the plans that best meet your and your family's needs. Understanding all that's available to you is the key to getting the most value from your benefits.

How to use this guide

Click the tabs on the left to jump to each benefit section topic.

Advance pages or go back by clicking the << >> icons. To get back to the beginning of the guide, click the ⌂ icon.



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Who's Eligible for Coverage?

Full-time colleagues who are regularly scheduled to work 30 or more hours per week are eligible for the benefits described in this guide.

If you are enrolled in City National benefits coverage, you may also enroll your eligible family members in coverage, provided they are:

- Your legal spouse
- Your domestic partner
- Your children or your qualified domestic partner's children* up to the end of the month in which the child turns age 26

* Benefits-eligible dependents can include legally adopted children, children placed with you for adoption, foster children, children for whom you have legal guardianship, stepchildren or children covered by a qualified medical child support order. (Grandchildren and spouses of children are NOT eligible.) **Exception:** In general, dependent coverage can be continued for disabled, over-age, unmarried dependent children who (1) are incapable of self-sustaining employment due to a physical or mental handicap, and (2) are financially dependent on you (i.e., qualify as benefits dependents for federal income tax purposes), and (3) were already enrolled in the insurance plan before reaching the age limits shown above. You must provide a doctor's note certifying your child's disability within 31 days of the date that the dependent no longer meets the age criteria shown above.

What to Know Before You Enroll

Carefully review your choices, including your spouse's or domestic partner's choices at their place of employment, and select the best option for yourself and your family.

Other Insurance Surcharge
If you enroll in City National medical coverage and choose to cover your spouse or domestic partner under the bank's plan and they are eligible for medical coverage through another employer or a former employer's retiree medical plan, a $100 monthly surcharge will be added to your medical contribution whether or not they actually enroll in the other coverage. You are responsible for reporting changes in spouse/domestic partner medical coverage availability in accordance with this surcharge provision, similar to reporting other family status changes.

Tobacco Surcharge
If you enroll in a City National medical plan and use tobacco (cigarettes, electronic or e-Cigarettes, pipes, cigars and/or smokeless tobacco), a $100 monthly surcharge will be added to your medical contribution. Tobacco usage of your enrolled spouse/domestic partner is also considered when determining if a tobacco surcharge applies. The maximum monthly surcharge is $100, and it applies only if you are enrolled in a City National medical plan.

If you or your spouse/domestic partner are not yet tobacco-free but want to be, you have the opportunity to earn back and/or avoid a tobacco surcharge by participating in a free tobacco cessation program under the bank 's **Wellness Counts** program.

Please review and answer the attestations that will appear during your benefits enrollment. If you fail to complete the applicable tobacco attestation(s), the Plan will assume that you are tobacco users and the surcharge will be applied.

Domestic Partner Coverage – Imputed Income
If you are enrolling your domestic partner or your domestic partner's child in City National medical, dental, vision and/or accidental death and dismemberment coverage, please refer to the Domestic Partner Benefits Enrollment Guide Supplement available on InfoLink and Me@CNB > Benefits Resources.

The domestic partner enrollment supplement describes the qualifications, including the special tax treatment for domestic partner coverage (for amounts paid by colleague and City National), required under the Internal Revenue Code.

Generally, the portion of the premium paid by you and by the bank for a domestic partner's coverage is treated as taxable income, which may create a significant tax impact for you.

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The Medical Plan Arbitration Agreement is a document that outlines the process for resolving disputes or claims related to your medical plan. Medical plans (Anthem and Kaiser) require the arbitration agreement to be completed annually at the time of enrollment.

The Attestation Agreement requires you to confirm and verify the accuracy of the information you provide during the enrollment process.

Benefit Costs

City National pays most of the costs of benefits for our colleagues. For some benefits, you pay a share of the cost through paycheck contributions or out-of-pocket costs when you use the benefit. Some paycheck contributions are pre-tax and others are made after taxes.

Colleague Paycheck Contributions

View the Bi-Weekly Paycheck Contributions for 2027



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Who Shares in the Contribution?

Benefit Plan	Who Pays?	How You Pay
Basic Life	City National Bank	No cost to you
Basic Long-Term Disability	City National Bank	No cost to you
Business Travel Accident	City National Bank	No cost to you
Employee Assistance Program	City National Bank	No cost to you
Medical	CNB and Colleague	Through before-tax payroll deductions
Dental	CNB and Colleague	Through before-tax payroll deductions
Health Savings Account (HSA) with the election of the HDHP plan	CNB and Colleague	Through before-tax payroll deductions
Vision	Colleague	Through before-tax payroll deductions
Supplemental Term Life	Colleague	Through after-tax payroll deductions
Short-Term Disability	Colleague	Through after-tax payroll deductions
Supplemental Long-Term Disability	Colleague	Through before-tax or after-tax payroll deductions
Accidental Death & Dismemberment (AD&D)	Colleague	Through before-tax payroll deductions
Flexible Spending Account (FSA) Health Care or Limited Health Care	Colleague	Through before-tax payroll deductions
Flexible Spending Account (FSA) Dependent Care	Colleague	Through before-tax payroll deductions
Imputed income for domestic partner coverage premium	Colleague	If you enroll a domestic partner in medical, dental, vision and/or AD&D coverage, the value of the coverage is considered imputed income
Taxable income for Wellness Counts Rewards Cash, up to $240 per calendar year	Colleague	If you participate in the Wellness Counts program (refer to the Wellness Counts Program Guide located on the InfoLink Benefits Site)
Taxable income related to Bright Horizons	Colleague	If you participate in the Back-Up Care Program (refer to the Back-Up Care Benefits Guide located on the InfoLink Benefits Site)

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When You Can Enroll

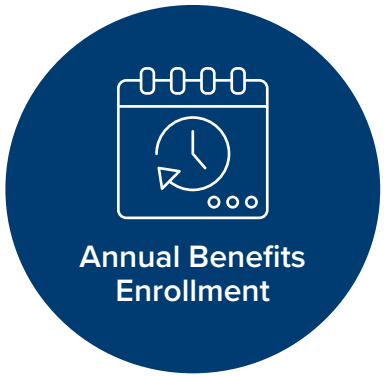
You may make changes to your benefit elections once each year during Annual Benefits Enrollment, unless you experience a Qualified Life Event or are newly hired or newly eligible.



- If you are newly hired or newly eligible for benefits, you must enroll for benefits within 31 days of your hire date or rehire date into an eligible job classification.
- Benefits are effective on the first day of the month coinciding with or following your hire date or status change date.



- If rehired within 30 days of your termination date AND in the same calendar year, the City National benefits coverage you had immediately before termination will be reinstated and no enrollment is required.
- Colleagues rehired more than 30 days from termination OR rehired in a new calendar year will need to re-enroll for benefits.
- Benefits are effective on the first day of the month coinciding with or following your hire date or status change date.



- The Annual Benefits Enrollment period is your once-a-year opportunity to make changes to your benefits unless you experience a Qualified Life Event.
- The Annual Benefits Enrollment period typically takes place in the Fall, with benefits effective on January 1 of the following calendar year.

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How to Enroll

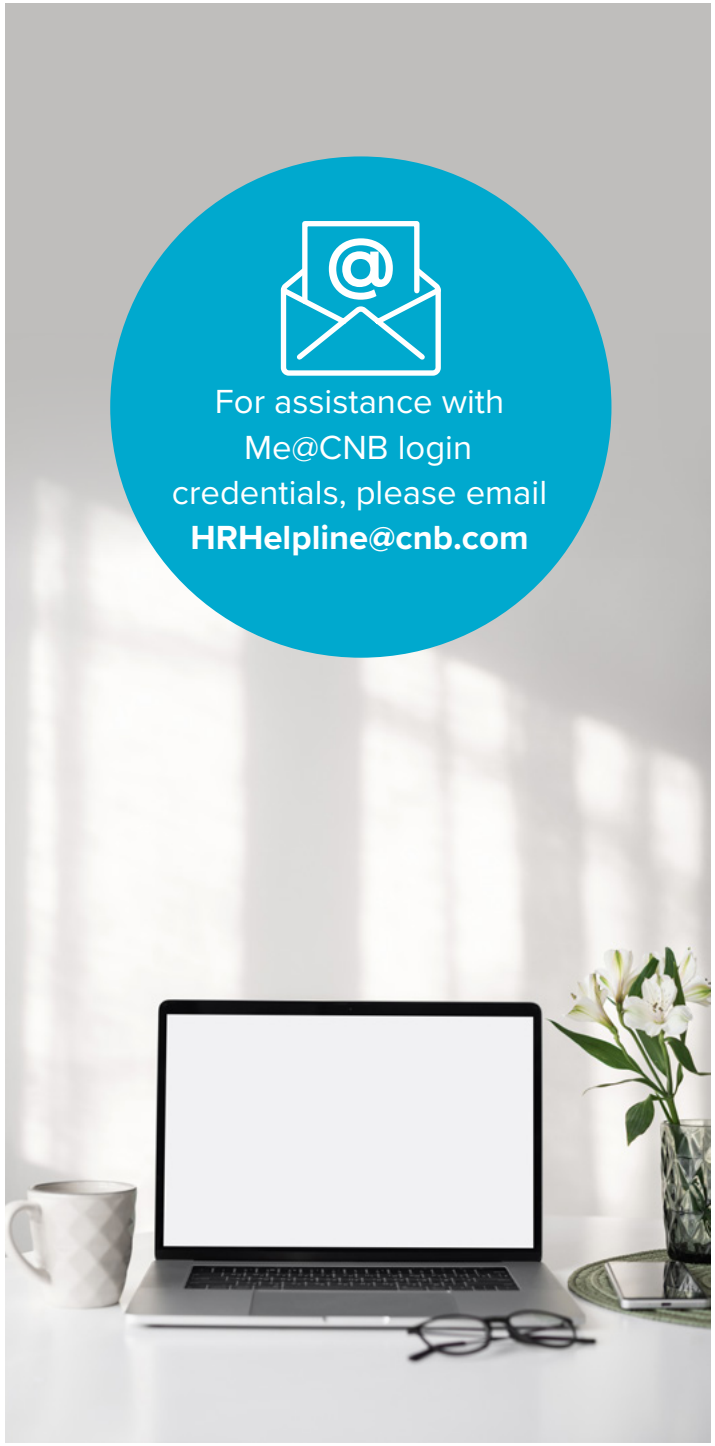
City National provides you with the tools, resources and support you need through every step of the enrollment experience.

Getting Started

- Evaluate your options using the tools available to you
- Review this guide to learn what benefits are available
- Use the **Benefits Checklist** to prepare for enrollment

Enrollment

- Enroll through Me@CNB, the colleague self-service portal.
- There are two ways to access Me@CNB:
  – From a personal computer at https://n31.ultipro.com. Your username is "CNB" plus your first initial and last name (e.g., for John Smith, it's cnbjsmith). Enter your Me@CNB password or click "Forgot my password" to reset it.
  – Through InfoLink (City National's colleague intranet). From the home page, click the Me@CNB tab, then Log In from the drop-down box. Click Resources for helpful instructions.



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Making Changes to Your Benefits

Qualified Life Event

Generally, you may change your existing benefit elections only as a new hire or during the Annual Benefits Enrollment period. However, you may change your benefit elections during the year if you experience a **Qualified Life Event**, such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Death of a spouse or domestic partner
- Spouse or dependent(s) employment status change
- Spouse or dependent(s) work site or residence change
- Gain of eligibility for other group health plan coverage
- Loss of eligibility for other group health plan coverage (including loss of COBRA coverage)
- Loss of the employer contribution toward other group health plan coverage
- Receipt of a qualified medical child support order (QMCSO) or similar court order requiring health care coverage for a child
- Eligibility for Medicare or Medicaid

You have **31 days** from the qualified life event to request the benefit coverage change, which is effective the first of the month following the life event. If you do not make the changes within 31 days of the qualified event, you will have to wait until the next Annual Benefits Enrollment period to make changes (unless you experience another qualified life event).

Submitting a Life Event

You must request the benefit change through Me@CNB within 31 days of the qualified life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage license.

START HERE

1

Go to Me@CNB > Myself > Life Events.

2

Review the step-by-step instructions on Me@CNB > Myself > Benefits > Benefits Resources. Online instructions are also available on Me@CNB.

3

Submit your change through Me@CNB.

Note: Benefit changes resulting from a birth or adoption are effective on the date of the birth or adoption. If a Social Security Number (SSN) is unavailable, contact benefits@cnb.com for a temporary number assignment.

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Missed Enrollment

If you don't enroll when first eligible, you will be defaulted into only the following company-paid coverages:

- Basic Life Insurance Coverage
- Business Travel Accident (BTA) Coverage
- Basic Long-Term Disability (LTD)
- Employee Assistance Program (EAP)

You cannot change your coverage or enroll any eligible dependents until the next Annual Enrollment period unless you qualify for a special enrollment period under HIPAA or have a qualified life event change that allows you to elect coverage.

Don't Miss Out!

Enroll during the Annual Benefits Enrollment period. If you experience a qualified life event, **you have 31 days to enroll in benefits**. If you don't enroll when first eligible, you will NOT receive health benefits coverage.



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City National recognizes that your health and well-being go beyond the workplace and offers a variety of benefits to help you and your family thrive, both personally and professionally.



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How the Medical Plans Work

To get the best value and avoid unexpected financial surprises, it's important to know how your medical coverage works. Each plan offers comprehensive health care benefits, including free in-network preventive care services and prescription drug coverage. Depending on where you're located, different medical plans/carriers may be available to you.

Medical Plan Options

Anthem PPO
Allows you to see any provider of your choice. When you use providers designated within the Anthem PPO network, the annual deductible is lower and covered services are reimbursed at a higher level. Generally, you need to file claim forms only when you use services outside the PPO network. Prescription benefits are provided through Express Scripts.

Anthem HDHP
Allows you to see any provider of your choice. This plan offers the same provider flexibility as the Anthem PPO but has a higher annual deductible and a lower premium cost than the other City National medical plans. If you cover dependents under the HDHP, your family must meet the overall family deductible before the plan pays for any covered individuals. Prescription benefits are provided through Express Scripts. This plan allows contributing to a tax-advantaged Health Savings Account (HSA).

Kaiser HMO

- **California Residents Only:**
  You may access care at any Kaiser Permanente facility in the country. You MUST select a primary care provider and access that same physician for most of your health care needs. You generally pay a co-payment for services like doctor's office visits and prescriptions. Prescription benefits are provided through Kaiser.
- **Hawaii Residents Only:**
  You may access care at any Kaiser Permanente facility in the country. You MUST select a primary care provider and access that same physician for most of your health care needs. Most covered services are reimbursed at 80%. Some services are subject only to a member co-payment. Prescription benefits are provided through Kaiser.



NO-COST PREVENTIVE CARE

When you enroll in a City National medical plan, in-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.

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Making the Most of Your Medical Benefits



Choose a plan that's right for you

Consider your medical needs and the needs of any of your dependents.

- The PPO Plan offers lower deductibles and higher premiums, suitable for those who need frequent medical care.
- The High Deductible Health Plan (HDHP) has lower monthly premiums and includes a Health Savings Account (HSA), ideal for generally healthy individuals.
- The HMO plans (available to California and Hawaii residents only) feature no deductible and usually requires co-payment for office visits.



Understand in-network and out-of-network coverage

In-network providers offer discounted rates, leading to lower out-of-pocket expenses, while out-of-network providers may result in higher coinsurance and additional charges.



Know your out-of-pocket balance

Know what your out-of-pocket limit is as well as your remaining out-of-pocket balance.



Consider a health care spending account

City National offers both a Health Savings Account (HSA) and a Flexible Spending Account (FSA). These accounts let you set aside pre-tax money from your paycheck to pay for eligible expenses.



Opt for generic prescriptions

Generic prescriptions help save on out-of-pocket prescription drug costs.



Consider freestanding surgical and diagnostic centers

If you need surgery, you might save money by having it performed at an ambulatory surgical center (a clinic not associated with a hospital). Freestanding diagnostic centers are also available and tend to charge less for certain tests like MRIs, CAT scans and X-rays.



Ask about home testing and monitoring devices

Home tests for blood pressure, diabetes and other conditions can help ensure you are following doctor's orders and that prescribed treatments are working – and they usually cost less than in-office testing.



Live a healthy lifestyle

Healthy habits like exercising regularly, eating well and not smoking can increase your stamina, lighten your mood and lower the risk for certain diseases, resulting in fewer doctor visits.

The charts on the following pages are for illustrative purposes only. They do not replace the official plan policies, documents, contracts, evidence of coverage (EOC), coverage certificates, summary plan description (SPD), or benefits booklets. Benefits are subject to all terms, conditions, limitations and exclusions of the policies and contracts. In the case of a discrepancy, the official plan documents, contracts, certificates, EOCs and booklets will govern.

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Medical & Prescription Drug

Anthem Medical Plans				
Plan Features	**Anthem PPO** *All States Except Hawaii*		**Anthem HDHP** *All States Except Hawaii*	
	In Network	**Out-of-Network[1]**	**In Network**	**Out-of-Network[1]**
Annual Deductible	$500 Individual/ $1,500 Family	$1,000 Individual/ $3,000 Family	$1,800 Individual/$3,600 Family Coverage[2] (Applies to in- and out-of-network allowable medical care and prescription drug benefits)	
Annual Out-of-Pocket (OOP) Maximum	$3,750 Individual/ $7,500 Family	$5,750 per person	$4,500 Colleague-Only Coverage/ $9,000 Family Coverage[2]	
Member Coinsurance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Lifetime Maximum	Unlimited		Unlimited	
Virtual Primary Care (VPC)	No copay – covered 100% (deductible waived)	Not covered	No copay after deductible is met	Not covered
Virtual Annual Wellness Visit	No copay – covered 100% (deductible waived)	Not covered	No copay (deductible waived)	Not covered
Physician or Primary Care Office Visits	$25/visit (deductible waived)	40% after deductible	20% after deductible	40% after deductible
Specialty Care Office Visits	$40/visit (deductible waived)	40% after deductible	20% after deductible	40% after deductible
Online Visit (LHO)	$10/visit	Not covered	$10/visit after deductible	Not covered
Online Visit (NON LHO)	PCP $25/visit (deductible waived) Specialist $40/visit (deductible waived)	40% after deductible	20% after deductible	40% after deductible

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Anthem Medical Plans

Plan Features	Anthem PPO *All States Except Hawaii*		Anthem HDHP *All States Except Hawaii*	
	In Network	Out-of-Network(1)	In Network	Out-of-Network(1)
Preventive Care	0%	40% after deductible (certain services limited to $150/year)	0%	40% after deductible
Chiropractic Care	20% after deductible Max of 24 visits per calendar		20% after deductible Max of 24 visits per calendar	
Physical Therapy, Physical Medicine and Occupational Therapy (combined)	20% after deductible Max of 50 visits per calendar		20% after deductible Max of 50 visits per calendar	
Diagnostic X-Ray & Lab	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Hearing Aid	One per ear every 3 years, after deductible. Member coinsurance = 20%	40% after deductible	One per ear every 3 years, after deductible. Member coinsurance = 20%	40% after deductible
Urgent Care	$40/visit (deductible waived)	40% after deductible	20% after deductible	40% after deductible
Emergency Room Services	$150 (waived if admitted directly from ER)		20% after deductible	
Inpatient (Hospital)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient for Mental Health/Substance Use Disorders	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible (freestanding Surgical Center benefit limited to $350/admission)	20% after deductible	40% after deductible (freestanding Surgical Center benefit limited to $350/admission)

Contact Anthem
(844) 232-1080

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Plan Features	Anthem PPO *All States Except Hawaii*		Anthem HDHP *All States Except Hawaii*	
	In Network	Out-of-Network(1)	In Network	Out-of-Network(1)
Outpatient Services for Mental Health/ Substance Use Disorders Facility	$25 office copay (deductible waived), as applicable 20% after deductible (Facility)	40% after deductible	20% after deductible	40% after deductible
Fertility Treatment(3)	Precertification required; services must be approved by WINFertility. Treatment Lifetime maximum $15,000		Precertification required; services must be approved by WINFertility. Treatment Lifetime maximum $15,000	

(1) Members are responsible for the difference between the provider's charges and the maximum amount allowed by the plan. Also, a 50% admission charge will apply for non-Anthem PPO hospital or residential treatment center if utilization review is not obtained.

(2) Anthem HDHP: In the case of family coverage, the family deductible and out-of-pocket (OOP) maximum apply to the family as a unit; there are no separate amounts per person.

(3) Anthem PPO and HDHP Plan Members – Contact WINFertility at (855) 747-8786 Company Code CNB22

View the **Anthem plan documents** for full plan coverage details.

Anthem PPO | Anthem HDHP



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Anthem Prescription Drug Coverage – Express Scripts		
Pharmacy Benefits	**Anthem PPO** *In Network*	**Anthem HDHP** *In Network*
Prescription Drugs Deductible[1]	**$50 per Person Brand Deductible**	**Combined Medical/Rx Deductible**
Retail 30-Day Supply		
Generic	$10	$10
Formulary Brand	20% ($35 min; $60 max)	20% ($35 min; $60 max)
Non-Formulary Brand	45% ($75 min; $150 max)	45% ($75 min; $150 max)
Compounded Drugs	Not covered if drug contains excluded ingredients	Not covered if drug contains excluded ingredients
Fertility Medications	Requires Prior Authorization[2]	Requires Prior Authorization[2]
Fertility Medications Lifetime Maximum	$15,000	$15,000
Express Scripts Retail 90-Day Supply		
Generic	$20	$20
Formulary Brand	20% ($70 min; $120 max)	20% ($70 min; $120 max)
Non-Formulary Brand	45% ($75 min; $150 max)	45% ($75 min; $150 max)
Compounded Drugs	Not covered if drug contains excluded ingredients	Not covered if drug contains excluded ingredients
Mail-Order 90-Day Supply		
Generic	$20	$20
Formulary Brand	20% ($70 min; $120 max)	20% ($70 min; $120 max)
Non-Formulary Brand	45% ($75 min; $150 max)	45% ($75 min; $150 max)
Compounded Drugs	Not covered if drug contains excluded ingredients	Not covered if drug contains excluded ingredients

Contact Express Scripts
(844) 595-4159

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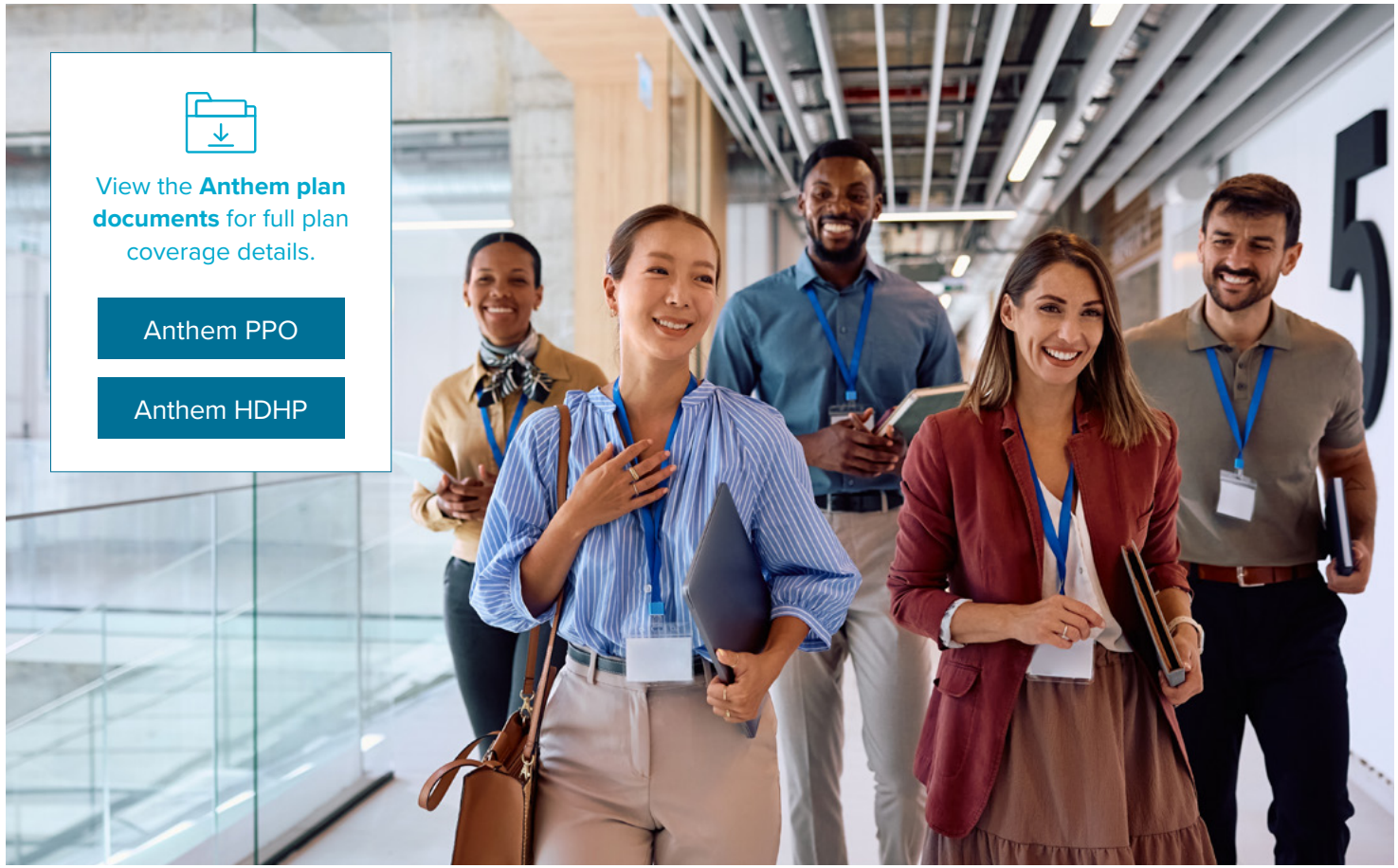
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Anthem Prescription Drug Coverage

Out-of-Network Pharmacy Benefits	Anthem PPO	Anthem HDHP
Retail	Same copay as in-network plus any amount over Anthem's fee schedule	Member pays the retail participating pharmacy copay plus cost in excess of the prescription drug maximum
Mail-Order	Not covered	Not covered

(1) Anthem HDHP: Carrier-determined preventive prescriptions administered by a retail pharmacy are covered 100% with no deductible.
(2) Contact WINFertility at (855) 747-8786; Company Code CNB22



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Prescription Drug Coverage & Resources

Preferred-Generic Prescription Program

If you request a brand-name drug when a generic equivalent is available, you will pay the generic drug copay plus the difference in cost between the brand-name drug and its generic equivalent unless the doctor has specifically ordered that the brand-name drug be dispensed as prescribed. **You'll never pay more than the cost of the brand-name drug.**

Retail Pharmacy

- Find a pharmacy near you by using the Express Scripts mobile app, visiting www.express-scripts.com or by phoning Express Scripts' customer service center at (844) 595-4159.
- Members with a prescription for a 90-day supply can fill the medication at a participating CVS or Walgreens retail pharmacy.



Anthem medical plan members must order maintenance medications through Express Scripts Smart90 after three 30-day courtesy refills. Medications can be ordered through Express Scripts home delivery or a CVS or Walgreens retail pharmacy.

Express Scripts Home Delivery

Express Scripts home delivery pharmacy allows you to receive maintenance medication delivered to your home. You can fill a 90-day supply of your medication at a lower co-payment than by filling a 30-day prescription (three separate times) at a retail pharmacy.

Prior Authorization

Prior authorization is a program that helps you get the most from your health plan dollars by ensuring you are prescribed medications that work well for you, are appropriate for your condition and are covered by your pharmacy benefit. If you have questions on whether your medication requires prior authorization or to check the status of a prior authorization request, contact Express Scripts' Customer Service Center at (844) 595-4159.

Specialty Medications

All specialty medications are filled by Accredo specialty home delivery pharmacy. For questions, please contact Accredo at (800) 803-2523.

SaveOnSP Pharmacy Program – Anthem PPO Only

SaveOnSP is an independent company that provides this program exclusively for Express Script members. The SaveOnSP program leverages the amount of available manufacturer copay assistance to result in no coinsurance to affected members. The SaveOnSP program applies only to select specialty medications and requires enrollment to receive medication free and avoid unexpected costs. Affected members will receive separate communications from SaveOnSP and are encouraged to enroll.

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Save Time and Money with Anthem

Virtual Primary Care – Available Through the Sydney Health App
Access routine care and chronic condition management including preventative care, wellness checks, lab work referrals, new prescriptions and refills, specialist referrals and care management for conditions.

Members will also be able to see all benefit plan details, like health care cards.

Virtual Care
Access telehealth appointments on your mobile phone, tablet or camera-equipped computer with board-certified doctors available **24/7** for advice, treatment and prescriptions. Cost is less than or equal to an in-person office visit.

Surgery Support

Anthem members have access to the Carrum Health Benefit, which provides enhanced coverage and access to specialized providers and facilities selected for their expertise in certain high-risk or high-cost procedures.

Fertility Assistance

Anthem members have access to fertility assistance and treatment in partnership with WIN Fertility.

- **Fertility:** $15,000 lifetime maximum toward eligible expenses related to fertility treatment, and a separate $15,000 lifetime maximum toward fertility medications
- **Fertility Preservation:** Coverage for elective or medically necessary egg and sperm freezing, including one year of storage, as part of the fertility benefit

Finding Care

Finding care within the Anthem network is easy:

1. Go to **Anthem Find Care**
2. Scroll down and click on **“Basic search as a guest”**
3. Select the type of plan or network: **Medical Plan or Network**
4. Select the state where the plan or network is offered: **California**
5. Select how you get health insurance: **Medical (Employer-Sponsored)**
6. California colleagues select a plan/network: **Prudent Buyer PPO**; click **“Continue”** button

OR

7. Non-California colleagues select a plan/network: **National PPO (BlueCard PPO)**; click **“Continue”** button
8. Enter your location **(City, State, County or ZIP Code)**
9. Search Bar: Search by doctor (name or specialty), hospital, procedure, NPI or license-number

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Kaiser HMO Medical Plan		
Plan Features	**Kaiser HMO** *California Only*	**Kaiser HMO** *Hawaii Only*
Annual Deductible	None	None
Annual Out-of-Pocket Maximum	$1,500 Individual/$3,000 Family	$2,500 Individual/$7,500 Family (for 3 or more members)
Lifetime Maximum	Unlimited	Unlimited
Member Coinsurance	0%	20%
Primary Care Office Visit	$25/visit	$15/visit
Specialty Care Office Visits	$40/visit	$15/visit
Online Visit	$0	$0
Preventive Care Services certain frequency & age requirements apply	$0	$0
Chiropractic Care	$20 copay up to 20 visits per calendar year	Not covered
Basic Imaging & Specialty	$10 copay	$15 per day/20% of applicable charges
Basic Laboratory & Specialist	$10 copay	$15 per day/20% of applicable charges
Hearing Aid	Not covered	60% of applicable charges
Urgent Care	$25/visit	Within area $15/visit Outside area 20% of applicable charges/visit
Emergency Room Services	$250 copay (waived, if admitted)	$100 per visit (in- and out-of-area)
Inpatient (Hospital)	$500/admission	10% of applicable charges
Inpatient (Mental Health/ Substance Use Disorders)	$500/admission	$15 per day – Included in Total Care Services
Outpatient Surgery	$100/procedure	10% of applicable charges
In Vitro Fertilization	Not covered	20% of applicable charges

Kaiser HMO Prescription Drug Coverage

Pharmacy Benefits	Kaiser HMO *California Only*	Kaiser HMO *Hawaii Only*
Retail	No prescription deductible	No prescription deductible
Generic	$15	Generic Maintenance: $3 Generic Insulin: $10 Other Generic: $10
Brand Formulary	$35	Brand Insulin: $35 Other Brand: $35
Brand Non-Formulary	Specialty Drugs and 30% coinsurance (not to exceed $150) for up to a 30-day supply	Specialty Drugs: $200
Compounded Drugs		Not covered
Mail-Order Drugs		
Generic	$30	Two times the above-listed copay
Brand Formulary	$70	Two times the above-listed copay
Brand Non-Formulary	Specialty Drugs and 30% coinsurance (not to exceed $150) for up to a 30-day supply	Two times the above-listed copay
Compounded Drugs		Not covered

View the **Kaiser plan documents** for full plan coverage details.

Finding Care

Locate Kaiser Permanente facilities closest to you:

Northern California | Southern California | Hawaii

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Dental

Keeping your teeth and gums clean and healthy is important to your smile and your overall health. Regular dental checkups not only help prevent most tooth decay, but they can even detect other health concerns.

Dental Plan Options

We offer two dental plan options nationwide through Delta Dental:

Delta PPO – Delta Dental of Minnesota

This plan offers the flexibility to see any dentist of your choice. Whether you use in-network or out-of-network services, the plan covers preventive care with no deductible. To maximize your benefits, please use in-network providers for greater savings. Visit **http://www.deltadentalmn.org/** to check for in-network providers.

DeltaCare HMO – Delta Dental of California

Under this plan, you select a dentist within the DeltaCare network to provide all your dental care needs and facilitate referrals to specialists within the network. DeltaCare HMO is available if your residence is within the service area. Visit **https://www.deltadentalins.com/** to check for providers in your ZIP code.



Delta PPO
Contact Delta Dental of MN
(800) 448-3815

Delta HMO
Contact DeltaCare Dental CA
(800) 422-4234

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Delta Dental Plans

Plan Features	Delta Dental of MN – PPO Plan[1]		Delta Dental of CA DHMO Plan[2]
	In Network	Out-of-Network	
Provider	Any Delta Preferred Option Dental PPO dentist	Any licensed dentist	DeltaCare Dental HMO dentist or facility ONLY
Annual Deductible	$50 per person, $150 per family; only applies to basic and major services		None
Annual Maximum Benefit	$1,500 per person (combined in- and out-of-network)		None
Diagnostic & Preventive Care (e.g., oral exams, cleanings (3x/year combined with Perio Maintenance), sealants through age 13)	Plan pays 100% of negotiated rate (no deductible applicable)	Plan pays 80% of reasonable and customary (R&C) rate (no deductible applicable)	Plan pays 100%
Basic Services (e.g., fillings, simple extractions, root canals, periodontics, oral surgery)	Plan pays 80% of negotiated rate after annual deductible	Plan pays 60% of R&C rate after annual deductible	Plan pays 100% after you make any required co-payments
Major Services (e.g., crowns, inlays, onlays, bridges, dentures, implants)	Plan pays 50% of negotiated rate after annual deductible	Plan pays 50% of R&C rate after annual deductible	Plan pays 100% after you make any required co-payments
Orthodontia	Plan pays 50% of the allowed charge, up to a $1,500 lifetime benefit (no deductible applicable)		Covered based on DeltaCare Plan schedule of benefits and subject to plan maximums. Coverage based on a 24-month treatment plan.
Emergency (ER) Treatment	Reimbursement depends on class of services received. ER benefits provided by a Delta PPO dentist will be paid at the network level; ER benefits provided by a non-PPO dentist will be paid at out-of-network level.		Plan pays up to $100 for out-of-network ER dental expenses per emergency for each enrollee

(1) Fees are based on PPO fees for in-network dentists and the maximum plan allowance for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

(2) DeltaCare HMO benefits are provided in accordance with Delta's Plan 11A Description of Benefits and Co-payment.

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Vision

Vision insurance through VSP can help save you money on eye exams, eyeglasses and contact lenses. Regular eye exams not only protect your eye health, but they can also help detect conditions such as diabetes, high blood pressure and high cholesterol.

VSP Choice Vision Plan			
Plan Features	**In-Network**		
	Description	**Copay**	**Frequency**
WellVision Exam		$25	Every 12 months
In-Network Providers	Visit vsp.com for information regarding in-network providers.		
Frame	• $200 allowance for a wide selection of frames • $220 allowance for featured frame brands • 20% savings on the amount over your allowance • $110 Costco frame allowance	Combined with exam	Every 24 months
Lenses	• Single-vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in prescription glasses	Every 12 months
Lens Enhancements	• UV protection • Scratch-resistant coating • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	$0 $0 $0 $0 $95 - $105 $150 - $175	Every 12 months
Contacts (instead of glasses)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
Suncare	$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	$25	Every 24 months

VSP Choice Vision Plan

Plan Features	In-Network		
	Description	**Copay**	**Frequency**
Primary Eyecare	Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam		
	Retinal Screening No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to $50	Lined Bifocal Lenses	up to $75	Progressive Lenses	up to $75
Frame	up to $70	Lined Trifocal Lenses	up to $100	Contacts	up to $105
Single-Vision Lenses	up to $50				

Important Note: The HSA administrator is changing from Anthem to WEX in 2027. If you have an existing HSA account, please watch for more information on transitioning your account to WEX.

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Tax-Advantaged Accounts

City National offers several accounts through WEX that enable you to pay for eligible expenses tax-free, including:

Health Savings Account (HSA) – Available to those enrolled in the Anthem HDHP as long as you are not enrolled in any other health coverage or Medicare or claimed as a dependent on someone else's tax return.

Flexible Spending Accounts (FSAs) – Your options depend on your medical plan enrollment.

- Health Care FSA – If you are not enrolled in an HSA plan, you can use this account for medical, pharmacy, dental and/or vision expenses.
- Limited Purpose FSA – If you are enrolled in an HSA plan, you can use this account to pay for dental and/or vision expenses only.
- Dependent Care FSA – Use for eligible childcare expenses for dependents under age 13 or elder care.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the Anthem HDHP. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for yourself and your dependents.

- Contributions are pre-tax (or tax-deductible) for federal tax purposes
- You can make tax-free withdrawals for qualified medical expenses
- Balances carry over from year-to-year
- The HSA is yours to keep even if you change jobs, change health plans or retire

Note: Treatment for state income tax varies by state. Some states do not recognize HSA contributions as a deduction, and some states may tax the interest earned on your HSA.

Eligibility

You are eligible to contribute to an HSA if you are enrolled in the Anthem HDHP and:

- The Anthem HDHP is your only medical coverage, other than another qualified HDHP;
- You are not enrolled in Medicare (i.e., Part A, Part B or any other Medicare coverage), TRICARE or TRICARE for Life;
- You are not claimed as a dependent on someone else's federal tax return.

Note: If you were previously enrolled in the Anthem HDHP with an HSA account and changed plans and/or cancelled your HSA, the HSA is transferred to an individual account.

Colleague Contribution

The HSA contribution limit for 2027 is:

- Individual coverage = $4,500
- Family coverage = $9,000
- As the primary account holder, if you are age 55 or older, you can contribute an additional $1,000 as a "catch-up" contribution.

Company Contribution

City National will contribute to your HSA each year — that's $250 (individual) or $500 (family) to pay for your first-dollar medical expenses.

Note: Company contribution amount will be pro-rated for colleagues hired mid-year.

Eligible Expenses

You may use your HSA to pay unreimbursed qualified medical, dental, vision and/or prescription drug expenses, including over-the-counter drugs that have been prescribed by a doctor, as defined in IRS Publication 502. Examples include deductibles, co-payments and coinsurance. If you are under the age 65 and use your HSA funds for nonqualified expenses, you will need to pay taxes on the money you withdraw, plus a 20-percent penalty. At age 65, you can withdraw funds for any reason without paying a penalty, but they will be subject to ordinary income tax.

View 2027 HSA qualified expenses

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How to use a Health Savings Account (HSA) with your HDHP



You pay for all services, including your prescriptions, until you meet your deductible.

You can use your HSA to help cover your expenses.



After you satisfy the annual deductible, you share the costs with the plan.

You can use your HSA to help pay your share.



If you reach the plan's out-of-pocket maximum, you are done paying for the year.

The plan pays 100% of eligible expenses for the rest of the coverage year.

Be sure to estimate carefully; if you don't use it, you lose it.

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Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) enable you to set aside money on a pre-tax basis to pay for certain eligible out-of-pocket expenses. This means you pay less in taxes in two ways: first, you reduce your annual taxable income by the amount you have set aside in the FSA; second, you never pay taxes on the money that is in the FSA, even when you receive reimbursements.

This chart shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income.

Flexible Spending Accounts

Account Type	Eligible Expenses	Annual Contribution Limits
Health Care FSA *NOT available to colleagues enrolled in the Anthem HDHP medical plan*	Most medical, dental and vision care expenses that are not covered by your health plan, such as: • Deductibles, co-payments and coinsurance • Prescription drugs • Eye examinations, glasses, contacts, LASIK • Hearing examinations • Orthodontic expenses	• Maximum contribution for 2027 is $3,400. • You cannot enroll if you are enrolled in the Anthem HDHP plan with an HSA. • Funds are deducted throughout the year, but all funds are available on January 1.
Limited Purpose FSA *Available for those enrolled in the HDHP medical plan ONLY*	• Can only be used to reimburse eligible dental and vision expenses for you and your eligible dependents who are not reimbursed by any insurance plan • The Limited Purpose FSA cannot be used for medical and/or prescription drug expenses	• Maximum contribution for 2027 is $3,400. • Only available to those enrolled in the Anthem HDHP plan with an HSA. • Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	• Daycare facility fees (excluding transportation, lunches and educational services) • Before-school and after-school care, day camp for children under the age of 13 • In-home babysitting fees paid to a non-dependent relative (income must be claimed by your care provider) • Nursery school and preschool (preschool expenses are eligible if the amount you pay for schooling cannot be separated from the cost of care)	• Maximum contribution is $7,500 per year ($3,750 if married and filing separate tax returns). See page 30 for details.
Commuter Benefit	Can be used on a variety of transportation and parking expenses that allow you to travel to and from work, including but not limited to: • Train • Bus • Subway • Ferry • Vanpool (must seat at least 6 adults) • Parking or parking meter near your place of employment	2027 monthly pre-tax contribution limits: • Parking: $340 • Transit: $340

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Dependent Care FSA Contributions

The maximum amount that you can contribute to your DCFSA account is based upon your total compensation at City National in the prior calendar year and your "Highly Paid" or "Non-Highly Paid" status as defined by Internal Revenue Code as follows:

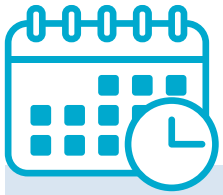
Prior Year Compensation:* 160,000 or more

- Maximum DCFSA Contribution for Current Year: $3,000. This amount may be adjusted down as a result of plan testing

Prior Year Compensation:* Less than $160,000

- Maximum DCFSA Contribution for Current Year: $7,500 for the calendar year

* The compensation threshold is subject to annual adjustment by the Internal Revenue Service.



Coverage Period to Incur Eligible FSA Expenses

Health Care, Limited Purpose Health Care and Dependent Care FSAs

The FSA "coverage period" BEGINS on the LATER of:



January 1 of the applicable plan year or the date during the plan year you join the health care FSA.

The FSA "coverage period" ENDS on the EARLIER of:



March 15 of the following year or the date during the applicable plan year that your participation in the FSA ends (i.e., the date your benefits terminated due to your termination of employment or change to an ineligible class).



Remember – any unused money in your FSA will be forfeited if expenses are not incurred within the coverage period AND submitted for reimbursement by April 30 following the end of the coverage period (i.e., eligible 2027 FSA claims submitted by April 30, 2028).

This means you have until March 15 of the following calendar year (an extra 2½ months after the end of the plan year) to incur qualified expenses against your prior plan year FSA account *if* you were a participant in the FSA as of December 31 of that plan year. Example: For a colleague participating through December 31, 2027, qualified FSA expenses incurred through March 15, 2028, can be claimed against the colleague's 2027 FSA.

FSA expenses incurred between January 1, 2027, and March 15, 2028

Qualified expenses are applied first to any FSA balance remaining for the plan year ending December 31, 2027, until that plan year balance is exhausted. Then any remaining expenses will be applied to the new plan year (2028), if enrolled for 2028. If you do not re-enroll for 2028, you will not be issued a new debit card and, therefore, you must file a paper claim for any remaining 2027 health care FSA balances.

Access Your Health or Dependent Care FSA or HSA Account Balance(s)

Manage your accounts online at https://benefitslogin.wexhealth.com/Login

Select "New User" to create a new account to get started.

Follow these steps to register:



WELLNESS

We want you to feel your best, so you can be at your best. That's why we continually redesign the programs we offer for physical, emotional, social and financial wellness.



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Important Note: For employees currently on weight loss medication, Omada will reach out to you to enroll in the new program. If no action is taken, you will not be eligible for the weight loss medication.

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Physical Wellness

Wellness Counts

City National's Wellness Counts program, administered by Personify Health, provides tools, resources and coaching to help you customize your health journey and meet your health goals.

Participation in the program is voluntary, and services provided through the program are free to eligible colleagues. Personify Health keeps individual health information confidential and does not share it with City National.

Colleagues enrolled in a City National medical plan can receive Rewards Cash credits (up to $240 value for 2026) by completing healthy lifestyle activities. Wellness Counts also includes a weight loss program and tobacco-cessation program.

Visit the Wellness Counts portal to learn more.

New! Omada Health Weight Management Program

For weight management medications to be covered, Anthem members must join and participate in the Omada Health online lifestyle program. Omada helps participants build healthier habits through personalized coaching, smart tools, and ongoing support designed to create lasting results.

The program includes:

- Dedicated health coaching and personalized support
- Connected health devices, including a digital scale
- Interactive lessons and goal-setting tools
- Peer and community support
- Easy progress tracking through the Omada app
- Coverage for select weight management medications for eligible participants who meet program requirements

Virtual Physical Therapy

Virtual Physical Therapy through Hinge Health is available to all Anthem plan members and dependents at no extra cost and with no copays.

Hinge Health combines gentle exercise with 1-on-1 support to reduce your pain and help you move with confidence.

The program offers live, personalized care provided by physical therapists, orthopedic surgeons and health coaches.

Additional Kaiser Wellness Programs

Kaiser Permanente offers a variety of programs and resources to support your health and well-being. Kaiser members can access personalized coaching, educational resources, and condition specific support to help achieve their goals.

Musculoskeletal (MSK) Support: Get comprehensive support for back, neck, shoulder, joint and other MSK concerns through coordinated care that combines primary care, specialty care, and virtual or in-person therapy options.

Wellness Coaching: Work one-on-one with a dedicated wellness coach to build healthy habits, set achievable goals, and receive personalized support for weight management, healthy eating, physical activity, stress management, and tobacco cessation.

Heart Health Programs: Access educational workshops, wellness coaching, and resources designed to support cardiovascular health, healthy blood pressure, and long-term heart-healthy lifestyle changes.

Weight Management Programs: Participate in programs like Healthy Balance that focus on health eating, physical activity, and sustainable lifestyle changes through workshops, educational resources, and personalized coaching support.

Contact CNB Anthem EAP
Company Code: CNB
(800) 999-7222

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Emotional & Social Wellness

Employee Assistance Program (EAP)

All City National colleagues and household members have access to free, 24/7 confidential counseling services through the Employee Assistance Program (EAP).

The EAP offers confidential professional assessment, consultation, grief counseling and referrals regarding a wide range of issues that may affect you. Typical issues include parenting, relationships, stress, anxiety, depression, legal, financial, alcohol or drug abuse, and/or work-related concerns. If your issue requires more lengthy or specialized treatment, an EAP consultant will refer you to a resource in the community or suggest that you obtain professional help outside of the EAP Plan.

It's Confidential. Your EAP has been set up with Anthem, which handles all matters outside of City National to ensure confidentiality. No one at work will know you have chosen to seek help unless you choose to disclose it, and nothing concerning your use of EAP will appear in your personnel file.

In-Person/Virtual Counseling
EAP counselors are all experienced, licensed professionals who have specialized training in five disciplines:

- Psychologists
- Social workers
- Professional counselors
- Marriage and family therapists
- Psychiatric or behavioral health nurse specialists

Colleagues and their household members have access to up to five in-person or online virtual counseling sessions per unique presenting issue per 12-month period. If a colleague or household member is engaged in behaviors that pose an immediate danger to their own life or the life of another, please call 911 or go directly to an emergency room.

The EAP includes **Talkspace**, a confidential and secure online option for personal and professional individual and couple's therapy. For added convenience, patients age 13 and above can send text, audio and/or video messages to a dedicated licensed therapist 24/7. Live sessions via chat, audio and video are available.

Talkspace

The EAP also offers a variety of services beyond counseling sessions, including:

- Legal referrals (including a 30-minute consultation with a licensed attorney)
- Financial consultations
- Identity theft recovery
- Work/life resources
- Financial management tools, interactive online seminars and e-Learning courses

Kaiser Wellness Programs

Kaiser members have access to a curated selection of self-care apps that support your mental health and well-being. Visit **kp.org/selfcareapps** or scan the QR code to get started.

If you travel for company business, please notify the Health and Welfare Benefits Team at benefits@cnb.com to receive an Assistance Service ID Card and Benefits Summary Document.

Adoption and Surrogacy

City National partners with WIN to provide inclusive family-building solutions and compassionate guidance. WIN's nurse care advocates will help you navigate your care while becoming a meaningful part of your support system, no matter where your journey takes you. WIN's benefits include:

- **Adoption:** $10,000 maximum reimbursement per event, up to a $20,000 annual limit, for eligible expenses related to adoption
- **Surrogacy:** $30,000 lifetime maximum reimbursement for eligible expenses related to surrogacy

Contact WIN
(855) 747-8786
Company Code: CNB 22

Financial Wellness

Business Travel Accident (BTA)

City National's Business Travel Accident (BTA) coverage provides 24-hour emergency assistance while traveling on business. When an injury results directly from a covered loss within 365 days from the date of the accident that caused the injury, you can apply for reimbursement of care or receive a payout. Travel excludes any period of time you are on a leave of absence or vacation or commuting to and from your place of regular employment. There is no cost to you for this coverage.

All benefits are subject to limitations and verification by the insurance carrier.

Commuter Benefit

The commuter benefit allows colleagues to set aside pre-tax dollars from your paycheck to cover various transportation costs, such as public transit or parking fees.

- The transit account's monthly pre-tax contribution limit is $340.
- The parking account's monthly pre-tax contribution limit is $340.
- You can enroll in the commuter benefit at any time during the year. To learn more or enroll, contact **WEX**.

Bright Horizons Back-Up Care

Colleagues have access to a discounted back-up care program through Bright Horizons, including:

- Back-up child and adult/elder daycare at a discounted rate (e.g., $10/hour or $25 daily rate per daycare center)
- Up to 10 usages per year (minimum four hours per usage)
- Usages can be converted into a voucher for various forms of pet care (e.g., boarding, in-house sitting, drop-in visits)
- Usages between in-home, center, virtual tutoring and pet care are interchangeable

To Register: https://my.brighthorizons.com/
Employer Username: CNB | Employer Password: Benefits4You

All caregivers are employed by Bright Horizons or a trusted partner of Bright Horizons. Additionally, each caregiver has passed a comprehensive background check, is trained in CPR and first aid, and is also trained in back-up care.

This type of program provides colleagues with daycare options at a lower cost than market rate for similar services; there is taxable income to participating colleagues. This means that the difference between the market rate for the in-home and childcare centers and the colleagues' cost is treated by the IRS as additional income, also known as back-up care imputed income, and is taxable. Colleagues who participate in the program are required to pay taxes on the imputed income corresponding to the hours of care used.

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Colleague Perks & Incentives

Tuition Assistance
Colleagues can pursue further education through the tuition assistance program. City National will reimburse up to $5,000 per calendar year for coursework toward associate, bachelor's or master's degrees.

City National Colleague Fund
The City National Colleague Fund allows colleagues to apply for anonymous, tax-free grants up to $5,000 per year to assist with an unforeseen disaster or personal hardship.

Colleague Discounts
Discounts on theme parks, phone services, travel, museums and more are available through **Perks at Work**.

New Client Referrals
Colleagues who successfully introduce a new banking client to City National can receive up to a $35,000 reward.

Colleague Referral Program
Colleagues who refer qualified candidates may be eligible to receive a referral bonus of $500 to $1,500 for featured jobs.

529 College Savings Plan
Post-tax savings plans through City National Securities[1] provide an easy way to save for postsecondary education. Five different plans are available.

Colleague Banking Benefits[2]
Colleagues have access to many products and services at no cost or at reduced rates. Contact **colleaguebanking@cnb.com** for details.



1 Securities are offered through City National Securities, Inc., member FINRA/SIPC and a wholly owned subsidiary of City National.

2 Some Colleague Banking Benefits are only available to colleagues during their employment, and others are available afterward. More specific information is contained in the Colleague Banking Brochure, which is available upon hire.

City National Bank Member FDIC.

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Life can change at any time, so it's important to be prepared. City National provides benefits to give you and your loved ones peace of mind now and into the future.



Retirement Savings & Investments

City National Bank 401(k) Plan

The City National Bank 401(k) Plan (the Plan) provides a way for you to save for retirement through a combination of company contributions and your own payroll contributions. You can enjoy tax-advantaged savings opportunities while taking important steps toward meeting your long-term financial goals.

The 401(k) enables you to make tax-deferred and/or after-tax "Roth" contributions and receive company matching contributions.

Eligibility
Colleagues are eligible to participate upon date of hire or transfer into an eligible job class. Interns and Temporary colleagues are not eligible.

Colleague Contributions
The following pay is eligible for contributions: base, commission, bonus and overtime.

- **Basic 401(k) –** You can elect to defer between 1% and up to 50% of your eligible pay into the Plan, subject to IRS limitations, on a pre-tax and/or Roth after-tax basis. To maximize your company match opportunity, consider contributing 6% of your pay to the 401(k).
- **Traditional Pre-Tax Contributions –** Traditional pre-tax contributions allow you to save on a pre-tax basis, providing a tax benefit today. Your qualifying pre-tax contributions and earnings on those monies are not subject to federal income tax until you take them out of the Plan.
- **Roth Contributions –** The Roth 401(k) feature allows you to save for your retirement on an after-tax basis. Distributions of your Roth deferrals and all associated earnings are tax-free, provided certain conditions are met.

Company Match
City National will match 100% of the first 6% of pay you contribute to the Plan in a payroll period. These are called "matching contributions." Matching contributions are immediately 100% vested.

Investment Options

The Plan offers a broad range of investment options including RBC common stock, mutual funds, target date funds, and a Self-Directed Brokerage Account (SDBA) option.

Loans
You may borrow up to a maximum of 50% of your total vested account balance, subject to a minimum and maximum loan amount. You may have only one loan outstanding at a time. The maximum loan period cannot exceed five years, unless the reason for the loan is to purchase your principal residence, in which case the maximum loan period cannot exceed 15 years.

Rollovers
The Plan accepts rollovers from a taxable (deductible) IRA or another employer's tax-favored retirement plan.

Deferred Compensation

The Plan provides eligible colleagues with an additional wealth accumulation opportunity to defer pre-tax income (in excess of the limits imposed under 401(k) plans) in a tax-deferred investment program designed to help you meet your personal financial goals.

Income Security

Life Insurance

Life insurance is an important part of your financial well-being, especially if others depend on you for support.

Basic Life Insurance
City National provides basic life to all eligible colleagues at no cost through The Hartford. Your coverage is a flat amount of $50,000 or 1.5 times your annual base salary, up to a maximum of $100,000. Coverage is automatic; you do not need to enroll.

For the purpose of calculating Basic Life Insurance coverage, annual salary is a combination of your monthly base salary multiplied by 12, plus any commissions paid to you during the previous calendar year (January 1 through December 31).

If you are age 70 or older, your coverage amount will be reduced as follows: to 50% if age 70-74; to 25% if age 75-79; and to 20% if age 80 or older.

Supplemental Term Life Insurance
You can purchase additional life insurance coverage in multiples of your salary through Supplemental Term Life Insurance. Coverage for your dependents is also available through this plan.

Coverage For:	You	Your spouse or domestic partner	Your children up to age 26
Supplemental Life Coverage Amounts Available:	1, 2, 3, 4 or 5 times your annual salary, rounded to next highest $1,000, up to a maximum of $1,000,000	Any dollar amount, in increments of $10,000, up to a maximum of $250,000	$5,000 or $10,000 per child

NOTE: The amount of supplemental life coverage for a colleague's spouse or domestic partner may not exceed 100% of the combined basic and supplemental life insurance in force for the colleague.

Evidence of Insurability

Under certain circumstances, you are required to provide an Evidence of Insurability (EOI) for yourself, your spouse or your domestic partner when enrolling in life insurance.

During your initial enrollment period, guaranteed coverage amounts are available without the need for EOI. If you waive coverage during your initial enrollment, EOI will be required if you later decide to enroll. EOI is also required if your application for coverage exceeds the Guaranteed Issue Amounts (GIA). If the amount of coverage you request exceeds the GIA, the excess amount will not be effective unless or until The Hartford approves.

Contact The Hartford
Group # 804006
(888) 563-1124

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Supplemental Life Insurance Coverage Guaranteed Issue Amounts (GIA)
You will need to submit Evidence of Insurability (EOI) if the coverage amount you are requesting is higher than the following "guaranteed issue" amounts.

For newly eligible colleagues and dependents enrolling within 31 days of first becoming eligible:

- For yourself: Three times your annual salary, up to a maximum of $500,000
- For your spouse or domestic partner: $30,000
- For your eligible children: $10,000

For Supplemental Term Life participants requesting to increase existing Supplemental Term Life coverage:

- For yourself: Increase of one times your annual salary, up to the maximum coverage amount equal to the lesser of three times salary or $500,000
- For your spouse or domestic partner: Increase of $10,000, up to no more than $30,000 total coverage for spouse
- For your eligible children: Increase from $5,000 to $10,000

For a colleague or a spouse/domestic partner who is not already enrolled in Supplemental Term Life and who became eligible more than 31 days ago:

- EOI will be required for all requests for enrollment made more than 31 days after first becoming eligible. There are no "guaranteed issue" amounts in such cases.

If you are enrolling for dependent coverage, you are automatically the beneficiary of your spouse's and/or children's coverage, so it is not necessary to designate a beneficiary for the dependent coverage.

Beneficiary Designation
If you are enrolling in coverage for yourself, be sure to designate a beneficiary in Me@CNB.

To designate a beneficiary:

- Start by identifying your Contacts within Me@CNB (Myself > Personal > Contacts). These are the people you designate as beneficiaries and/or benefits dependents.
- Go to Life Events > select Designate/Change Beneficiary Life Event.

Continuing Coverage If You Leave the Company or Become Ineligible
Supplemental Term Life coverage is considered "portable," meaning you and your covered dependents can continue coverage when you are no longer eligible for City National benefits.

Terms and conditions of coverage under the portability policy may differ from your Benefits coverage as an active colleague. Premium rates for continued coverage are different than those as an active colleague. In general, the maximum amount of existing coverage that may be ported is as follows: Colleague – up to $1,000,000; Spouse/Domestic Partner – up to $250,000; and Child – up to $5,000.

Colleagues Married to or in a Domestic Partnership with Another City National Colleague
Dual life coverage is not available under the life insurance plans, which means that you cannot be covered as both a colleague (i.e., under the Supplemental Colleague Life coverage that you may elect for yourself) and as a dependent (i.e., under the Supplemental Spouse/Domestic Partner Life coverage that your spouse/domestic partner may elect).

Additionally, your child(ren) cannot receive coverage under two separate City National child life plans (i.e., elected by you, elected by your spouse/domestic partner). In this case, only one colleague can elect Child Life coverage.

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Accidental Death & Dismemberment (AD&D)

AD&D insurance through The Hartford provides important financial protection if you die or are seriously injured in an accident. This insurance covers death and specified injuries resulting directly from an accident (independently of all other causes). It does not cover death or injury resulting from sickness, disease or medical or surgical treatments of a sickness or disease. You can elect AD&D insurance coverage for yourself only or for yourself and your eligible dependents, as described below.

AD&D Coverage Options		
	**You (Single)**	**Any of the following coverage amounts: $25,000; $50,000; $100,000; $150,000; $200,000; $250,000; $300,000 or $500,000**
	**Your spouse or domestic partner (Family)** Note: Not eligible for coverage if in military service	If you have no dependent children: **60% of your AD&D coverage** If you have at least one dependent child: **50% of your AD&D coverage**
	**Your dependent children (Family)** Note: Not eligible for coverage if in military service	If you have a spouse or domestic partner: **15% of your AD&D coverage** If you are unmarried, divorced or widowed: **20% of your AD&D coverage**

If you are 70 years of age or older and you elect AD&D coverage, the elected amount is subject to age reduction and will be reduced as follows: Age 70-74 to 65%; Age 75-79 to 45%; Age 80-84 to 30%; Age 85+ to 15%.

Note: Dual AD&D coverage is not available under Family AD&D. Therefore, you cannot receive coverage as both a colleague and a dependent (i.e., spouse/domestic partner) under the Family AD&D plan. Additionally, your child(ren) or your domestic partner's child(ren) cannot receive coverage under more than one City National AD&D plan.

Disability

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

Short-Term Disability (STD)
Short-Term Disability (STD) insurance offers you financial protection in the event that you are unable to work due to an injury or illness (including disability related to pregnancy or childbirth).

Eligibility
To be eligible for STD, you must be continuously and totally disabled due to a qualifying injury or illness.

Benefit Amount

If you are eligible and the insurance carrier accepts your claims, the plan will replace up to 60% of your pre-disability weekly earnings. The maximum weekly benefit is $2,000 (reduced by the value of other disability income if available, such as state disability benefits). STD benefits are payable for up to 26 weeks. Actively-at-work and pre-existing condition limitation rules apply to this plan. The insurance carrier for STD is The Hartford.

Definition of "Monthly Salary" and "Age"
For the purpose of calculating STD premiums, monthly salary is your monthly base salary plus one-twelfth of the commission paid to you (if any) during the 12-month period from January 1 through December 31 of the previous year. Your age (for premium calculation) is your attained age on each January 1. Premiums will adjust to changes in age each January 1 and to any changes in pay periodically during the year.

Definition of Disability
You will be deemed to be totally disabled when, as a result of disease or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your own occupation in the usual or customary way and you are not working in your own occupation.

Pre-Existing Condition Limitation
It is a pre-existing condition if you were: (1) diagnosed or treated or (2) services were received for the diagnosis or treatment of your injury or illness or (3) you took drugs or medicines prescribed or recommended by a physician for that condition within the three months immediately preceding your effective date of STD coverage. If you subsequently become disabled due to the same condition for which you were diagnosed or treated or received medical services, then you are not eligible to receive benefits until the earlier of a treatment-free period of three consecutive months from your effective date or 12 months after your effective date. Special provisions apply to colleagues transferring from California to another City National work state.

Colleagues interested in purchasing STD should consider all factors.

The value of STD coverage will vary by colleague, depending on the level of state disability benefits payable in the colleague's work state and on the colleague's sick pay balance and salary level. STD benefits are reduced by other forms of disability income, such as City National sick pay or State Disability Insurance (SDI). For example, in 2026 California SDI pays about 60% of normal pay up to a maximum of approximately $1,681 per week. If no SDI benefits are available, then the STD plan adds more value. Please note that enrollment in STD is not automatic. If you do not enroll you will not be covered under this plan.

Long-Term Disability (LTD)

Long-Term Disability (LTD) coverage provides you with income protection in the event of a covered disability that lasts for more than 180 continuous days. The insurance carrier for long-term disability insurance is The Hartford.

Long-Term Disability (LTD)		
Plan Feature	**Basic**	**Supplemental**
Premium Cost	Company Paid	Colleague Paid (for portion of benefit in excess of Basic LTD)
Coverage	60% of pre-disability "Monthly Salary"	60% of pre-disability "Monthly Salary"
Monthly Benefit	Up to $6,000*	Up to $12,000* (which includes the value of Basic LTD)
Maximum Annual Covered Salary	Salary up to $120,000	Salary over $120,000 up to $240,000
Tax Option for Premium Cost	After-Tax or Pre-Tax	After-Tax or Pre-Tax

* Subject to Coordination of Benefits as noted below.

Definition of "Monthly Salary" and "Age"
Monthly salary is your pre-disability monthly base salary plus one-twelfth of the commission paid to you (if any) during the 12-month period from January 1 through December 31 of the previous year. Your age (for premium calculation) is your attained age each January 1.

Total Disability
Refer to the **Summary Plan Description** and accompanying carrier documents and certificates available on InfoLink (under the Human Resources/Benefits).

Pre-Existing Condition Limitation
LTD includes a benefit exclusion based on conditions which exist when your LTD coverage becomes effective. No benefit is payable for any disability that is caused by or substantially contributed to by a "pre-existing condition" or medical or surgical treatment of a "pre-existing condition" and starts before the end of the first 12 months following your effective date of coverage. A disease or injury is a pre-existing condition if, during the three months right before your effective date of coverage:

- It was diagnosed or
- You received medical treatment, care or services for the disease or injury; or
- You took drugs or medication prescribed or recommended by a physician for the disease or injury.



Coordination of Disability Benefits
If you are eligible for other income benefits while disabled (such as City National sick pay, statutory disability benefits, Social Security or Worker's Compensation), the amount you can receive from these sources will be deducted from your STD benefit amount.

Contact The Hartford
Group # 804006
(888) 301-5615

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Coordination of Disability Benefits
If you are eligible for other income benefits while disabled (e.g., State Disability Insurance, Social Security, Worker's Compensation), the amount you can receive from these sources will be deducted from your LTD benefit amount. However, there is a minimum benefit of $100 per month or 10% of your gross monthly benefit (whichever is greater). Benefits will not be reduced to below the minimum.

Taxation Options
Depending on your election, if you become disabled and eligible to receive LTD benefits, the amount you are paid will either be "taxable" (and subject to applicable income taxes) or "non-taxable."

- **"After-Tax Premium" with "Non-Taxable Benefit" Option:** When you elect this option, your premium for Supplemental LTD coverage (if enrolled) is deducted from your paycheck after applicable taxes have been withheld from your pay. In addition, the amount the Company pays for your Basic LTD will be treated as imputed income and subject to taxes. This means that your taxable income is increased by the amount paid by the Company for Basic LTD coverage. The amount you pay for Supplemental LTD does not reduce your taxable income, and your LTD monthly benefit (should you become disabled and eligible to receive a benefit) is, in general, non-taxable. You may elect this option within 31 days from your City National Benefits effective date or during an annual enrollment period. Your election for this option is irrevocable. This means that once you elect this option, you cannot change to the before-tax premium option.

- **"Before-Tax Premium" with "Taxable Benefit" Option:** When you elect this option, your premiums for Supplemental LTD coverage (if enrolled) are deducted from your paycheck on a before-tax (pre-tax) basis, and there is no imputed income to you for the Company-Paid Basic LTD portion. This means that your annual taxable income is reduced by the amount you pay for Supplemental LTD coverage, and your LTD monthly benefit (should you become disabled and eligible to receive a benefit) is taxable, subject to applicable state and federal income taxes, and reportable on a Form W-2. You may change your election to the after-tax premium option during a subsequent annual enrollment period, but once you elect that option, you cannot change back to the before-tax premium option.

Evidence of Insurability
If you enroll in Supplemental LTD coverage within 31 days from when you first become eligible for coverage, no EOI is required. [Note: The date you first become eligible for coverage is the earlier of (1) the date your City National Benefits commence AND your Monthly Salary exceeds $10,000 or (2) the date during the year your Monthly Salary changes to exceed $10,000.]

Note: If you waive Supplemental LTD coverage during your initial enrollment and you want to enroll during a subsequent annual enrollment, you will be treated as a "late entrant" and will be required to submit Evidence of Insurability (EOI) subject to review and approval by the insurance company. Your increased amount of LTD coverage (and the associated increased cost) will not be effective until the date approved by the insurance carrier. If you are disabled at the time EOI is approved, the increase in coverage will be delayed until you return to active work.

TIME AWAY

We all need time away to relax and rejuvenate. City National also recognizes that vacation days are not the only time you may need to be away from the office. We offer a range of supportive programs to help you and your family.



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Contact the Benefits Team
leaveofabsence@cnb.com

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Holidays and Vacation

Holidays

In general, City National observes the following holidays:

New Year's Holiday	Labor Day
Martin Luther King, Jr. Day	Columbus Day/ Indigenous People's Day
Presidents' Day	Veteran's Day
Memorial Day	Thanksgiving Holiday
Juneteenth	Christmas Day Holiday
Independence Day	

Vacation

In addition to 11 paid holidays and two personal days annually, eligible colleagues (without corporate titles or with corporate titles of Vice President and below) accrue between two and four weeks of paid vacation time-off each year.

Sick Time

Under the company's Sick Pay Policy, colleagues accumulate sick pay hours each pay period, which helps to provide financial support when ill or caring for a family member. Hours are earned per pay period (e.g., 96 hours or 12 days in a 12-month calendar year). Hours carry over year over year up to 1,040 hours maximum (equivalent to 180 days, which is the waiting period for Long-term Disability (LTD). There is no payout for unused sick days at separation of employment.

Bereavement

Paid time-off is available for colleagues who experience the loss of an immediate family member. CNB offers paid bereavement of five (5) days per calendar year for immediate family members or reproductive loss and ten (10) days if the colleague experiences the death of a child.

Jury Duty

Colleagues receive pay for up to 10 days while on jury duty.

Leaves of Absence

City National offers a variety of leave options for medical, family or personal reasons based on federal, state, local jurisdictions or bank policy.

Medical Leave
Time-off is available when a colleague is disabled from work due to illness, injury or medical condition. Colleagues may be eligible to receive pay while on medical leave in accordance with the company's Sick Pay and Vacation Pay Policies.

Maternity, Paternity and Parental Leave
Time-off is available for parents under various leave policies while disabled due to pregnancy/childbirth or while bonding with a new child.

Colleagues may be eligible for supplemental pay during applicable maternity disability and parental bonding leaves if certain conditions are met.

Family Care Leave
Time-off is available to care for a qualified family member who has a serious health condition.

Colleagues may be eligible to receive pay while on family care leave in accordance with the company's Sick Pay and Vacation Pay policies.

Military Leave
Military leave is available to colleagues in the uniformed services, and transition pay is offered for call to active duty.

Military Exigency Leave
Military exigency leave is available to colleagues who need to take time off because of a "qualifying exigency" resulting from the active military duty, or call to active military duty, of a spouse, child or parent.

Personal Leave
Personal leave may be used for a variety of reasons, including, but not limited to, an extended bereavement period up to 30 calendar days in a calendar year. All requests for personal leave must be approved by the department manager and division head.

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CNB Benefit	Contact Information	Plan Information, If Applicable
Medical Insurance		
Kaiser Permanente HMO: (including Prescription Drug coverage)	(800) 464-4000 https://choose.kaiserpermanente.org/cnb	**Southern CA Group** # 225717 **Northern CA Group** # 38718 **Hawaii Group** # 41574
Anthem PPO	(844) 232-1080 http://www.anthem.com/ca	**CA Group** # 1859TA **Excluding CA Group** # 1859TF
Anthem HDHP	(844) 232-1080 http://www.anthem.com/ca	**CA Group** # 1875HA **Excluding CA Group** # 1875HE
Prescription Drug (Anthem PPO & HDHP)		
Express Scripts Pharmacy (Rx)	(844) 595-4159 www.express-scripts.com	Refer to the applicable Anthem medical plans
Fertility (Anthem PPO & HDHP)		
WINFertility	(855) 747-8786 https://managed.winfertility.com/cnb/	**CNB Code:** CNB22
Surgery Support (Anthem PPO & HDHP)		
Carrum Health	https://info.carrumhealth.com/cnb/	
Diabetes & Weight-Loss Care (Anthem PPO & HDHP)		
Omada	https://go.omadahealth.com/esi	
Virtual Physical Therapy (Anthem PPO & HDHP)		
Hinge Health	https://www.hingehealth.com/for/citynationalbank	
Wellness Counts Program		
Personify Health	https://enroll.personifyhealth.com/#/enrollmentGroups/050aa12d-549d-4d58-a6bd-fa1832cbd388/step/1	
Dental Insurance		
Delta Dental of MN PPO	(800) 448-3815 www.deltadentalmn.org	**Group** # 450318
DeltaCare Dental CA HMO	(800) 422-4234 www.deltadentalins.com	**Group** # 72429 **Sub group:** Advise state
Vision Coverage		
VSP	(800) 877-7195 www.vsp.com	**Group** # 12157959

CNB Benefit	Contact Information	Plan Information, If Applicable
Health Savings Account (HSA)		
WEX Health Savings	(866) 451-3399 https://benefitslogin.wexhealth.com/login	Register online to access your account information
Flexible Spending Account (FSA)		
WEX Health Care, Limited Health Care, Dependent Care and Commuter	(866) 451-3399 https://benefitslogin.wexhealth.com/login	Register online to access your account information
Group Life and Disability Insurance		
The Hartford Basic Life, Supplemental Term Life and Accidental Death & Dismemberment (AD&D)	(888) 563-1124	**Group** # 804006
The Hartford Short-Term Disability, Basic Long-Term Disability and Supplemental Long-Term Disability	(888) 301-5615	**Group** # 804006
Leave Administration		
The Hartford	(888) 301-5615 www.abilityadvantage.thehartford.com	
401(k) and Deferred Compensation		
Empower Retirement	(855) 222-7799 www.empowermyretirement.com	
Employee Assistance Program		
Anthem EAP	(800) 999-7222 https://www.anthemeap.com/employer-select	**Company Code:** CNB
Business Travel Accident		
BTA	(866) 451-3399	**Group:** GTP 9116238

Disclaimer
City National Bank reserves the right to terminate, suspend, withdraw or modify the benefits described in this document, in whole or in part, at any time. No statement on this or any other documents and no oral representation should be construed as a waiver of this right.
This is not a legal document. Please refer to the summary plan description or evidence of coverage for detailed information.
This document is not intended to cover every option detail. Complete details are in the policies that govern benefits operation and administration.
If there are any differences between the summaries in this booklet, newsletter or guide and the legal documents, contracts and/or policies, the legal documents, contracts and/or policies will be the final authority.

Internal CNB Assistance		Contact Information
General HR Questions	HR Helpline	HRHelpline@cnb.com
Health & Welfare	H & W Benefits Team	Benefits@cnb.com
Leave of Absences (Maternity, Medical, FMLA, etc.) & Disability Claims	Benefits – Leave of Absence Team	Leaveofabsence@cnb.com
Safety Workers Compensation	Benefits Team	Leaveofabsence@cnb.com
401(k) & Profit-Sharing Plan, Deferred Compensation	Benefits – 401k Team	401k@cnb.com
Assistance with Me@CNB	HR System	HRHelpline@cnb.com
Time & Attendance, Vacation Hours, Sick Time	Payroll Team	Payroll@cnb.com
CNB Parking for Designated Locations	Corporate Premise	ParkingRequest@cnb.com
Verifications of Employment	Employment Verification Employer	City National Bank Employer **Online Inquiry:** www.vaultverify.com **Code:** 81050 **Fax:** (888) 662-5572 **Email:** gov@vaultverify.com **Portal:** http://www.vaultverify.com/
Expense Reports Assistance	Accounts Payable Dept	AccountsPayableDept@cnb.com