



# An overview of the 2025 JPMorgan Chase U.S. Benefits Program

# What's inside

01	Overview	39	Transportation spending accounts (transit/parking)
03	Healthcare and insurance plans benefits at a glance	40	Long-Term Disability Insurance
06	Retirement savings program benefits at a glance	43	Group Personal Excess Liability Insurance Plan
07	Other benefits at a glance	44	Group Legal Service Plan
09	Support for parents and caregivers — benefits at a glance	45	The retirement savings program
11	Checklist for making your healthcare and insurance plan elections	49	Employee Stock Purchase Plan
24	Additional medical coverage benefits — all plans	50	Employee financial services and discounts
26	Learn about the JPMC Wellness Incentive Program	51	Where to go for benefits questions
31	Dental plan	51	My Health
34	Vision plan	52	Appendices
36	Spending accounts		

# Overview

**At JPMorganChase, your health and well-being come first. That's why we provide a comprehensive, high-quality medical plan and wellness program to support you and your family through all of life's ups and downs.**

The 2025 JPMorgan Chase U.S. Medical Plan and Wellness Incentive Program offers you and your family accessible, comprehensive coverage. With an emphasis on cost transparency and predictability, the Medical Plan provides coverage for primary and preventive care, mental health services, serious illnesses and injuries, and prescription drugs. Additionally, we offer on-site health and wellness clinics at our larger locations, virtual doctor visits for 24/7 on-demand care, second medical opinion services, wellness screenings, LGBTQ+ health concierge services and more.

Our Wellness Incentive Program promotes overall well-being and provides an opportunity to earn rewards by achieving healthy outcomes, getting preventive care or completing physical, emotional or financial wellness activities. Participation in these wellness activities may earn you funds to help further offset your copays/out-of-pocket costs.

Our benefits extend far beyond the basics. Alongside our health and wellness offerings, our all-encompassing benefits package is designed to support your financial well-being, your family and much more. From our 401(k) Savings Plan and financial coaching to child care options, time off and additional perks, we're there for you.





**The JPMorgan Chase U.S. Benefits Program is generally available to most employees on a U.S. payroll who are regularly scheduled to work 20 hours or more a week and who are employed by JPMorganChase or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program.**

This information does not include all of the details contained in the applicable insurance contracts, plan documents and trust agreements. If there is any discrepancy between this information and the governing documents, the governing documents will control. JPMorganChase expressly reserves the right to amend, modify, reduce, change or terminate its benefits and plans at any time. The JPMorganChase U.S. Benefits Program does not create a contract or guarantee of employment between JPMorganChase and any individual. JPMorganChase or you may terminate the employment relationship at any time.

## About eligibility

The JPMorgan Chase U.S. Benefits Program described in this brochure is generally available in whole or in part to most employees on a U.S. payroll who are:

- Paid salary/regular pay, draw, commissions or production overridden
- Employed by JPMorganChase or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program
- On a U.S. payroll of your employer and are subject to FICA taxes
- **Newly hired<sup>1</sup>, full-time regular employees** (those regularly scheduled to work 40 hours per week): You're eligible to participate in the JPMorgan Chase U.S. Benefits Program starting on your date of hire. You have 31 days after you join to make your enrollment elections; however, coverage will be effective as of your date of hire.
- **Newly hired<sup>1</sup>, part-time employees** (those regularly scheduled to work between 20-39 hours per week): You're eligible to participate in the JPMorgan Chase U.S. Benefits Program on the first day of the month following 60 days from your date of hire. You'll receive an email from JPMC Corporate Benefits 30 days prior to your benefits eligibility date with enrollment information.
- **Rehired:** If you've worked for JPMorganChase or any of its predecessor organizations in the past, your prior service may count toward your eligibility and vesting for certain JPMorganChase benefits plans.

## Making changes during the year

Generally, the healthcare and insurance plan elections you make during your annual benefits enrollment period will stay in effect through the next plan year (or the current plan year if you enroll during the year as a newly eligible employee). However, you may be permitted to change your elections before the next annual benefits enrollment period if you have a qualified change in status, such as getting married or divorced, having a baby or adopting a child, or losing other health coverage. A qualified change in status does not permit you to change your healthcare company during the year.

**Please note:** Any changes you make during the year must be consistent with your qualified change in status.

You may need to enroll and/or add your eligible dependents within 31 days of the qualifying event (or 90 days if the qualifying event is the birth or adoption of a child) for benefits to be effective on the date of the event.<sup>2</sup>

To make these election changes, go to the [Benefits Web Center](#) or call 1-844-ASK-JPMC.

<sup>1</sup> Indicates when participation begins if you enroll when first eligible. If you do not enroll when you're first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. However, you're able to elect to participate at any time in the Transportation Spending Accounts and 401(k) Savings Plan.

<sup>2</sup> If your newly eligible dependent passes away within this 90-day period, please contact 1-844-ASK-JPMC.

# Healthcare and insurance plans benefits at a glance

Program	Description	Where to go for help
<p><b>Medical Plan</b></p>	<p>JPMorganChase offers comprehensive medical coverage for a broad range of healthcare services and prescription drugs. We're proud to offer transparent, predictable and award-winning plans that are focused on accessibility and affordability, with costs set on a sliding scale aligned to what you earn.</p> <p>With an emphasis on cost transparency and predictability, the Medical Plan provides coverage for primary and preventive care, mental health services, serious illnesses and injuries and prescription drugs. Our Medical Plans feature fixed dollar copays and no deductible for most services, including prescription drugs. This includes \$15 copays per office visit for primary care and mental health services, with preventive care covered at 100%.</p> <p>You have a choice between plans:</p> <ul style="list-style-type: none"> <li>• <b>Plan Option 1</b> (Aetna or Cigna)</li> <li>• <b>Plan Option 2</b> (Aetna or Cigna)</li> <li>• <b>Centivo Select Plan</b> (Dallas-Fort Worth only)</li> <li>• <b>Kaiser HMO</b> (California only)</li> </ul> <p>For Plan Option 1 or 2, you can choose between either Aetna or Cigna.</p> <p>Prescription drug coverage is included in your Medical Plan; you don't need to make a separate election. CVS Caremark manages prescription drug coverage for Plan Option 1 and 2 and the Centivo Select Plan; the Kaiser HMO includes its own prescription drug plan administered by Kaiser.</p>	<p><b>View medical →</b></p> <p>View enrollment information or view current carriers:</p> <ul style="list-style-type: none"> <li>• <a href="#">Benefits Web Center</a></li> <li>• <a href="#">My Health</a></li> </ul> <p>Search for in-network providers:</p> <ul style="list-style-type: none"> <li>• <b>Aetna:</b> <a href="http://jpmcbenefits.aetna.com">jpmcbenefits.aetna.com</a></li> <li>• <b>Cigna:</b> <a href="http://jpmc.cigna.com">jpmc.cigna.com</a></li> <li>• <b>Centivo:</b> <a href="http://jpmc.centivo.com">jpmc.centivo.com</a></li> <li>• <b>Included Health</b> (for enrolled employees living in FL, OK, LA, GA): <a href="http://includedhealth.com/microsite/jpmc-aic/">includedhealth.com/microsite/jpmc-aic/</a></li> <li>• <b>Kaiser HMO:</b> <a href="http://choose.kp.org/jpmc">choose.kp.org/jpmc</a></li> <li>• <b>Caremark:</b> <a href="http://caremark.com/jpmc">caremark.com/jpmc</a></li> </ul>
<p><b>Spending accounts</b></p>	<p><b>The Health Care Spending Account (HCSA)</b> allows you to set aside pre-tax money to pay for eligible out-of-pocket healthcare expenses, including medical and prescription drug expenses (once your Medical Reimbursement Account, if applicable, is depleted). You can also use your HCSA to pay for out-of-pocket dental and vision expenses.</p> <p><b>The Dependent Care Spending Account (DCSA)</b> allows you to set aside pre-tax money to cover eligible child care or adult care expenses, including:</p> <ul style="list-style-type: none"> <li>• Child care expenses for dependent children under the age of 13</li> <li>• Child care expenses for older children who are disabled</li> <li>• Adult care expenses for your tax-qualified adult dependents</li> </ul>	<p><b>View spending accounts →</b></p>

Program	Description	Where to go for help
<b>Dental</b>	<p>Offers most eligible participants two to three options to choose from, depending on your home ZIP code. All options provide coverage for preventive care, basic and major restorative care, and orthodontia.</p> <ul style="list-style-type: none"> <li>• <b>Preferred Dentist Program (PDP) Option</b> – MetLife</li> <li>• <b>Dental Maintenance Organization (DMO) Option</b> – Aetna*</li> <li>• <b>Dental Health Maintenance Organization (DHMO) Option</b> – Cigna*</li> </ul> <p>The Aetna DMO or Cigna DHMO networks are different than MetLife's. Please carefully review the network of dental providers available under these two options as out-of-network coverage is not available. If you cannot find a dentist near you under these two options, you should select the MetLife PDP option, which offers the choice between in-network and out-of-network dental care (with no deductibles applied to in- or out-of-network preventative services).</p> <p><i>*Independent of the healthcare company you choose for medical.</i></p>	<p><b>View dental →</b></p> <p>Search for in-network providers:</p> <ul style="list-style-type: none"> <li>• <b>MetLife PDP:</b> <a href="https://metlife.com/info/JPMC-dental/">metlife.com/info/JPMC-dental/</a></li> <li>• <b>Aetna DMO:</b> <a href="https://jpmcbenefits.aetna.com/dental">jpmcbenefits.aetna.com/dental</a></li> <li>• <b>Cigna DHMO:</b> <a href="https://jpmc.cigna.com/">jpmc.cigna.com/</a></li> </ul>
<b>Vision</b>	<p>The Vision Plan, administered by EyeMed, helps you and your family pay for covered vision expenses, such as eye exams, lenses and frames, or contact lenses.</p>	<p><b>View vision →</b></p> <p>Search for in-network providers:</p> <ul style="list-style-type: none"> <li>• <b>EyeMed:</b> <a href="https://eyemedvisioncare.com/jpmcoe">https://eyemedvisioncare.com/jpmcoe</a></li> </ul>
<b>Tobacco cessation program</b>	<p>The Quit For Life Program offers coaching support anytime you need it as well as resources to support you. Save on medical payroll contributions and Supplemental Life and Long-Term Disability Insurance when you complete the program by Dec. 5, 2025.</p>	<p>Enroll at <a href="https://myquitforlife.com/jpmorganchase">myquitforlife.com/jpmorganchase</a> or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.</p>
<b>Life and accident insurance</b>	<p>JPMorganChase automatically provides Basic Life Insurance equal to one-time your Total Annual Cash Compensation up to a maximum of \$100,000.</p> <p>You can elect to purchase Supplemental Term Life (STL) and Accidental Death and Dismemberment (AD&amp;D) Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You pay the full cost of the STL and AD&amp;D insurance on an after-tax basis. You may have to provide Evidence of Insurability — or proof of good health — before certain coverage levels become effective.</p>	<p><b>View life and accident insurance →</b></p> <p>Plan design details:</p> <ul style="list-style-type: none"> <li>• <b>MetLife:</b> <a href="https://metlife.com/JPMorganChase/">metlife.com/JPMorganChase/</a></li> </ul>

Program	Description	Where to go for help
<p><b>Group Legal Services Plan</b></p>	<p>The Group Legal Services Plan offers you and your family access to an affordable network of attorneys for routine legal services related to personal and family legal issues, such as wills and estate planning, real estate matters, family law, name changes, consumer protection, traffic matters and more. Most services are covered at 100% when you use in-network attorneys.</p>	<p><b>View group legal services →</b></p> <p>Plan design details:</p> <ul style="list-style-type: none"> <li>• <b>MetLife:</b> <a href="https://metlife.com/info/jpmc/">metlife.com/info/jpmc/</a></li> </ul>
<p><b>Group Personal Excess Liability Insurance Plan</b></p>	<p>Sometimes referred to as umbrella coverage, the Group Personal Excess Liability Insurance Plan provides additional liability protection for damages and costs arising from bodily injury or personal injury to others, or for damages to the property of others. This insurance covers what you or a covered family member may be liable for beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies.</p>	<p><b>View group personal excess liability insurance →</b></p> <p>Plan design details:</p> <ul style="list-style-type: none"> <li>• <b>Marsh:</b> <a href="https://pcs.marsh.com/us/jpmc-pexl.html">pcs.marsh.com/us/jpmc-pexl.html</a></li> </ul>
<p><b>Long-Term Disability Plan</b></p>	<p>The Long-Term Disability (LTD) Plan includes two options – Group LTD and Individual Disability Insurance (IDI). Both provide a level of income replacement if you're unable to work for an extended period due to an illness or injury.</p> <p><b>Reminder:</b> Employer-paid LTD will provide automatic coverage to include employees whose Total Annual Cash Compensation (TACC) is less than \$80,000, for initial dates of disability beginning on or after Jan. 1, 2025.</p>	<p><b>View long-term disability →</b></p>



# Retirement savings program benefits at a glance

Program	Description	Where to go for help
<p><b>401(k) Savings Plan</b></p>	<p>In the 401(k) Savings Plan, you can elect to contribute on a before-tax and/or Roth after-tax basis up to 50% of your Ongoing Compensation (which includes base salary/regular pay and any non-annual cash incentive) and/or Annual Incentive Compensation. You can choose to invest in a Target Date Fund or among the Core Fund lineup.</p> <p>For most employees, after you complete one year of service, the firm provides dollar-for-dollar matching contributions up to 5% of Eligible Compensation (base salary/regular pay and annual and non-annual cash incentives) that you contribute to the plan<sup>3</sup>. In addition, after you complete one year of service, the firm provides automatic pay credits equal to 3% of Eligible Compensation (capped at \$100,000 annually) to most employees regardless of whether you contribute to the plan<sup>4</sup>.</p>	<p><b>View 401(k) →</b></p> <p><a href="#">My Rewards</a> &gt; 401(k) Savings Plan Web Center</p> <p><b>From the Internet:</b> <a href="https://myrewards.jpmorganchase.com">myrewards.jpmorganchase.com</a></p>

<sup>3</sup> Dollar-for-dollar up to 5% of Eligible Compensation contributed to the plan for participants who have Total Annual Cash Compensation of less than \$1 million. (Note: for employees with Total Annual Cash Compensation between \$350,000 and \$999,999, the match is capped at \$10,000 annually.)

<sup>4</sup> Employees with Total Annual Cash Compensation of \$350,000 or more are not eligible for automatic pay credits. For employees with Total Annual Cash Compensation less than \$350,000, who were benefits-eligible as of Dec. 31, 2018, and who are continuously employed, automatic pay credits are equal to 3% to 5% of Eligible Compensation based on years of pay credit service.



# Other benefits at a glance

Program	Description	Where to go for help
<b>Health &amp; Wellness Centers</b>	<p>On-site JPMorganChase Health &amp; Wellness Centers offer access to basic medical services and educational resources — at no cost to you. The centers provide medical care, treatment and resources when you need them at work to supplement the care you get from your own doctor. On-site nurses are available to act as advisors and help you connect with your healthcare company’s coaching programs.</p> <p>Doctors are available at many locations to provide on-site care when you need it.</p> <p>Please note: Some Health &amp; Wellness Centers offer additional services that may result in a cost, such as blood work ordered by your primary care physician that is sent to a lab for processing or physician specialists and physical therapists who are offering services on-site for your convenience.</p>	<a href="#">Health &amp; Wellness Centers</a>
<b>Expert Medical Advice</b>	<p>Available at no cost to all employees and their dependents who are enrolled in the JPMorgan Chase U.S. Medical Plan, Expert Medical Advice allows you to get a second opinion on a documented diagnosis, treatment decision support and recommendations for highly rated in-network primary care physicians and specialists. Leading experts are available to review treatment plans, complex medical conditions, scheduled surgeries and more.</p>	<a href="#">My Health</a> > Expert Medical Advice, Maternity, LGBTQ+, & Family Building > Expert Medical Advice or 1-888-868-4693
<b>LGBTQ+ Health Concierge Service</b>	<p>Available at no additional cost to all employees and their eligible dependents enrolled in the JPMorgan Chase U.S. Medical Plan, this personalized service is tailored to the needs of the LGBTQ+ community to help them find in-network, LGBTQ+ affirming providers and care — and much more.</p>	<a href="https://includedhealth.com/jpmc">includedhealth.com/jpmc</a>
<b>Employee Assistance Program</b>	<p>Comprehensive mental health services are available to benefits-eligible employees and their dependents. You can obtain professional coaching (six free sessions per year) and counseling (eight free sessions per year). Crisis support is available 24/7. In addition to services, access to on-demand digital self-guided exercises and articles is available.</p>	<a href="#">Employee Assistance Program (U.S.)</a> 1-877-576-2007, Mon. – Fri., 9 a.m.– 8 p.m. ET go/springhealth (to register) or <a href="https://jpmc.springhealth.com">jpmc.springhealth.com</a>

Program	Description	Where to go for help
<b>meQuilibrium</b>	This online and mobile science-based program is designed to help you manage stress, feel your best and become more resilient in the face of everyday challenges.	<a href="#">meQuilibrium</a>
<b>Health Advocate</b>	This service is designed to help you and your family (spouse/domestic partner, children, parents, in-laws) navigate healthcare issues such as claims, finding providers, scheduling appointments, nurse support and more.	<a href="#">Health Advocate</a> or 1-866-611-8298
<b>Weight Watchers (WW)</b>	JPMorganChase offers a 30% discount on WW® offerings to help you reach your weight-loss goals and improve your overall health.	<a href="#">Fitness, Nutrition &amp; Health Habits</a>
<b>My Finances and Me</b>	Get free unlimited telephone coaching on any financial topic with a Certified Financial Planner™, access to an online Financial Finesse Hub where you can get a Financial Wellness Score™ and prioritized actions steps to track your progress. There are also resources such as articles, calculators and group education sessions on a variety of topics.	<a href="#">My Finances and Me (U.S.)</a> or 1-833-283-0031
<b>Employee Stock Purchase Plan</b>	<ul style="list-style-type: none"> <li>• Purchase JPMorganChase common stock quarterly at a 5% discount.</li> <li>• Contributions are subject to an annual maximum share purchase of \$25,000.</li> <li>• Dividends can be automatically reinvested in the Plan at 100% of the FMV on the dividend payable date, or paid in the form of a cash equivalent (e.g., check).</li> <li>• No brokerage or commission fees on shares purchased.</li> <li>• Employee salary contributions on an after-tax basis up to 20% of Eligible Compensation per pay period.</li> </ul> <p>Employees with Total Annual Cash Compensation of \$250,000 or more are not eligible to participate.</p>	<p><b>View ESPP →</b></p> <p><a href="#">My Rewards</a> &gt; Employee Stock Purchase Plan</p> <p><b>From the Internet:</b> <a href="https://myrewards.jpmorganchase.com">myrewards.jpmorganchase.com</a></p>
<b>Other leaves of absence</b>	<p>JPMorganChase is committed to providing competitive Leave of Absence benefits along with great resources and service for leaves including:</p> <ul style="list-style-type: none"> <li>• Critical Caregiver Leave</li> <li>• Family and Medical Leave</li> <li>• Personal Leave</li> <li>• Military Leave and Reserve Training</li> <li>• Bereavement</li> </ul>	<a href="#">Leaves of Absence Resources (U.S.)</a>

# Support for parents and caregivers — benefits at a glance

Program	Description	Where to go for help
<b>Subsidized child care and tutoring</b>	<ul style="list-style-type: none"> <li>• <b>Back-up child care:</b> Offered through Bright Horizons' extended network of centers and camps, providing center-based care for children ages six weeks to 12 years when regular arrangements fall through</li> <li>• <b>Summer and virtual camps:</b> Available for children ages 3 to 12</li> <li>• <b>Full-time child care:</b> Provided at JPMorganChase-dedicated Bright Horizons centers, with partnerships for access and discounts to other full-time centers</li> <li>• <b>Tutoring support:</b> Exchange back-up child care days for virtual or one-on-one tutoring for children ages 5-18 or access discounted tutoring options</li> <li>• Receive waived registration fees and/or discounts for sitters and nannies</li> </ul>	<a href="#">Child Care, Tutoring and Discounts</a>
<b>College Coach</b>	<p>JPMorganChase partners with College Coach, the nation's leading provider of employer-sponsored educational counseling services.</p> <p>Receive one-on-one personal advising (including a customized college list and feedback on admissions essays) if your child is a high school junior or senior, as well as live webinars and online resources to support your family through important educational milestones, including selecting, applying to and paying for college.</p>	<a href="#">Resources for Older Children</a>
<b>Lactation consulting, mothers' rooms and milk shipping</b>	<p>Free support for nursing mothers, including 24/7 access to board-certified lactation consultants, a breastfeeding kit, on-site lactation rooms, discounted products, educational materials and milk shipping services for nursing moms who travel for JPMorganChase business.</p>	<a href="#">Resources for Nursing Parents</a> <a href="#">LifeCare</a>
<b>SNOO Infant Smart Sleeper Bassinet</b>	<p>In partnership with Happiest Baby, a technology and parenting solutions company, employees with a newborn-eligible dependent can receive a free five-month rental of the SNOO Infant Smart Sleeper Bassinet. (Employee is responsible for a \$99 security deposit, refunded upon return of the SNOO, as long as it is undamaged, as well as applicable imputed income.) Employees can continue to use the product beyond the rental period at their own cost.</p>	<a href="#">SNOO Infant Smart Sleeper Bassinet</a>

Program	Description	Where to go for help
<b>Parental Leave</b>	For birth or placement for adoption, the firm's Parental Leave Policy provides all eligible employees paid Parental Leave.	<a href="#">Parental Leave Policy Summary</a>
<b>Resources and referrals for everyday needs</b>	Access free support for everyday needs, including webinars, live talks, guides and articles. LifeCare can help locate child care options and legal assistance, provide parenting resources, lactation support with 24/7 consultant access, educational guidance, elder care support with personalized care plans and more.	<a href="#">LifeCare</a> <a href="#">Elder &amp; Adult Care (US)</a>
<b>Working Families Network (WFN)</b>	The Working Families Network Business Resource Group (BRG) aims to promote knowledge-sharing and provides networking opportunities to support employees with work and family integration.	<a href="#">Business Resource Groups</a>





# Checklist for making your healthcare and insurance plan elections

If you're a new employee, this brochure provides information and tools to help you make your Healthcare and Insurance Plan elections. This checklist outlines the actions to take to enroll for your benefits.

## Important enrollment information to know

**Enrollment deadline:** The enrollment deadline and plan effective date for most of the Healthcare and Insurance Plans are based on your status as a full-time or part-time employee as follows.

If you're a...	When participation begins...	Enrollment deadline...
<b>Full-time employee</b> (regularly scheduled to work 40 hours per week)	You're eligible to participate in the plans as of your date of hire.	You have 31 days from your date of hire to make your enrollment elections. Coverage is effective retroactive to your date of hire.
<b>Part-time employee</b> (regularly scheduled to work at least 20 hours but less than 40 hours per week)	You're eligible to participate in the plans on the first day of the month following 60 days from your date of hire.	You have 31 days prior to your eligibility date to make your enrollment elections. Coverage is effective as of your eligibility date.

If you don't enroll, you won't be able to enroll until the next annual benefits enrollment period (unless you have a qualifying event), and you'll be assigned no coverage, except for company-paid benefits, such as basic life insurance.

**Please note:** If you enroll before the end of your 31-day new-hire enrollment period via the [Benefits Web Center](#) and would like to change your coverage election once you have confirmed your elections, you must call Ask JPMC and speak with a Service Representative — as long as you're still within your 31-day enrollment deadline. While you'll be able to change your healthcare company, you will not be able to change the administrator of your Spending Accounts (Health Care Spending Account, Dependent Care Spending Account); that will remain with the healthcare company you initially chose. As an example, if you initially elected Cigna and change to Aetna within 31 days, your healthcare company would now be Aetna, but your spending accounts would remain at Cigna (for the current plan year). Additionally, automatic claim payments will not be available to you if your healthcare company is different from your spending account administrator.

**Enroll online.** You can access additional enrollment information and/or make your election via the [Benefits Web Center](#). From home, visit [myhealth.jpmorganchase.com](http://myhealth.jpmorganchase.com), select "Benefits Web Center." You'll be prompted for your Standard ID and a password.

In the [Benefits Web Center](#), review your costs and access tools and resources to help you make enrollment decisions. These include:

- **Medical Plan Cost Estimator:** Project out-of-pocket expenses under each of the Medical Plan Options available to you based on where you live using illustrative costs. You'll be able to enter what services you (and your covered dependents) anticipate using in 2025 to estimate total annual costs (payroll contributions plus out-of-pocket expenses) during the plan year and answer preference-based questions to help guide you in your decision-making and which plan may work for you.
- **Medical Reimbursement Account Value Estimator:** Estimate how much money can be earned by completing wellness incentive activities.
- **Health Care Spending Account Estimator:** Plan how much to put into a Health Care Spending Account to avoid contributing too much or too little and maximize tax savings.
- **Life Insurance Estimator (powered by MetLife):** Estimate how much life insurance you should elect.
- **Health Plan Comparison Charts:** Compare the details of the JPMorgan Chase U.S. Medical Plan Options.
- **Summaries of Benefits and Coverage:** Use standardized summaries to compare JPMorgan Chase U.S. Medical Plan Options to external plans (e.g., a spouse's employer's plan).

### Ask questions or enroll through Ask JPMC.

If you have questions about your benefits coverage or the enrollment process, [open an HR Request](#), or if you don't have Internet access from work or home, call 1-844-ASK-JPMC (1-844-275-5762) or 1-212-552-5100 if calling from outside the United States. You will be prompted to enter your Standard ID. Your default PIN is your date of birth in MM/DD/YY format, using two numbers for each.

# Steps to take to make your healthcare and insurance plan elections

Action	Steps
Review...	<ul style="list-style-type: none"> <li>Review the Healthcare and Insurance Plan benefits options available to you and costs for coverage online via the <a href="#">Benefits Web Center</a> on My Health.</li> <li>The dependent eligibility rules on My Health. You must make any election changes before the end of your 31-day new hire benefits enrollment period or within 31 days of a qualified status change (90 days if the qualifying event is the birth or adoption of a child). You'll also be asked to provide supporting documentation for any dependents who are covered under your plans. Please note: To add a dependent child over the age of 26 who is unable to support themselves due to a mental or physical disability, you must do so within your 31-day new-hire enrollment period by contacting Ask JPMC. <i>You will not be able to enroll a disabled dependent who is over the age of 26 after your initial 31-day enrollment period.</i></li> <li>Details about how the JPMorgan Chase U.S. Medical Plan works by reviewing this brochure and accessing 2025 Benefits Resources &gt; Enrollment Support on <a href="#">My Health</a>.</li> <li>Details about how your benefits options work, which are described in the Summary Plan Descriptions available at <a href="#">jpmcbenefitsguide.com</a>.</li> <li>If you and/or your covered spouse/domestic partner are tobacco users, get details about how you can quit a tobacco habit and create an easy-to-follow plan. Also find information on how you can pay lower, non-tobacco user rates for the JPMorgan Chase U.S. Medical Plan, the Supplemental Term Life Insurance Plan and the Long-Term Disability Plan. Visit <a href="#">myquitforlife.com/jpmorganchase</a>.</li> </ul>
Compare...	<ul style="list-style-type: none"> <li>Compare your Medical Plan and Dental Plan options through the Health Plan Comparison Charts by going to My Health and accessing the <a href="#">Benefits Web Center</a>. From there, click "Go to enrollment" and "Medical" or "Dental" and then "View/Change." You should also compare your options with any other plans — such as plans available through your spouse's/domestic partner's employer or other options available to your child(ren).</li> <li>The doctors, dentists, hospitals and other healthcare providers who participate in the JPMorgan Chase U.S. Medical Plan, Dental Plan and Vision Plan options available to you by going to <a href="#">My Health</a> &gt; 2025 Benefits Resources.</li> </ul>
Plan...	<ul style="list-style-type: none"> <li>Plan the activities you want to complete to earn money in your 2025 Medical Reimbursement Account (MRA) by reviewing the 2025 Wellness Incentive Program found on My Health. If you're enrolled in Plan Option 1 or 2 with Aetna or Cigna, you can earn up to \$700 in funds for your 2025 MRA.</li> <li>If you're enrolled in the Centivo Select Plan, you can earn up to \$200 in funds for your 2025 MRA. Covered spouses/domestic partners are not eligible to earn MRA Rewards.</li> <li>Employees enrolled in the Kaiser HMO are not eligible to earn MRA Rewards.</li> <li>Note that employees not enrolled in a JPMorgan Chase U.S. Medical Plan are eligible to earn up to \$400 in wellness rewards payable through payroll and taxable.</li> </ul>
Determine...	<ul style="list-style-type: none"> <li>Determine how much you want to contribute on a before-tax basis to the Health Care and/or Dependent Care Spending Accounts by going to My Health and accessing the <a href="#">Benefits Web Center</a>. From there, click on "Enroll in Your Benefits" and then "Estimate your potential tax savings" to estimate your potential tax savings with a Health Care Spending Account.</li> </ul>

Action	Steps
<b>Choose...</b>	<ul style="list-style-type: none"><li>• Choose the benefits options that meet your and your family's needs</li><li>• Choose providers for you and your covered dependents</li><li>• Add your eligible dependents' names and other required information</li></ul>
<b>Enroll...</b>	<ul style="list-style-type: none"><li>• Enroll in most Healthcare and Insurance Plan benefits online via My Health by accessing the <a href="#">Benefits Web Center</a>. If you don't have internet access from work or home, please call Ask JPMC and speak with a service representative to make your elections.</li><li>• Any eligible dependents by entering their name, date of birth, social security number and dependent relationship and then selecting their name(s) under each plan.</li><li>• In the Transportation Spending Accounts (Transit Account/Parking Account) at any time after your date of hire or on a monthly basis via the Transportation Spending Accounts Web Center on My Rewards.</li></ul>
<b>Confirm...</b>	<ul style="list-style-type: none"><li>• Confirm your choices after completing your enrollment on the <a href="#">Benefits Web Center</a>. Once you complete your new-hire enrollment, you'll receive a confirmation email. Review your confirmation to validate you and your dependents are enrolled correctly.</li></ul>
<b>Complete...</b>	<ul style="list-style-type: none"><li>• Complete your Beneficiary Designations online at <a href="https://beneficiary.jpmorganchase.com">beneficiary.jpmorganchase.com</a></li></ul>





# Medical plan options

## Medical Plan Options 1 and 2, offered through Aetna and Cigna, are available nationally.

Employees living in California have the additional choice of Kaiser Permanente. Employees living in the Dallas-Fort Worth, Texas area have the additional choice of the Centivo Select Plan. The following sections detail the offerings and costs associated with all the options.

Aetna and Cigna have broad national networks of doctors and hospitals, and both cover medically necessary services and supplies. They administer the same plan at the same rates. The key differences between Plan Options 1 and 2 are:

- **Plan Option 1** – Higher payroll contributions, but lower deductibles, out-of-pocket maximums and copayments
- **Plan Option 2** – Lower payroll contributions, but higher deductibles, copayments, and out-of-pocket maximums

## Here are some highlights of the coverage and costs.

### In-network care highlights:

- You're not required to select or assign a primary care physician (PCP).
- You do not need referrals to see a specialist.
- In-network preventive care, including physical exams and recommended preventive screenings, is covered at 100% with no copayments, coinsurance or deductible. See all the [age- and gender-appropriate](#) screenings that apply to you.
- For most in-network routine services, you will pay a copayment — a fixed dollar amount associated with each covered service — with no deductible. Examples include:
  - Primary care, mental healthcare and specialist office visits
  - Basic lab services
  - Urgent care and emergency room care
- Other medical services are subject to the deductible and then coinsurance after the deductible is met. This includes services like radiology (e.g., MRI), outpatient surgery, inpatient hospitalization and durable medical equipment (e.g., crutches).

### Out-of-network care highlights:

- You generally must meet a separate, higher annual deductible before the coinsurance applies for covered services.
- There is a separate, higher coinsurance and out-of-pocket maximum for out-of-network charges.
- Benefits for out-of-network care are limited to reasonable and customary charges after you meet the out-of-network deductible. These reasonable and customary charges are based on average claims data in your area and are determined by your healthcare company to be appropriate fees for medical services. You're responsible for any amount above the reasonable and customary charges.
- It's important to understand that if you use out-of-network providers (doctors, facilities or other service providers), it is your responsibility to check with your healthcare company to see if there is a prior authorization or medical necessity requirement that you need to meet before receiving any out-of-network treatment, service or procedure. Otherwise, the treatment, service or procedure may not be covered by the JPMorgan Chase U.S. Medical Plan and you will be responsible for the full cost.

### Even though there is an out-of-network benefit available, you're strongly encouraged to stay in-network.

Selecting out-of-network providers and services costs more for all employees and the JPMorgan Chase U.S. Medical Plan. Selecting in-network providers and services will generally reduce your out-of-pocket costs. To find network doctors and providers, visit [Aetna](#) or [Cigna](#).

### Important note about providers leaving networks

When considering your options under the JPMorgan Chase U.S. Medical Plan, remember that if your doctor or hospital leaves a network, it does not qualify as an event that allows you to change coverage or healthcare company during the year. You may want to check with your provider to ensure that he or she plans to continue to participate in the network of the healthcare company you decide to choose.

### For employees who live in Florida, Louisiana, Georgia and Oklahoma

JPMorganChase is committed to providing comprehensive health and well-being benefits so you can take care of yourself and your family. And we're making it even easier for you to get the most out of your healthcare through expanded services with Included Health.

If you're enrolled in the U.S. Medical Plan, Included Health's team of dedicated care coordinators can help you:

- Understand your Aetna or Cigna health insurance coverage and cost.
- Find solutions to healthcare insurance problems such as coordinating authorization for services, understanding medical bills and resolving billing errors.
- Manage your health through care and disease management services for new and ongoing chronic conditions.
- Find quality Aetna and Cigna network providers, get treatment decision support and second medical opinions.
- Get virtual primary care and urgent care services.

This is an additional benefit that works in coordination with your medical insurance so you can get the most out of your healthcare coverage. You'll still have the same access to Aetna or Cigna's covered services and providers — at the same cost. Included Health will replace Aetna and Cigna's call centers to support you on your healthcare journey.

### Prescription drug highlights

- Your prescription drug plan is administered by CVS Caremark and you'll receive a separate ID card.
- Though it is part of your medical plan, your prescription drug coverage has a different plan design, with fixed dollar copayments, no deductible and a separate out-of-pocket maximum for covered prescriptions.
- This coverage gives you the option of having prescriptions filled through a convenient mail-order program or at a network of retail pharmacies. Long-term maintenance drugs can be filled through the CVS Caremark Maintenance Choice® Program, which often offers discounts on 90-day supplies through mail-order or by picking up your 90-day supply at participating retail pharmacies.
- Our plan uses CVS Caremark's standard drug lists (specialty and non-specialty) of covered and excluded (not covered) drugs, which are subject to change quarterly. An independent committee made up of pharmacists, physicians and medical ethicists reviews and approves these drug lists (also known as a Formulary). Some medications may require prior authorization, have quantity limits associated with them, or be excluded from coverage. If you choose to take a non-covered drug, you will pay the full cost of the drug. For a list of covered drugs, visit [caremark.com/jpmc](https://www.caremark.com/jpmc).
- To encourage preventive care, covered preventive brand name and generic drugs on CVS Caremark's standard Preventive Drug List are covered at 100% with no copayments. Preventive drugs are medications that can help prevent the onset of a condition if you are at risk or help you manage your health if you have a condition.

# Overview of your medical coverage

**Important!** These copayment amounts are maximum amounts. If the negotiated cost of the services is less than the copayment, then you will pay the lesser amount.

The chart below presents an overview of plan features for Medical Plan Option 1 and Option 2. This is the in-network plan design; please see the [Summary Plan Description](#) for information about out-of-network benefits.

## 2025 medical costs

This table highlights costs for in-network services. Out-of-network coverage is available for Plan Options 1 and 2. Costs are based on your Total Annual Cash Compensation (TACC).	Plan option 1		Plan option 2	
	TACC <\$100K	TACC \$100K+	TACC <\$100K	TACC \$100K+
<b>General plan information</b>				
Network	Aetna or Cigna		Aetna or Cigna	
Out-of-network	Yes		Yes	
Primary care provider selection required	No		No	
Specialist referral required	No		No	
<b>(a) Costs for medical services<sup>5</sup></b>				
Preventative care	\$0			
Primary care office visit (PCP, pediatrician, OB/GYN)	\$15			
Telehealth				
Mental health office visit				
Specialist office visit	\$50	\$75	\$75	\$100
Physical, speech, occupational therapy	\$25	\$25	\$35	\$35
Chiropractic visit	\$50	\$50	\$50	\$50
Basic labs	\$20	\$20	\$35	\$35

<sup>5</sup> Copays represent maximum amounts. If the negotiated cost of the service is less than the copay, you'll pay the negotiated cost

Urgent care	\$50	\$75	\$75	\$100
Ambulance	\$250	\$250	\$250	\$250
Emergency room	\$300	\$500	\$600	\$800
<b>(b) Medical deductible for other medical care services</b>				
Employee only coverage	\$250	\$750	\$850	\$1,750
Employee + spouse/domestic partner or EE + child(ren)	\$400	\$1,400	\$1,600	\$2,800
Employee + family (EE + spouse/DP + child(ren))	\$700	\$1,800	\$2,300	\$4,000
<b>(c) Other medical care</b>				
Inpatient hospital admission	If medical deductible (b) is not met, member pays 100% of costs. If medical deductible (b) is met, member pays 20% of costs.			
Outpatient procedure/surgery				
Advanced imaging (CT/MRI)				
Standard radiology				
Durable medical equipment				
<b>(d) Out-of-pocket maximum (your “safety net,” the most you will pay in a year for medical services; includes what you spend in a + b + c)</b>				
Employee only coverage	\$1,250	\$2,000	\$2,800	\$4,000
Employee + spouse/domestic partner or EE + child(ren)	\$2,500	\$3,400	\$4,700	\$5,900
Employee + family (EE + spouse/DP + child(ren))	\$3,500	\$5,100	\$6,600	\$8,400

## The “per person” rule

For deductibles and out-of-pocket maximums, the “per person” rule allows the employee or any covered dependent(s) (e.g., spouse/domestic partner or child) to reach an individual deductible or out-of-pocket maximum, after which the deductible or out-of-pocket maximum is satisfied for the year for that person. Covered individuals who have not met the deductible or out-of-pocket maximum may combine expenses to meet the remainder of the deductible or out-of-pocket maximum for that particular coverage level. If no one person has met the individual deductible or out-of-pocket maximum, the expenses of all covered individuals can be combined to meet the deductible or out-of-pocket maximum for that coverage level.

**Note:** There are separate deductibles and out-of-pocket maximums for in-network and out-of-network services. The out-of-network deductible and out-of-pocket maximum calculations do not include amounts above reasonable and customary charges if you use out-of-network providers.

A reasonable and customary limit is based on data in your area and determined to be an appropriate fee for a specific medical service.

**Example:** John is enrolled in Plan Option 1, has a Total Annual Cash Compensation (TACC) less than \$100,000 and is covering his spouse and two children. John’s spouse, Mary, has a complicated surgery and is in an in-network hospital for four days with a total charge of \$12,000 before medical insurance benefits are calculated. The out-of-pocket expenses related to Mary will be \$1,250 — the individual out-of-pocket maximum — not \$2,600 (\$250 deductible + 20% coinsurance on the remaining \$11,750 of hospital charges). Now that Mary has paid \$1,250 and met the individual out-of-pocket maximum, all other eligible in-network expenses for Mary for the rest of the year will be covered at 100% by the plan. John and his children will continue to pay deductibles, coinsurance and copayments for services they use during the year until: (1) any one of them reaches \$1,250 out of pocket and that individual will then have met their maximum (similar to Mary), or (2) all three of them combined spend \$2,250 (\$3,500 family out-of-pocket maximum less \$1,250 spent by Mary).



# Overview of your prescription drug costs

**Important note about the chart below:** The copayment amounts are maximum amounts. If the drug costs less than the copayment, then you pay the lesser amount.

This table highlights costs for in-network services. Out-of-network coverage is not available.		Plan option 1	Plan option 2
Preventive (generic and brand drugs) <sup>6</sup>		\$0	
Retail Pharmacy (non-preventive, up to a 30-day supply)	Generic	\$5	\$5
	Preferred brand	\$50	\$100
	Non-preferred brand	\$150	\$250
	Speciality	\$200	\$250
Mail-Order Pharmacy or Maintenance Choice (non-preventive, up to a 90-day supply)		2x copays above	2x copays above
<b>Deductible</b>			
All coverage levels		Not applicable	
<b>Out-of-Pocket Maximum (your "safety net," the most you will pay in a year for prescription drugs)</b>			
Employee only coverage		\$1,250	
Employee + spouse/domestic partner or EE + child(ren)		\$2,000	
Employee + family (employee + spouse/DP + child(ren))		\$2,600	

<sup>6</sup> CVS Caremark creates and maintains the standard preventive drug lists. Drugs may qualify as preventive care based on guidance from sources including but not limited to the U.S. Preventive Services Task Force, Internal Revenue Service and U.S. Department of the Treasury. If you fill your prescription with a brand name drug when a direct generic equivalent is available, you will pay the entire cost difference (a medical exceptions process is available). Sign in to your CVS account and check the pharmacy locator tool to find a participating pharmacy.

## Mandatory generic program

The plan contains a mandatory generic drug program in which generic drugs are substituted for certain brand-name prescription drugs. If you fill your prescription with a brand-name drug when a direct generic equivalent is available, you will pay the entire cost difference between the brand-name and generic drug plus the generic drug copayment.

**Please note:** These cost differences will not be limited by per-prescription copayments or annual out-of-pocket maximum limits. Your physician can contact CVS Caremark to seek a medical exception review for possible approval for specific clinical reasons.

## Fill long-term prescription drugs through select participating pharmacies

One of the features of Plan Options 1 and 2 is the discount available for long-term maintenance prescriptions filled through the CVS Caremark Maintenance Choice® Program.

If you're taking a long-term medication, this program allows you the flexibility to receive your 90-day supply through select participating pharmacies, including CVS Caremark's mail-order prescription service or by picking up your 90-day supply at participating retail pharmacies, including a CVS retail pharmacy. If you prefer not to participate in the prescriptions filled through CVS Caremark Maintenance Choice Program, you may opt out and obtain a 90-day supply (or a 30-day supply) at any participating network pharmacy, but you may have to pay more. Please keep in mind that it may be more cost-effective for you to use the CVS Caremark Maintenance Choice Program, however, program availability may vary by state.

## Free preventive drugs

To encourage preventive care, covered preventive brand-name and generic drugs on CVS Caremark's standard Preventive Drug List are covered at 100% with no copayments. Preventive drugs are medications that can help prevent the onset of a condition if you're at risk or help you manage your health if you have a condition. If you enroll in Plan Option 1 or 2, see the Preventive Drug List for a list of drugs covered at 100%, as determined by CVS Caremark. The list can be found on CVS Caremark's website and through My Health, on the Covered Drug List (Formulary) section of the Plan & Benefits tab. Please note: Some strengths or dosage forms may

not be included in the Brand and Generic Preventive Therapy Drug List, and certain drugs, products or categories may not be covered regardless of their appearance on this list. Certain drugs are subject to step therapy, prior authorization or quantity limits. For the latest coverage information, please contact CVS Caremark.

## Important notes

- If you choose to take a non-covered drug, you'll pay the full cost of the drug. This could be a costly option — be sure to carefully consider how the costs of taking a non-covered drug could add up.
- Your prescription drug plan may have special programs associated with specific drug therapies. Some medications may require prior authorization, have quantity limits associated with them or be excluded from coverage.
- **Don't forget:** You can use your Medical Reimbursement Account (MRA) to help pay for prescription drug copayments.



# Centivo Select Plan (additional option for employees living in the Dallas-Fort Worth, Texas area)

**Employees who live in the Dallas-Fort Worth area in Texas have an additional medical plan option – Centivo Select – in addition to the Aetna or Cigna options.**

The Centivo Select Plan offers medical coverage through a curated network of providers, mostly comprised of the Baylor Scott & White health system and other providers, including Catalyst Health Group, Children's Health, Cook Children's, Methodist Health System and Scottish Rite. The Centivo Select Plan is available in most — but not all — Dallas-Fort Worth, Texas area ZIP codes.

If available in your area, the Centivo Select Plan will be one of the options you see when visiting the [Benefits Web Center](#) during your benefits enrollment period. If you live in an area where the Centivo Select Plan is not available, you'll see only Plan Options 1 and 2 with Aetna or Cigna. Visit the [jpmc.centivo.com](http://jpmc.centivo.com) to view Centivo Select plan information, including coverage and costs for services.

Before selecting the Centivo Select Plan, please carefully review the network of providers available as out-of-network care is not covered, except urgent care when traveling and emergency room visits.

## How the plan works

- You'll need to select a PCP for each covered family member and will generally need a referral to see a specialist.
- For all other medical care (including primary care, mental health, OB/GYN, specialist office visits, urgent care visits, x-rays), you have predictable copayments — fixed amounts that you pay for covered services. There's no deductible to meet.
- CVS Caremark administers the prescription drug plan and determines the types of drugs covered by the plan (it's the same prescription drug plan included with Plan Option 1).
- The Centivo Select Plan out-of-pocket maximum — your financial safety net — limits the total amount you're required to pay out of pocket (i.e., your medical copays). There are separate out-of-pocket maximums for medical services and for prescription drugs.
- Plan benefits are offered through Centivo's network of doctors and facilities. Care received outside the network is generally not covered except for emergency room visits and urgent care when traveling. You should strongly consider the appropriateness of electing the Centivo Select Plan if you:
  - Currently go to doctors/facilities that are not in the Centivo network and prefer to keep your current doctors/facilities
  - Prefer the flexibility of a larger network of doctors/facilities
  - Desire more flexibility in seeing specialists (i.e., without needing a PCP referral)
  - Cover a dependent who resides outside of the Dallas-Fort Worth area (for example, a child attending college), in which case there are limited covered services available to this dependent while outside of Dallas-Fort Worth — primarily virtual doctor visits, urgent care and emergency care.

# Kaiser HMO Option (additional option for employees living in California)

**Employees who live in California have an additional medical plan option – Kaiser HMO – in addition to the Aetna or Cigna options.**

The Kaiser HMO option is available in most — but not all — California ZIP codes.

If available in your area, Kaiser HMO will be one of the options you see when visiting the [Benefits Web Center](#) during your benefits enrollment period. If you live in an area where the Kaiser HMO is not available, you'll see only Plan Options 1 and 2 with Aetna or Cigna.

The Kaiser HMO Option is offered through Kaiser Permanente, a fully integrated health system that employs physicians and other medical staff and owns hospitals, facilities and pharmacies. As is common in an HMO, a primary care physician (PCP) will be responsible for wholly managing your care and your family's care, including the coordination of care with other providers such as specialists. Visit the [choose.kp.org/jpmc/plans](https://choose.kp.org/jpmc/plans) to view Kaiser plan information, including coverage, costs for medical and prescription drug services.

## How the plan works:

- Each covered family member must select a Kaiser PCP and will generally need a referral to see a specialist.
- Most preventive care services and telehealth appointments are covered at 100% at Kaiser facilities.
- Most routine services — like doctor's office visits, urgent care visits, X-rays, lab work and imaging — require copayments (fixed amounts you pay for covered services), with no deductible.
- There is a \$500 individual deductible or \$1,000 family deductible that applies to a small subset of services (e.g., hospital care, outpatient surgery<sup>7</sup>).
- Care received outside the Kaiser network is not covered, except for emergencies.

- Covered dependents who reside outside of California (for example, a child attending college) would only have access to limited covered services while outside of California — primarily virtual doctor visits and emergency care.
- Kaiser administers its own Prescription Drug Plan, which
- determines the types of drugs covered by the plan, as well as where you can fill prescriptions.
- Kaiser HMO's out-of-pocket maximum — your financial safety net — includes the deductible as well as both medical and prescription drug costs (i.e., a combined maximum).

<sup>7</sup> Same annual deductible and annual out-of-pocket maximum for all TACC levels. Similar to Options 1 and 2, the "per person" rule applies to both the annual deductible and annual out-of-pocket maximum. See page 16 for additional information.

## Prescription drug coverage

Kaiser Permanente’s “fully integrated system” includes Kaiser’s own pharmacies and prescription drug coverage. Here are some important notes about how the plan works:

- There is no prescription deductible, and prescription drug copayments<sup>8</sup> and coinsurance count toward a combined medical and prescription drug out-of-pocket maximum.
- Kaiser has its own pharmacies, which must be used. You generally do not have the flexibility to fill a prescription at a local retail pharmacy (e.g., CVS or Walgreens).
- Most prescriptions can be filled through mail order or online for home delivery or same-day pickup. When selecting mail order, you will receive up to a 100-day supply.
- Not all pharmaceutical manufacturer coupons or copayment assistance cards are accepted at Kaiser pharmacies.
- Kaiser’s prescription drug coverage uses Kaiser’s Standard Drug Lists of covered and excluded (not covered) drugs, which are subject to change by Kaiser. This includes a list of preventive drugs — medications that can help prevent the onset of a condition if you are at risk or help you manage your health if you have a condition — which are covered at 100% with no copayments.
- If you choose to take a non-covered drug, you will pay the full cost of the drug.
- Standard and preventive drug lists and additional information can be found at [choose.kp.org/jpmc](https://choose.kp.org/jpmc) or by contacting Kaiser at 1-800-204-6561.

<sup>8</sup> The prescription drug copayments are maximums; if the cost of the drug is less than the copayment, then you pay the cost of the drug.



# Additional medical coverage — all plans

**If you're covered by any of the JPMorgan Chase U.S. Medical Plans — Aetna, Cigna, Centivo or Kaiser — you're also eligible to receive these additional services.**

## **Expert Medical Advice (all medical options)**

Through an independent company called Included Health, you and/or your covered family can access free Expert Medical Advice to help you find a doctor or hospital that's right for you; better understand your treatment options; or get access to an official "second opinion."

All of this is possible without leaving your home, as the experts are available by phone or video chat. The leading expert physicians available through this service can review documentation on:

- An initial diagnosis and/or medical records from a physician or specialist
- Treatment plans that have been recommended for your condition or diagnosis
- Complex medical conditions you may be facing
- Scheduled surgeries or major procedures
- Medications you're taking

In addition to second medical opinions, you can ask for Expert Medical Advice when you want:

- **To find a doctor** — a care coordinator will help you find a highly rated primary care physician or specialist who's in your healthcare company's network.

- **A call with a clinician** (Treatment Decision Support) — a staff clinician will answer your health-related questions by phone or video chat to help you better understand your current treatment options.
- **To get hospital support** — the Included Health care team can quickly provide support by connecting with you and your family to help answer questions as part of the Treatment Decision Support service.

## **LGBTQ+ health concierge service through Included Health**

Available at no additional cost to all employees and their eligible dependents enrolled in the JPMorgan Chase U.S. Medical Plan, this LGBTQ+ friendly service is tailored to the needs of the LGBTQ+ community to help them:

- Find in-network LGBTQ+-affirming providers
- Understand their benefits and coverage that may pertain to them, such as PrEP (HIV preventive medication) and gender-affirming procedures
- Navigate gender-affirming care
- Connect with community support and resources

Learn more at [My Health](#) > Expert Medical Advice, Maternity, LGBTQ+, & Family Building.

## Family building benefits (All medical options)

For employees and their dependents enrolled in the JPMorgan Chase U.S. Medical Plan, the following bundle of services make up our Family Building Benefits:

- Fertility treatments and preservation services with a lifetime maximum<sup>9</sup> of up to \$35,000 for medical procedures
- Associated prescription drug coverage with a lifetime maximum of up to \$15,000

For those covered by Aetna/Cigna/Centivo, the medical benefits typically max out at \$15,000, but you can unlock a higher level of coverage — up to \$35,000 — if you enroll with WINFertility and complete a nurse consultation.

Those covered by Kaiser have access to similar benefits through the plan and you do not need to contact WINFertility to unlock access to the benefit. However, you are welcome to consult with WINFertility for guidance and support.

For all benefits-eligible employees, regardless of enrollment in the JPMorgan Chase U.S. Medical Plan, adoption and surrogacy benefits offer a combined lifetime maximum<sup>10</sup> of up to \$50,000.



<sup>9</sup> Lifetime maximum means that once this limit is reached, no additional coverage is available.

<sup>10</sup> If enrolled in the Kaiser HMO Option, your medical team can also support these services.

# Learn about the JPMorganChase Wellness Incentive Program

**Wellness is about much more than going to the doctor when you're sick.**

That's why the firm promotes a culture of well-being and invests in your health with a comprehensive wellness program that covers everything from free flu shots and health screenings to a wide array of programs that help you manage your weight, quit smoking, reduce stress and manage your overall well-being.

What's more, these programs provide opportunities to save on your medical payroll contributions and earn money to use toward medical and prescription drug expenses. Here's how it works:

## Save \$500 to \$1,000 on your medical payroll contributions

By completing the free biometric wellness screening and online wellness assessment by the annual deadline (announced each year), employees can save \$500 on their medical payroll contributions — and double that to \$1,000 savings if their covered spouse/domestic partner does the same. This applies to all of our medical plan providers — Aetna, Cigna, Centivo and Kaiser Permanente. For details, visit [go/screeningandassessment](https://go.screeningandassessment).

## Earn MRA funds in 2025

If you enroll in Medical Plan Options 1 or 2, you can earn up to \$700 in your MRA by completing certain activities, such as meeting healthy outcomes (e.g., blood pressure target), getting preventive care (e.g., annual physical) or completing physical, emotional or financial wellness activities.

For Centivo Select Plan participants, incentives can only be earned through an annual physical or GYN visit for a maximum earning of \$200 per year. For Kaiser Permanente participants, these incentives don't apply. Additionally, these incentives don't apply to spouses/domestic partners, regardless of which medical plan option you're enrolled in. For details, see the Wellness Incentive Program found on [My Health](#).

## Eligibility considerations

### Newly eligible for benefits before Sept. 1, 2025

If you become eligible for benefits coverage on or before Sept. 1, you're eligible for the same savings described above.

### Newly eligible for benefits after Sept. 1, 2025

Because employees who become eligible for benefits coverage after Sept. 1 may not have time to complete the wellness screening and wellness assessment by the required deadline, they will automatically qualify for the \$500 savings (or \$1,000 if covering a spouse/domestic partner). These savings will apply to both the remainder of the current year (e.g., Sept.-Dec.) as well as the following calendar year (e.g., Jan.-Dec.). These employees are still welcome to complete the free wellness screening and wellness assessment at any time.

### On a leave of absence

Employees who are on an approved leave of absence for 45 consecutive days between Sept. 1 and Nov. 15 will automatically qualify for savings in the following calendar year, even if they do not complete the wellness screening or wellness assessment by the required deadline.

# Wellness rewards through the Medical Reimbursement Account (MRA)

Not applicable for those covered by Kaiser Permanente.

When you enroll in Medical Plan Option 1 or 2, or the Centivo Select Plan, you're eligible to receive funding in a Medical Reimbursement Account (MRA), which you can use to pay for eligible out-of-pocket medical and prescription drug expenses. You don't contribute to your own MRA; rather, it's funded by JPMorganChase when you participate in certain activities.

## Those enrolled in the following medical plans are eligible for:

- Medical Plan Option 1 or 2: Up to \$700 in wellness rewards.
- Centivo Select Plan: Incentives can only be earned through an annual physical or GYN visit for a maximum earning of \$200 per year. No other activities are eligible for wellness rewards in the Centivo Select Plan.
- Employees not enrolled in a JPMorgan Chase U.S. Medical Plan: Earn up to \$400 in wellness rewards payable through payroll and taxable for all the activities, except for activity tracking through Personify Health.

Healthy outcomes (\$200 max)	Preventive care (\$300 max)	Well-being activities (\$600 max)
Reaching these outcomes based on your wellness screening results:	Completing these preventive care actions, covered at 100% by all our medical plan options:	Completing any of the following activities with our partner vendors/apps:
<ul style="list-style-type: none"> <li>• Body mass index (BMI) or waist circumference target (\$100)</li> <li>• Blood pressure target (\$100)</li> </ul>	<ul style="list-style-type: none"> <li>• Annual physical or GYN visit (\$200)</li> <li>• Mammogram, prostate screening, colon cancer screening or cervical screening (\$100)</li> </ul>	<ul style="list-style-type: none"> <li>• Financial well-being activities through Financial Finesse (\$100)</li> <li>• Emotional well-being activities through meQuilibrium (\$200)</li> <li>• Wellness activity tracking through Personify Health (formerly Virgin Pulse) (\$300)</li> </ul>

Your maximum rewards, as well as your MRA/program administration, varies depending on your chosen medical coverage:

Your coverage	Maximum possible earnings	MRA administration	Wellness program administration
<b>Aetna</b>	\$700 in your MRA	Aetna	Cigna
<b>Cigna</b>	\$700 in your MRA	Cigna	Cigna
<b>Centivo*</b>	\$200 in your MRA	Cigna	Cigna
<b>Kaiser Permanente**</b>	\$0	N/A	Cigna
<b>Not enrolled in a JPMorgan Chase U.S. Medical Plan***</b>	\$400 through payroll and taxable	N/A	Cigna

\* For Centivo Select Plan participants, incentives can only be earned through an annual physical or OB/GYN visit.

\*\* Kaiser Plan participants are not eligible to earn MRA dollars.

\*\*\* Those not enrolled with one of our medical plans can earn taxable dollars for all activities listed above, except for the activities conducted in the Personify Health app.

For details, see the visit [My Health](#) and go to Wellness Activities & Services.



# Eligibility and cost for coverage

Your dependents are also generally eligible for coverage. This includes your spouse or domestic partner, as well as your children and/or your spouse's/domestic partner's children. We offer four coverage categories to help meet your needs:

- Employee Only
- Employee Plus One Adult (spouse or domestic partner)
- Employee Plus Child(ren)
- Employee Plus Family (spouse or domestic partner, plus child[ren])

Below are some eligibility considerations to keep in mind.

**Domestic partners.** To qualify for coverage as a domestic partner, you and your partner must have either registered as domestic partners under local ordinances or have met all of the following criteria:

- Be age 18 or older; and
- Not be legally married to, or the domestic partner of, anyone else; and
- Have lived together for at least 12 months; and
- Are currently living together; and
- Have a serious, committed, romantic relationship; and
- Be financially interdependent (share responsibility for household expenses); and
- Not be related to each other in a way that would prohibit legal marriage

For details, visit My Health > [2025 Benefits Resources](#) > Covering a domestic partner.

**Families with more than three children.** You can cover all of your eligible children, regardless of the size of your family. You'll pay per-child costs for the first three children you choose to cover; after that, there is no additional per-child costs for additional children.

**Children up to age 26.** Your children and/or your spouse's/domestic partner's children are eligible for coverage up to the end of the month in which they turn 26. This will continue to be true regardless of the following factors:

- Marital status
- Student status
- Whether they reside with parents


- Whether they are financially dependent on their parents
- Whether they have access to other healthcare coverage

**Children after age 26.** Unmarried children over the age of 26 may continue to be eligible for coverage if they meet the following criteria:

- Are incapable of supporting themselves due to a mental or physical disability that began before age 26
- Are dependent on you for financial support
- Were covered as a dependent at the time they turned 26 (unless you're a new hire, in which case you have 31 days from your eligibility date to add any dependents; please note you will not be able to enroll a disabled dependent over age 26 after that time)

When you enroll for coverage, you'll need to certify that your dependents meet the eligibility requirements, and you'll be asked to provide acceptable documentation. This will include names, addresses and Social Security numbers. If you do not provide documentation within the specified time period, your dependents will be dropped from coverage.

## Total annual cash compensation levels used to determine medical plan contributions

Pay tier	Total annual cash compensation (TACC)	How much employee pays for healthcare
1	< \$60,000	<p style="text-align: center;"><b>Least</b></p>  <p style="text-align: center;"><b>Most</b></p>
2	\$60,000 – \$79,999	
3	\$80,000 – \$99,999	
4	\$100,000 – \$149,999	
5	\$150,000 – \$249,999	
6	\$250,000 – \$349,999	
7	\$350,000 and above	

## Contribution costs for each covered family member

To more accurately reflect the true cost of coverage and to fairly distribute that cost among employees, you'll pay for each family member that you cover under a JPMorgan Chase U.S. Medical Plan option, including each child. You'll be charged for a maximum of three children, even if you cover more than that under your plan. (You can cover all of your children, as long as they meet eligibility requirements. You'll only pay the per-child costs for the first three children you choose to cover.) This itemized pricing will not only help you evaluate the cost of each family member's coverage, but will also give you information to more accurately compare your JPMorgan Chase Medical Plan options and costs.

### Here's how it works:

#### Example 1<sup>11</sup>

Deborah wants to provide coverage for herself, her husband and their three children under Medical Option 2. She will pay one price for herself, one price for her husband and one price for each of her three children. When combined, this will equal her total contribution for medical coverage.

Deborah's employee-only rate + husband's rate + (per-child rate x 3)  
= Deborah's total monthly contribution for medical coverage.

$$[\$12 + \$182 + (\$16 \times 3)] = \$242$$

#### Example 2<sup>11</sup>

Joseph wants to cover himself, his wife and their six children under Medical Option 1. He will pay one price for himself, one price for his wife, and one price for each of three of his children. He will not pay an additional per-child price for his fourth, fifth and sixth children because per-child costs apply only up to three children, even though he will have coverage for his six children.

Joseph's employee-only rate + wife's rate + (per-child rate x 3) =  
Joseph's total monthly contribution for medical coverage.

$$[\$56 + \$252 + (\$48 \times 3)] = \$452$$

<sup>11</sup> These examples are for illustrative purposes only and represent participation in Medical Options 1 and 2, average geographical price region and Total Annual Cash Compensation of < \$60,000. Your actual rates could be different from those represented here. These examples also assume the employee and covered spouse complete a biometric Wellness Screening and an online Wellness Assessment and are not tobacco users.

# Dental plan

**JPMorganChase offers most eligible participants two or three dental coverage options to choose from, depending on your home ZIP code:**

**Preferred Dentist Program (PDP) Option - MetLife**  
**Dental Maintenance Organization (DMO) Option - Aetna\***  
**Dental Health Maintenance Organization (DHMO) Option - Cigna\***

*\*Independent of the employee and dependent coverage healthcare company you choose for medical.*

## Here's more information on dental options:

### MetLife PDP option

The Preferred Dentist Program (PDP) Option, administered by MetLife, lets you choose between in-network and out-of-network dental care. Participating dental network providers offer their services for lower, pre-negotiated rates. [View MetLife PDP providers.](#)

### Here's how it works:

- When you need care, you can choose to visit an in-network or out-of-network dentist.
- In general, when you obtain care from an in-network dentist, your out-of-pocket costs will be lower; when you receive out-of-network care, your out-of-pocket costs will be higher.
- Once you satisfy your deductible, you and JPMorganChase share the discounted costs for in-network covered expenses, subject to plan maximums. For out-of-network covered expenses, a higher deductible applies and the plan pays a lower level of benefits up to reasonable and customary limits and plan maximums.
- Preventive services don't have deductibles, whether you go in-network or out-of-network.

The MetLife PDP Option offers a large network of dentists through MetLife PDP Plus with in- and out-of-network coverage and is available across the U.S. The Aetna DMO and Cigna DHMO Options are available in many states, but not all. Under the DMO and DHMO Options, there is no out-of-network coverage. Therefore, it is critical you ensure that your preferred dentist is in the network before electing one of these options. If you do not have a preferred dentist, check the Aetna DMO and Cigna DHMO provider directories before making your election. (More information below.) All options provide coverage for preventive care, basic and major restorative care and orthodontia. If you live in an area where the Aetna DMO and/or Cigna DHMO Options are not available, you'll see only those options available to you.

### Aetna DMO and Cigna DHMO options

When you enroll in the Dental Maintenance Organization (DMO) or Dental Health Maintenance Organization (DHMO) Option, administered by Aetna or Cigna, respectively, you receive care solely from dentists who are associated with the DMO/DHMO network — there is no out-of-network coverage. [View Aetna DMO providers.](#) [View Cigna DHMO providers.](#)

### Here's how it works:

- The DMO/DHMO options are available in many states, but not all. Prior to electing a DMO/DHMO, you should use the provider search tool to locate providers near you. This is important because you may only get care from dentists who are part of the DMO/DHMO network. If you cannot locate a provider near you, you should elect the PDP Option.
- Your primary care dentist coordinates all of your care within the network. You must select a primary care dentist and go through them to receive care and for specialist referrals.
- There are no deductibles.
- You pay nothing for preventive care and share in the cost of care for basic and restorative care.
- You pay a percentage of discounted costs.

# Dental options at a glance

Provision	MetLife PDP <sup>12</sup>		Aetna DMO (in-network-only)	Cigna DHMO (in-network-only)
	In-network	Out-of-network		
<b>Annual deductible</b>				
<b>Preventative</b>	None	None	None	None
<b>Restorative</b>	\$50 individual, \$150 family	\$100 individual, \$300 family	None	None
<b>Covered services</b>				
<b>Preventive (exams, cleanings, X-rays, sealants)</b>	100% coverage no deductible	90% coverage no deductible	100% coverage no deductible	100% coverage no deductible
<b>Basic restorative (fillings, extractions, periodontal, oral surgery, anesthesia)</b>	80% coverage after deductible	70% coverage after deductible	90% coverage	90% coverage
<b>Major restorative (dentures, bridges, root canals, inlays, onlays, crowns)</b>	60% coverage after deductible	50% coverage after deductible	60% coverage	60% coverage
<b>Orthodontia</b>				
<b>Child (under age 19)</b>	50% coverage no deductible	50% coverage no deductible	50% coverage no deductible	50% coverage no deductible
<b>Adult</b>				
<b>Maximum benefits</b>				
<b>Combined annual for preventive and restorative</b>	Maximum \$2,000	Maximum \$1,500 <sup>13</sup>	No maximum	No maximum
<b>Lifetime for orthodontia</b>	Maximum \$2,500 <sup>13</sup>	Maximum \$2,000 <sup>13</sup>	Limited to one course of treatment per individual per lifetime	24 months of interceptive and/or comprehensive treatment

<sup>12</sup> All in-network percentages apply to dentists' negotiated fees. All out-of-network percentages generally apply to reasonable and customary charges. Frequency limits may apply to certain services.

<sup>13</sup> Combined in- and out-of-network, includes any benefits already applied to any lifetime maximum for orthodontia under the Dental Plan.

**Notice: California employees enrolled in Aetna DMO or Cigna DHMO**

Effective Jan. 1, 2025, the Aetna DMO and Cigna DHMO coverage options will no longer impose dental waiting period provisions or deny claims related to preexisting dental conditions. Please review the [Aetna 2025 Dental Benefits Summary](#) or [Cigna 2025 Dental Benefits Summary](#) for additional coverage information.

**Eligible dependents**

You can cover the same eligible dependents under the Dental Plan as under the JPMorgan Chase U.S. Medical Plan.

**Cost for coverage**

You and JPMorganChase share the cost of coverage under the Dental Plan. Your contributions are deducted from your pay on a before-tax basis. The amount you pay depends on the option you choose and the type of eligible dependents you cover.





# Vision plan

**The JPMorganChase Vision Plan, administered by EyeMed, helps you pay for covered vision expenses.**

## **Here's how it works:**

- Covered expenses include eye examinations, lenses and frames or contact lenses.
- When you seek care from a vision care professional within the plan's network, you'll have no copayment for your vision exam. If you choose to seek care outside the network, you'll be reimbursed up to a specified dollar limit for your vision exam.
- EyeMed network providers include private practitioners, regional retail locations, online options and the nation's premier retailers, such as LensCrafters, Target and most Pearle Vision locations.
  - When you purchase any frame at Target Optical, you pay zero out-of-pocket expense.
  - Mention promo code 17253.

## **Cost for coverage**

You pay the full cost of coverage under the Vision Plan. Your contributions are deducted from your pay on a before-tax basis. The amount you pay depends on the type of eligible dependents you cover.



# Vision at a glance

Care and service		In-network	Out-of-network reimbursement
<b>WellVision Exam®</b>	Exam is available once every calendar year	\$0 copay	Up to \$45
<b>Retinal imaging screening (and enhancement to your WellVision Exam®)</b>		Up to \$39 copay	No coverage
<b>Standard contact lens fit &amp; exam</b>		Up to \$40 copay	No coverage
<b>Premium contact lens fit &amp; exam</b>		Up to \$55 copay	No coverage
<b>Frames</b>		\$0 copay; \$150 allowance	Up to \$75
<b>Lenses</b>	Single vision	\$10 copay	Up to \$35
	Lined bifocals	\$10 copay	Up to \$50
	Lined trifocals	\$10 copay	Up to \$65
	Tints (solid or gradient) and scratch-resistant coating	\$0 copay	Up to \$11
<b>Contact lenses (instead of eyeglass lenses)</b>		\$0 copay; \$150 allowance	Up to \$120

Each covered member is limited to one service per calendar year.

# Spending accounts

**Spending accounts allow you to set aside before-tax money to help pay for eligible expenses related to healthcare, dependent care and transportation.**

Different rules apply to each of the three spending account options detailed below. The JPMorganChase Health Care and Dependent Care Spending Accounts are administered by Inspira Financial if enrolled with Aetna; or by Cigna if enrolled with Cigna, the Kaiser HMO, the Centivo Select Plan, or if you're not enrolled in the JPMorgan Chase Medical Plan. WageWorks (HealthEquity) administers the Transportation Spending Account.

## Health Care Spending Account

You can generally contribute up to \$3,300 a year on a before-tax basis to pay for eligible out-of-pocket healthcare expenses. You may use your Health Care Spending Account for eligible expenses, such as:

- Medical and prescription drug deductibles, copayments and coinsurance after your MRA funds are used
- Costs for non-covered prescription drugs, such as non-sedating antihistamines (e.g., Clarinex, Allegra) with a prescription from your doctor
- Certain over-the-counter drugs without a prescription from your doctor
- Dental deductibles and coinsurance not covered under any dental plan you may be enrolled in
- Eyeglasses and contact lenses for amounts not covered under any vision plan you may be enrolled in

## Coordinating your MRA and Health Care Spending Account

We make it easy to coordinate payments from your Medical Reimbursement Account and your Health Care Spending Account (HCSA), both of which are designed to help you save on out-of-pocket medical and prescription expenses. Keep these guidelines in mind:

- Your MRA pays first for eligible out-of-pocket medical and prescription drug expenses.
- Generally, you have to use all the funds in your MRA before you can use money in your HCSA.
- Your Health Care Spending Account pays for eligible out-of-pocket medical and prescription drug expenses after MRA funds are depleted.
- Your Health Care Spending Account pays for eligible out-of-pocket dental and vision care expenses, as well as over-the-counter medicines for which you have a prescription and all forms of insulin even if available without a prescription (cannot be paid by your MRA). Certain over-the-counter supplies are covered without a prescription.
- There are two methods of payment, detailed in the chart below. The payment method you choose for your MRA will also be used for your HCSA. If you don't make a payment election, your payment method will default to the debit card option.

For more details about how your eligible expenses are paid from your MRA and Health Care Spending Account, take a look at the MRA, HCSA and Payment Options information on My Health.

## This chart explains your options for paying any eligible expenses you incur starting Jan. 1, 2025.

Method	Main benefit
<p><b>Automatic claim payment</b></p> <ul style="list-style-type: none"> <li>For Plan Option 1 and Option 2</li> <li>Not available for Centivo Select Plan or Kaiser HMO Option</li> </ul>	<p>Your healthcare company and CVS Caremark process the medical and prescription drug claims. Your Medical and Prescription Drug Plans pay their portion first. Then, any unpaid eligible medical and prescription expenses that you owe are automatically paid from the balance in your MRA and/or HCSA account until you run out of funds. You will be billed any remaining balance by your provider or pay any amount owed at the time of your prescription purchase.</p> <p><b>You may want to choose Automatic Claim Payment if:</b></p> <ul style="list-style-type: none"> <li>You don't want to pay out-of-pocket for services or submit a reimbursement request.</li> <li>Your doctors and other providers don't accept credit cards.</li> <li>Your doctors and other providers don't require you to pay at the point of service.</li> <li>You want to avoid the substantiation process, which requires you to provide information when the account administrator can't match expenses to a claim.</li> <li>You or your covered dependents don't have coverage through another medical plan.</li> <li>You don't receive assistance with the cost of prescription drugs via a manufacturer discount card or government assistance.</li> </ul>
<p><b>Debit card</b></p> <ul style="list-style-type: none"> <li>For Plan Option 1 and Option 2</li> <li>For Centivo Select Plan</li> <li>For Kaiser HMO Option</li> <li>Employees who have waived medical coverage but enrolled in a HCSA</li> </ul>	<p>With the Debit Card, you have the flexibility to choose when you want to use your MRA and HCSA funds. You decide each time you get care or services whether you want to pay your portion of the expense using the debit card or using your personal funds.</p> <p><b>Note:</b> The Debit Card only works at eligible merchants and providers, which generally includes doctor and dental offices, hospitals, pharmacies, etc. And, while most eligible expenses won't require substantiation, you should always keep your itemized receipts and be prepared to substantiate any debit card claims, as required by the IRS.</p> <p>You may want to consider the Debit Card at the time of enrollment if you or a covered dependent:</p> <ul style="list-style-type: none"> <li>Are also covered through another medical plan (e.g., a spouse's plan or other insurance, including Medicare/Medicaid) that should pay before your MRA or HCSA funds are used</li> <li>Receive assistance with the cost of your prescriptions by using a manufacturer discount card or through a government assistance program</li> <li>Your doctors and other providers require you to pay at the point of service</li> <li>Would like to review payments before any MRA or HCSA funds are taken out of your account</li> <li>Want to save your MRA or HCSA funds and spend them only for certain expenses during the year</li> <li>Want to use HCSA funds at the time of service to pay for eligible dental, vision or other healthcare costs not covered by the Medical Plan</li> </ul>

### Additional details:

**• Carryover funds:**

- You have until March 31 of any given year to file HCSA claims for eligible expenses incurred during the prior year.
- The IRS maximum that may be carried over is \$640 for 2024 and \$660 for 2025. Any unused amounts over the maximum will be forfeited if you don't use it for eligible expenses incurred during 2024 and file for reimbursement by March 31, 2025.
- If you did not elect to contribute to the HCSA in 2025, any unused amounts under \$25 will be forfeited.

- Estimate your contributions and plan carefully:** Visit the [Benefits Web Center](#) to review and project your costs. The JPMorgan Chase U.S. Medical Plan Cost Estimator helps you project out-of-pocket expenses under each of the The JPMorgan Chase U.S. Medical Plan Options available to you based on where you live using illustrative costs. The HCSA Estimator and MRA Value Estimator can model your expenses, so that you can estimate the amount of before-tax dollars to contribute to the HCSA. The MRA Value Estimator will show how much you can earn by completing certain wellness activities.

- **Eligible tax dependents:** You can pay expenses from your Health Care Spending Account for eligible tax dependents only, including your spouse, a tax-qualified domestic partner, parents and your dependent children, including the children of your domestic partner if they are your tax dependents.
- **Coordinating with your spouse:** If your spouse has a HCSA at JPMorganChase or at another employer, by law you cannot claim reimbursement for any expense your spouse has claimed.
- **Certain expenses are not reimbursable:** Claims such as those for cosmetic surgery or healthcare premiums are not reimbursable under the HCSA.

## Dependent Care Spending Account

You can generally contribute up to \$5,000 a year on a before-tax basis to pay for eligible out-of-pocket expenses to provide care during working hours for eligible dependents. Eligible expenses are those that provide care so that you and your spouse/domestic partner (if you're married) can work outside the home or so your spouse/domestic partner can attend school full time. You must provide the Social Security number or Taxpayer Identification Number of the care provider when filing for reimbursements. You may use your Dependent Care Spending Account for eligible expenses including:

- Child care expenses for dependent children under age 13, or older if disabled, and
- Adult care expenses for your qualifying adult dependent(s).

The JPMorganChase Dependent Care Spending Account covers eligible expenses only up to the balance credited to your account through payroll deductions at the time you request reimbursement. As your contributions are deducted from your pay throughout the year, you'll automatically be reimbursed for any outstanding expenses you've submitted, up to the year-to-date amount already contributed (minus any previous reimbursements). Your account will only cover expenses for services that have actually been incurred, not for future expected services.

**Please note:** The Internal Revenue Code (IRC) rules impose limits on contributions to the Dependent Care Spending Account in certain situations that involve highly compensated employees to help ensure that the plan doesn't unfairly favor these employees. As a result, it may be necessary to reduce contributions for some participants under these rules. You'll be notified if you're affected.

## Important details about participation in the Dependent Care Spending Account

- **Don't lose out:** If you don't elect to participate in the Dependent Care Spending Account, you'll lose any balance remaining in your account at the end of the plan year (Dec. 31). You have until March 31 of the following year to submit eligible claims for reimbursement of expenses incurred during the previous year.
- **Change or stop contributions during the year:** If your dependent care needs change in 2025, you're able to change or stop your Dependent Care Spending Account contributions during the year due to a qualifying status change.
- **Eligible tax dependents:** You can pay expenses from your Dependent Care Spending Account for eligible tax dependents only, including a tax-qualified disabled adult dependent; your dependent children, including the children of your domestic partner if they are your tax dependents, as well as parents if they are your tax dependents.
- **Coordinating with your spouse:** If your spouse's employer offers a similar Dependent Care Spending Account, the most you and your spouse can be reimbursed during a tax year is \$5,000 on a combined basis. If you're married but file separate income tax returns, your maximum contribution amount is \$2,500 a year. Please note: Additional limits may apply.
- **Federal income tax credit:** The Internal Revenue Code prevents you from taking the federal dependent care tax credit on your personal income tax form for expenses reimbursed through your Dependent Care Spending Account. You may wish to consult with your personal financial or tax advisor to determine which is better given your personal financial situation.
- **Calculate back-up care:** Calculate the value of your anticipated child care use for the year when electing your coverage amount. Refer to [U.S. Child Care Imputed Income](#) for important information regarding imputed income and limits on tax-free child care benefits.



# Transportation spending accounts (transit/parking)

**Transportation Spending Accounts (TSA) allow you to pay for eligible commuter and/or parking expenses related to commuting to and from work through before-tax payroll deductions up to the legal limits.**

You may contribute to two different accounts: Transit Account and/or Parking Account. You can contribute up to the legal limit in before-tax dollars, and then add additional after-tax dollars as desired. The legal limits for before-tax contributions change from year to year. For 2025, you can contribute up to \$325 for transit expenses and up to \$325 for eligible parking expenses.

## Additional details about participation in the Transportation Spending Accounts

- **How transit expenses are paid:** If you participate in the Transit Account, you order your commuter passes, tickets or vouchers through HealthEquity, the plan administrator. You'll be asked to specify whether your elections should carry over month to month, or if you'd prefer, you may initiate a new election each month. Your commuter passes, tickets or vouchers are then sent to your home address by the first of the month. If your commuter pattern varies, the Transit Account offers the convenience of a Commuter Card for your transit expenses; this card can be used to purchase a pass and is available to participants in a location where the associated transit agency accepts a debit card and/or credit card.
- **How parking expenses are paid:** If you participate in the Parking Account, you must indicate how much you pay for parking, and that amount will be paid to the parking provider (e.g., parking garage) directly for you. If your monthly parking expenses are unpredictable, you can elect a Commuter Card, funded monthly by your TSA payroll contributions, to pay for parking directly (at participating garages), eliminating the need to pay up front and file claims or submit receipts for reimbursement. Alternatively, you can pay for parking each month and then get reimbursed by submitting a claim.

## Special benefit for New York City area commuters

A Premium Metro Card is available to New York City commuters, valid for 12 months, with unlimited 24/7 rides, all year long, including holidays.

If you commute to work using either the Metro-North Railroad or Long Island Railroad, there are two steps you need to take when setting up your account:

1. First, set up a Mail & Ride the [www.mta.info](http://www.mta.info) website.
2. Once you've set up your Mail & Ride Account, you can then set up your election by logging in to the [Transportation Spending Accounts Web Center](#). You can elect an amount up to the before-tax legal monthly limit or the full amount of your commuting cost. Your deductions will then be forwarded directly to the agency to pay for your ticket.

# Long-Term Disability Insurance

**If you become disabled, you may be eligible for Short-Term Disability (STD) benefits or for unpaid short-term disability for up to 26 weeks (including the one-week waiting period).**

**If your disability continues beyond 26 weeks, Long-Term Disability (LTD) coverage can provide you with valuable income protection you may need for you and your family.**

## **How LTD coverage works:**

- If your Total Annual Cash Compensation (TACC) in effect for a plan year is less than \$80,000, you're automatically enrolled in the employer-paid LTD Plan, with replacement of 60% of your TACC, up to a maximum monthly benefit of \$4,000, if you meet the plan's definition of disability.
- If your TACC in effect for a plan year is \$80,000 or more, you can choose to elect employee-paid LTD from among the following options:
  - 50% Option: Replacement of 50% of TACC up to \$480,000, to a maximum monthly benefit of \$20,000
  - 60% Option: Replacement of 60% of TACC up to \$400,000, to a maximum monthly benefit of \$20,000
  - No coverage
- The premiums you pay for coverage will be made on an after-tax basis. As a result, any benefits you may receive if you become disabled are tax-free.
- If you're enrolled in the LTD Plan and qualify to receive benefits, you may continue to be considered an employee of the firm for up to 24 months. You'll also have access to company-sponsored benefits, while you remain an employee, such as subsidized medical and dental coverage and certain other benefits coverage.
- If you do not elect employee-paid LTD, you'll be assigned no coverage for the plan year and will need to satisfy evidence of insurability if you enroll in the future.

## **How Individual Disability Insurance (IDI) works:**

- Individual Disability Insurance ("IDI") coverage is generally available if your Total Annual Cash Compensation (TACC) is more than \$400,000 (or \$480,000 if you elected the 50% Group LTD option).
- IDI provides a level of income replacement should you continue to be disabled for more than 180 days.
- Individual Disability Insurance coverage is fully portable and insured by Unum. IDI provides an additional maximum monthly benefit of up to \$15,000, based on your TACC.
- If you are eligible for IDI, you will receive information separately regarding enrollment.

For additional information on the LTD Plan, please review the [Summary Plan Description](#).

# Life and accident insurance plans

**JPMorganChase offers different types of life and accident insurance administered by MetLife, so you can choose the most appropriate coverage and survivor protection for your personal situation.**

We automatically provide you with company-paid Basic Life Insurance that pays a benefit to your designated beneficiary(ies) if you die and Business Travel Accident Insurance if you die or are injured while traveling on business for JPMorganChase. Beyond these automatic benefits, you also have the option to enroll in optional life and accident insurance plans, as described below.

## Basic Life and Accident Insurance Plans — paid for by JPMorganChase

**Basic Life Insurance:** Provides coverage equal to one times your Total Annual Cash Compensation (rounded up to the next \$1,000), up to a maximum of \$100,000. In the event of your death as an active employee, benefits are paid to your designated beneficiary(ies).

Additional benefits of the Basic Life Insurance Plan include:

- **SurvivorSupport® Financial Counseling Service:** Provides financial counseling services over-the-phone to a surviving spouse or key adult survivor for six months after an employee's death.
- **Travel Assistance with ID Theft Solutions Services<sup>14</sup>:**
  - **Identity (ID) Theft Assistance Program:** Provides identity theft protection education and assistance to help guide you through the recovery process if your identity or that of your dependents is compromised
  - **Travel Assistance and Emergency Evacuation Services:** Provides travel assistance and emergency services for employees and their family members in the event of an unexpected medical emergency when traveling 100 miles or more from home
- **Funeral Concierge Services<sup>15</sup>:** Provides information and assistance to employees and their immediate family members for funeral-related issues anywhere in the United States.

- **Grief Counseling<sup>15</sup>:** Provides you and your dependents up to five private counseling sessions either face-to-face or over the phone with a professional grief counselor to help cope with a loss, no matter the circumstances, whether it's a death, an illness or divorce.

**Business Travel Accident Insurance:** Provides coverage equal to six times your annual base salary/regular pay (minimum of \$50,000 and maximum of \$3 million). This coverage offers financial protection in the event of your accidental death or certain accidental injuries sustained while traveling on approved business for JPMorganChase. In the event of your death as an active employee, benefits are paid to your designated beneficiary(ies).

## Supplemental Life and Accident Insurance Plans — paid for by you

You have the option to purchase Supplemental Term Life (STL) and Accidental Death and Dismemberment (AD&D) Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier, on after-tax basis. These life and accident plans help to provide eligible employees the security that comes from knowing you have a complete package of insurance protection suited to your personal situation.

<sup>14</sup> Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA, Inc., nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

<sup>15</sup> Grief Counseling and Funeral Assistance services are provided through an agreement with LifeWorks, US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as domestic issues, parenting issues or marital/relationship issues (other than a finalized divorce). For such issues, please refer to My Health to understand the Employee Assistance Program and Work-Life resources available to you. LifeWorks is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

Your choices for STL and AD&D insurance include:

- **Employee STL Insurance:** You can elect coverage in increments of \$10,000, up to 10 times your Total Annual Cash Compensation (rounded to the next higher multiple of \$10,000) to a maximum of \$3 million.
- **Dependent STL Insurance:** You can elect coverage for your eligible spouse/domestic partner from \$10,000 to \$300,000 (in \$10,000 increments) and/or child coverage of \$5,000, \$10,000, \$15,000 or \$20,000 per child.

**Please note:**

- You may have to provide Evidence of Insurability (EOI) before certain levels of life insurance become effective.
  - You may choose STL Insurance for your spouse/domestic partner and child(ren) even if you don't elect coverage for yourself.
- **Employee AD&D Insurance:** You can elect coverage up to 10 times your Eligible Compensation (in \$10,000 increments) to a maximum of \$3 million. Please note: Reduced coverage amounts apply if you're age 75 or older.
  - **Dependent AD&D Insurance:** You can elect coverage for your spouse/domestic partner in \$10,000 increments up to \$600,000 and/or child coverage in \$10,000 increments up to \$100,000 per child.
  - As long as you're enrolled in employer-paid Basic Life insurance, you may purchase AD&D Insurance for your spouse/domestic partner or dependent child(ren), even if you don't elect coverage for yourself.
  - If you leave JPMorganChase, generally Employee and Dependent STL Insurance and AD&D Insurance coverage is portable — meaning you can continue coverage through a direct billing arrangement with MetLife at a higher rate.

### Employee AD&D Insurance limit due to age

- When you're age 75 or older, but less than age 80, your amount of Employee AD&D Insurance will be reduced to a maximum amount of \$200,000.
- When you're age 80 or older, your amount of insurance will be further reduced to a maximum amount of \$100,000.
- If you reach age 75 or 80 while insured, this limit will not apply until Jan. 1 following the date you reach that age.

### Important details about participation in the Life and Accident Insurance Plans

**Evidence of Insurability (EOI):** If you enroll in Employee Supplemental Term Life (STL) Insurance as a newly eligible employee, you're allowed to enroll for an amount up to the lesser of three times your Total Annual Cash

Compensation or \$500,000 without having to submit EOI. You can initially enroll a spouse/domestic partner in STL for an amount up to \$50,000 without having to submit EOI. STL amounts above these guaranteed issue amounts will be subject to EOI. If you do not enroll in STL upon initial plan eligibility and elect or increase coverage for you or your spouse/domestic partner at any point in the future, EOI is required.

- **Actively at work:** You must be actively at work on the date your new or newly approved coverage takes effect. Dependent elections for Supplemental Term Life and AD&D coverages will take effect on the date of the qualifying status change or the date that EOI requirements are satisfied (as applicable).

For additional information on the Life and Accident Insurance Plans, please review the [Summary Plan Description](#).





# Group Personal Excess Liability Insurance Plan

The JPMorgan Chase Group Personal Excess Liability Insurance (PEXL) Plan, insured by Chubb and administered by Marsh McLennan Agency Private Client Services, provides additional liability protection for up to \$10 million in coverage for damages and costs you or a covered family member has to pay beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies.

## Plan highlights include:

- **Covered persons:** If you enroll for coverage, the Plan provides coverage for you, your spouse or domestic partner and all eligible dependent children.
- **Coverage options and costs:** You pay for coverage with after-tax dollars. Your cost depends on the coverage level you choose. There is a flat rate for coverage under this plan — your cost is the same regardless of how many dependents you cover. You can choose from coverage of:
  - \$2 million
  - \$5 million
  - \$10 million
- **Services provided by Marsh McLennan Agency Private Client Services:**
  - **Complimentary personal risk management review:** Elect to receive a complimentary personal risk analysis from a Marsh McLennan Agency Private Client Services personal risk advisor. Through this consultation, a personal risk advisor will evaluate the adequacy of your existing policies, identify exposures and determine whether there are sufficient underlying liability limits in your current coverage. The advisor will also provide customized recommendations to improve the effectiveness of your coverage and ensure you have the broadest coverage available for the best value.
  - **Liability estimator tool:** You'll have access to a confidential online liability estimator tool to quickly get a preliminary estimate of the liability coverage amount that may be appropriate for you.
  - **Claims advocacy:** In the event of a claim, Marsh McLennan Agency Private Client Services will serve as your advocate throughout the claims process.

## Important details about participation in the Group PEXL Plan:

- **When you can enroll:** You may enroll in this benefit as a newly eligible employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Coverage under this type of policy:** Coverage is always in excess of any other underlying insurance and is also known as an “umbrella policy.” For example, in the case of a car accident, your primary auto insurance policy would provide the first level of coverage, and the JPMorgan Chase Group PEXL Insurance Plan would be available once primary limits are exhausted.
- **Required primary underlying liability insurance policies:** It is a requirement of the Group PEXL Plan that you and your covered family members maintain in full effect certain minimum limits you must carry on your primary underlying liability insurance policies, which are required for coverage under the plan. If you carry less than the minimum required limits, you will be responsible for any gaps in coverage between what is required and the amount of the primary coverage. Please refer to the Summary Plan Descriptions available on My Health > 2025 Benefits Resources > Your JPMC Benefits Guide (Summary Plan Descriptions).
- **If your primary underlying coverage is placed with Chubb:** The maximum allowable underlying liability limit is \$1,000,000 per line of coverage.
- **If you leave JPMorganChase:** Your Group PEXL insurance ends on your termination date.



# Group Legal Services Plan

The JPMorganChase Group Legal Services Plan insured by MetLife offers you and your family access to an affordable network of attorneys for routine legal services related to personal and family legal issues, such as wills and estate planning; real estate matters; family law; juvenile matters; name changes; consumer protection; property protection; traffic matters; issues of incompetence and more.

Most services are covered at 100% when you use in-network attorneys. A reimbursement schedule applies to fees charged by out-of-network attorneys.

- **Covered persons:** If you elect to enroll, the plan automatically covers you, your spouse/domestic partner and all eligible dependent children.
- **Coverage costs:** You pay for coverage on an after-tax basis. Your cost is the same regardless of how many dependents you cover under the plan.

## Important details about participation in the Group Legal Services Plan

- **When you can enroll:** You may enroll in this benefit as a newly eligible employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Preexisting legal matters:** Any legal matter for which an attorney-client relationship existed prior to you becoming eligible for services under the JPMorgan Chase Group Legal Services Plan will be excluded, and no benefits will apply.
- **In-network attorneys:** The JPMorganChase Group Legal Services Plan offers access to a network of U.S. attorneys who provide a wide range of legal services. In-network services are available only in the continental United States, U.S. Virgin Islands, Puerto Rico and Hawaii, and attorneys will only provide services for U.S.-related issues.

# The retirement savings program

**Building a financially secure future is a partnership between you and JPMorganChase.**

That's why the firm provides the 401(k) Savings Plan, one of the best and easiest ways to save for your retirement. In this section you'll also find information about the Pension Plan (to the extent it applies to you) and the Employee Stock Purchase Plan.

## 401(k) Savings Plan

JPMorganChase believes that saving for retirement is important. That's why the firm provides annual automatic pay credits after one year of total service, for most employees. In addition, to encourage saving, the firm provides dollar-for-dollar matching contributions to most employees after they complete one year of service. To take advantage of this benefit, begin by enrolling in the plan. It's easy — whether you're automatically enrolled or you enroll on your own. Beyond that step, you can make the most of the plan by saving and investing.

### When participation begins for new hires

- **Full-time employees<sup>16</sup>:** Eligible as of your first day of employment with JPMorganChase
- **Part-time employees scheduled to work 20 or more hour per week<sup>16</sup>:** Eligible as of the first day of the month following completion of 60 days of total service

### Enrolling

Once eligible, you can contribute up to 50% of Ongoing Compensation on a before-tax and/or Roth basis (up to the annual legal limit).

- **Before-tax contributions** allow you to contribute to the plan before federal and, in many cases, state and local taxes are withheld, which may help you lower your current taxable income.
- **Roth contributions**, which are made after federal, state and local taxes are withheld and do not lower your current taxable income, may be right for you if you think your taxes may be higher in retirement or at the time

you take a withdrawal. Roth contributions and any associated earnings can be withdrawn tax-free, assuming certain requirements are met.

You have the flexibility to contribute differently during the year, depending on what works best for you. There are two types of 401(k) contribution rates:

- **Per-pay rate** (1% to 50% on a before-tax and/or Roth basis) — applies to your Ongoing Compensation, which is your base salary/regular pay, as well as any non-annual cash incentives<sup>17</sup> you receive. You can adjust your per-pay rate as often as you'd like throughout the year, and changes will be made on the next paycheck that is administratively possible.
- **Annual Incentive Compensation rate** (1% to 50% on a before-tax and/or Roth basis) — applies only to Annual Incentive Compensation, which is cash compensation awarded, if any, under the firm's Performance-Based Incentive Plan (generally paid in Jan.) or Branch Profitability Incentive Plan (generally paid in Feb.).

You can contribute from your per-pay Ongoing Compensation, your Annual Incentive Compensation (if any) or both, up to the annual legal limits.

### Automatic enrollment

If you take no action within 31 days of your hire/eligibility date, you'll be automatically enrolled at a before-tax contribution rate of 5% of Ongoing Compensation, which includes base salary/regular pay and non-annual cash incentives.

Your 5% before-tax contributions will be invested in a Target Date Fund based on your age and an assumed retirement age of 65. Your contributions will

<sup>16</sup> If you're hired as an intern, seasonal or temporary employee, or if you're a part-time employee regularly scheduled to work less than 20 hours per week, you become eligible for the 401(k) Savings Plan on the first day of the month following completion of one year of service.

<sup>17</sup> Non-annual cash incentive compensation includes cash incentives that are paid throughout the year, such as sales awards and monthly and quarterly incentives. It also includes any cash incentives paid annually other than Annual Incentive Compensation.

increase by 1% annually, up to a maximum total contribution rate of 10%.

You may consider whether this contribution rate will be enough to meet your financial goals, and if not, choose a contribution rate that suits your needs. Keep in mind that the plan offers two ways to save on a tax-advantaged basis (detailed above).

If you don't want to be enrolled automatically, you can either enroll yourself or you can opt out of automatic enrollment via the 401(k) Savings Plan Call Center or Web Center prior to the end of your 31-day grace period.

### Rolling over from another plan

Consider a rollover to consolidate your retirement assets into one account.

The JPMorganChase 401(k) Savings Plan accepts rollovers from most employers' 401(k) and other qualified plans, as well as IRAs. As with any financial decision, you're encouraged to discuss moving money between accounts, including rollovers, with a personal financial advisor, tax advisor or other qualified financial professional and to consider costs, risks, investment options and limitations prior to investing.

### Eligible compensation

Your Eligible Compensation is your Ongoing Compensation plus your Annual Incentive Compensation, if any. In 2025, it is capped at the legal limit of \$350,000.

### Know the 401(k) Savings Plan limits for 2025

Combined Before-Tax and Roth 401(k) Contributions:

- **Under age 50:** \$23,500
- **Age 50 – 59:** \$31,000
- **Age 60 – 63:** \$34,750
- **Age 64 and over:** \$31,000

**Please note:** Annual contribution limits for before-tax and Roth 401(k) contributions apply across the JPMorganChase 401(k) Savings Plan and any prior employer's qualified plan in which you participated during the calendar year.

If you participated in another employer's qualified plan before joining JPMorganChase, it's your responsibility to ensure that your total contributions to all plans do not exceed the annual legal limit.

### Automatic pay credits contributed by JPMorganChase

If your Total Annual Cash Compensation is less than \$350,000, after one year of total service you will be eligible for automatic pay credits in the 401(k) Savings Plan. The credits are equal to 3% of your Eligible Compensation (capped at \$100,000 annually). Only your compensation paid beginning the first day of the month after completing one year of total service through the end of the calendar year will be used to determine your automatic pay credits. These automatic pay credits are in addition to any matching contributions (detailed below) you're eligible to receive and don't require you to make any of your own contributions to the 401(k) Savings Plan. Automatic pay credits will be deposited into your 401(k) Savings Plan account automatically on an annual basis and will be invested according to the investment elections on file for your own future contributions to the 401(k) Savings Plan. If you have no investment elections under the plan, the automatic pay credits will be invested in the Target Date Fund that most closely aligns with the year in which you will turn age 65.

To be eligible to receive annual automatic pay credits for a given year, you generally need to be employed as of Dec. 31 of that year. You will become 100% vested in (meaning you have a nonforfeitable right to) the value of any automatic pay credits you receive after completing three years of total service.

Employees with Total Annual Cash Compensation of \$350,000 or more are not eligible for automatic pay credits.

**Please note:** For employees with Total Annual Cash Compensation less than \$350,000 who were benefits-eligible employees as of Dec. 31, 2018, and who are continuously employed, automatic pay credits are equal to 3% to 5% of Eligible Compensation (capped at \$100,000 annually) based on years of pay credit service.

Completed years of pay credit service	Pay credit percentage
1 – 9	3%
10 – 19	4%
20 or more	5%

## JPMorganChase matching contributions

JPMorganChase offers most employees who complete one year of total service the opportunity to boost their contributions with a dollar-for-dollar matching contribution up to 5% of Eligible Compensation (capped at the legal limit), which includes base salary/regular pay and annual and non-annual cash incentives, that you contribute to the 401(k) Savings Plan. Matching contributions are calculated and credited annually following the end of the calendar year.

- Employees with Total Annual Cash Compensation of less than \$350,000 are eligible for the full dollar-for-dollar matching contribution of up to 5% of Eligible Compensation.
- Employees with Total Annual Cash Compensation of \$350,000 to \$999,999 are eligible for dollar-for-dollar matching contributions up to 5% of Eligible Compensation, capped at \$10,000 per year.

Because the match is made on an annual basis, if your goal is to maximize the match, you need to contribute at least 5% of your Eligible Compensation (or up to \$10,000 if your Total Annual Cash Compensation is \$350,000 to \$999,999) by year-end — and you have flexibility to contribute differently during the year.

To be eligible to receive the annual matching contributions for a given year, you generally need to be employed as of Dec. 31 that year. Please note: Employees whose Total Annual Cash Compensation is \$1 million or more are not eligible to receive matching contributions.

You'll become 100% vested in (meaning you have a nonforfeitable right to) the value of any matching contributions you receive after completing three years of total service.

### Matching contributions — special consideration for new hires

When making contribution decisions (on your per-pay rate and/or Annual Incentive Compensation rate), consider whether that compensation is match-eligible. Only contributions you make — and compensation paid — beginning the first day of the month after completing one year of total service through the end of the calendar year are eligible to be matched.

For example: Consider a full-time employee who is hired April 3, 2025. The employee is eligible to contribute to the plan immediately; however, contributions made between April 3, 2025, and April 30, 2026, are not eligible for matching contributions. Any amounts up to 5% of Eligible Compensation contributed from May 1, 2026, through the end of 2026

will be matched, assuming the participant is employed as of Dec. 31, 2026. These matching contributions will be credited to the participant's plan account in early 2027.

## Investing

The plan offers two ways to invest to give you flexibility to choose how you make your investment decisions — and the tools you'll need to build a balanced retirement portfolio.

- **No assembly required:** If you lack the time, interest or expertise to research, manage and monitor your investments in the plan, you can select one of the Target Date Funds offered under the plan. Each Target Date Fund corresponds to an expected “target” year — the year that you plan to start withdrawing from your account (generally your retirement date). The funds are already diversified with an asset mix that automatically becomes more conservative over time.
- **Do it yourself:** If you want a more hands-on approach, you can create your own diversified investment mix by choosing a combination of the plan's Core Funds.

To learn more about the plan's investment options, visit the 401(k) Savings Plan Web Center. You can find detailed fund information, including fund performance, fund fact sheets and a prospectus for the Common Stock Fund. You will also find the Investment Fund Profiles brochure, which explains the investment risks and strategies for each investment option within the plan and provides a glossary of important investment terms. To receive paper copies of the information provided online, free of charge, please call the 401(k) Savings Plan Call Center.

### A note about investment performance

Past performance does not guarantee how any investment will perform in the future. The plan's investment funds are not deposits or obligations of — nor guaranteed by — JPMorganChase, JPMorganChase Bank, N.A., or any of their subsidiaries. Nor are they insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency. Investments in the funds involve risks, including the possible loss of principal.

Therefore, it's important that you make informed investment decisions only after carefully reading all plan information (including the prospectus for the JPMorganChase Common Stock Fund). You may also want to consult a financial professional regarding an investment strategy that's right for you.

### Access to your savings

Should a need arise requiring you to borrow or withdraw from the plan, the plan has options to take a loan or withdrawal under certain circumstances. For more information, refer to the Plan Highlights available on the 401(k) Savings Plan Web Center or contact the 401(k) Savings Plan Call Center.

### Payment options when you leave

When you leave JPMorganChase, your vested account balance is payable in the form of a single lump sum, rollover to an IRA or another qualified plan, or installment payments. Please note: If your vested account balance (including loans) is less than \$1,000 when you leave and you do not make a distribution election with respect to that balance, your benefit will be paid, as soon as practicable, in a single cash payment in the form of a check.

### My Finances and Me

JPMorganChase knows your finances are top of mind and personal to you. And we're committed to investing in our employees to provide you with tools, resources and help to be at your financial best. That's why we've partnered with Financial Finesse, a leader in financial wellness, to bring you My Finances and Me, a benefit featuring guidance on a wide range of topics, from paying off debt to managing cash flow to investing, and so much more.

My Finances and Me includes:

- An online hub where you can access Aimee™, your virtual financial coach, to get prioritized action steps and track your progress over time. There are also resources available such as articles, calculators and more.
- Group education sessions on a variety of topics.
- Unlimited one-on-one telephonic financial coaching with a Certified Financial Planner.
- This benefit is fully paid for by the firm and available to U.S. benefits-eligible employees. You can also invite your spouse/domestic partner to participate through the hub.

### Pension Plan — For employees hired before Dec. 2, 2017

(For employees hired on or after Dec. 2, 2017, this plan does not apply to you.)

#### My Pension

Employees with a balance in the Pension Plan can go to the My Pension website for convenient access to information about your plan benefit. Go to My Pension from work or home via My Rewards:

- **From work:** [My Rewards](#) > Pension Plan
- **From home:** [myrewards.jpmorganchase.com](https://myrewards.jpmorganchase.com)

#### Designating beneficiaries

You may designate beneficiaries for the Life and Accident Insurance Plans, 401(k) Savings Plan and the Pension Plan (for employees with a balance) through the Online Beneficiary Designations site. This website, which is open to all employees eligible for the JPMorganChase U.S. Benefits Program, allows you to designate beneficiaries electronically. Beneficiary designations made on this site can be reviewed and updated as needed, for instance, in the event of a status change (divorce, marriage or the birth/adoption of a child).

To access the site from work: [My Rewards](#) > My beneficiaries; from home: <https://beneficiary.jpmorganchase.com>.

#### My Rewards

All in one place and easy to navigate, My Rewards gives you quick access to information and resources to manage your financial well-being. Enjoy a consolidated view of your compensation and retirement savings benefits, including the 401(k) Savings Plan and Pension Plan (for employees with a balance).

- **From work:** [My Rewards](#)
- **From home:** [myrewards.jpmorganchase.com](https://myrewards.jpmorganchase.com)

#### Contact information

Obtain information and conduct plan transactions by accessing the 401(k) Savings Plan Web Center through My Rewards. For plan questions, please contact the 401(k) Savings Plan Call Center.



# Employee Stock Purchase Plan

**You're eligible to enroll in the plan during each annual enrollment period that occurs in the fourth quarter provided that you're a U.S. benefits-eligible employee and you were hired on or before Sept. 30 and your Total Annual Cash Compensation is less than \$250,000.**

- **Payroll deductions:** Contributions are deducted on an after-tax basis from each paycheck based on your election of up to 20% of your Eligible Compensation per pay period. In addition, contributions are subject to an annual maximum share purchase of \$25,000.
- **Purchase dates:** Stock purchases take place on the first day of Jan., April, Jul. and Oct. on which trading in JPMorganChase common stock is conducted on the New York Stock Exchange.
- **Preclearance:** If you're subject to the firm-wide Personal Account Dealing Policy, you're required to preclear the sale of any shares of JPMorganChase acquired under the Employee Stock Purchase Plan via the iComply portal; however, there is no requirement at this time to obtain preclearance approval for enrolling, electing dividend reinvestment or changing contribution amounts in the Employee Stock Purchase Plan.
- **5% discount and no broker fees:** Your payroll deductions are used to purchase JPMorganChase common stock at a 5% discount without brokerage commissions or fees.
- **Dividends:** Participants in the Plan have the option to either have dividends reinvested in the Plan at 100% of the Fair Market Value (FMV) on the dividend payable date or paid in the form of a cash equivalent (e.g., check). New participants will automatically have their dividends reinvested.
- **Understand the risks:** Participation in the Employee Stock Purchase Plan is optional and does carry risk, including potential loss of your investment due to market fluctuations.
- **You decide whether or not to participate in the plan and the level of your participation.** Before you elect to participate, carefully read the Employee Stock Purchase Plan Prospectus ([My Rewards](#) > Employee Stock Purchase Plan [ESPP]) for additional information on the rewards and risks of participation.
- **Once enrolled:** You can change the amount of your payroll deduction at any time, applicable for the next administratively feasible pay date. However, if you change your deduction amount to zero, it cannot be increased until you make an enrollment election during a subsequent annual enrollment.

This document constitutes part of a prospectus covering securities that have been registered under the Securities Act of 1933.

# Employee financial services and discounts

## Employee financial services

Employees are eligible for special savings and discounts on a variety of JPMorganChase financial products, such as checking and savings accounts, mortgages and home equity loans and more. Military service personnel qualify for even more benefits. For more information, please go to the Employee Financial Services website.

## Employee discount programs

As an active employee, you can also take advantage of discounts on:

- Arts and cultural events
- Fitness and nutrition
- Full-time child care
- Travel

For more information on these programs and services, please visit the [Intranet](#) > Discover > Benefits and Policies.



# Where to go for benefits questions

## Information to help you enroll in and use your benefits is available on My Health:

- **From work:** Type “go/myhealth” into your intranet browser.
- **From home:** Visit [myhealth.jpmorganchase.com](https://myhealth.jpmorganchase.com).
- **Employees enrolled in a JPMorgan Chase U.S. Medical Plan living in FL, GA, LA and OK:** Visit Included Health at [includedhealth.com/jpmc-aic](https://includedhealth.com/jpmc-aic) or call 1-833-938-9874.

For a complete list of contacts for benefits information:

My Health > Benefits Enrollment > 2025 Benefits Resources > Who to call with benefits questions.

If you have questions, call 1-844-ASK-JPMC (1-844-275-5762) from 8 a.m. to 7 p.m. Eastern time, Monday through Friday or 1-212-552-5100 if calling outside the United States.

## My Health

Health and wellness questions can arise at any time. With My Health, you have a centralized resource with 24/7 access to information related to your Medical Plan and healthcare company, your MRA, wellness activities, tip sheets on how the plan works, the [Benefits Web Center](#) for enrollment information and much more for you and your covered spouse/domestic partner.

As an employee, My Health provides one-stop access to all of your medical plan, prescription plan and MRA information on a personalized basis. Simply use your Single Sign-On password to access My Health.

### You can access My Health from work or through the internet:

- **From work:** [My Health](#) or type “go/myhealth” into your intranet browser.
- **From internet:** [myhealth.jpmorganchase.com](https://myhealth.jpmorganchase.com).
- **Spouse/domestic partner access to My Health:** The internet URL can be used by both employees and spouses/domestic partners anywhere. Spouses/domestic partners can access My Health without a password, but their healthcare company’s website will require their own username and password.

# Appendices

## Appendix A: Your privacy

The privacy of your health information is important to you and to JPMorganChase. We are committed to protecting your personal health information, and complying with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), as applicable. When you participate in health and benefits plans and related activities, including a Wellness Screening, Wellness Assessment, health coaching activities, benefits-related surveys or treatment at a JPMC or Vera on-site Health & Wellness Center, your personal health information will be maintained and used in accordance with appropriate notices, privacy policies and applicable law.

The plan administrator (or its designee) may use your personal health information along with other information about you, including other HR and demographic data, medical claims and survey data and Wellness Screening results (“Your Medical Information”) and/or share Your Medical Information with other entities (such as service providers, vendors, consultants or other recipients designated by the plan administrator) that need such information in order to provide services in connection with the JPMorgan Chase U.S. Medical Plan, for plan administration and design purposes including to assess, identify, offer and/or determine eligibility for programs and services that can help you stay healthy, improve your health, or address other health-related matters. Your Medical Information may also be shared and used in aggregate form for healthcare-related research and other healthcare-related purposes. For more information, go to My Health > Benefits Enrollment > Benefits Resources > Privacy Notice.

## Appendix B: Important definitions

Throughout this brochure, there are references to terms such as “Annual Incentive Compensation,” “Eligible Compensation,” “pay credit service,” “Total Annual Cash Compensation” and “total service.” These terms are used to determine eligibility for benefits, benefits contributions and/or coverage levels under certain benefits plans. The definitions below describe these terms.

- **Annual Incentive Compensation:** Annual Incentive Compensation is cash compensation, if any, awarded under the firm’s Performance-Based Incentive Plan (generally paid in Jan.) or Branch Profitability Incentive Plan (generally paid in Feb.).
  - **Eligible Compensation for the 401(k) Savings Plan:** Eligible Compensation includes base salary/regular pay and annual and non-annual cash incentives. Eligible Compensation does not include overtime payments, sign-on bonus and similar awards, referral awards, stipends, non-cash awards (such as equity awards) and allowances. Eligible Compensation is capped at the annual legal limit (\$350,000 for 2025).
  - **Eligible Compensation for AD&D Insurance and Employee Stock Purchase Plan:** Generally, your Eligible Compensation is your annual base salary/regular pay, plus applicable job differential pay (e.g., shift pay). It does not include any annual bonus, overtime, special recognition or other incentive awards you might receive. In certain situations, your Eligible Compensation may include other cash earnings (e.g., commissions, draws and overrides) paid under certain non-annual incentive plans that provide compensation in lieu of base salary. Generally, your Eligible Compensation is updated as changes occur throughout the year.
- Please note:** Various JPMorganChase plans have different definitions of Eligible Compensation. Separate definitions may apply to employees in certain sales positions who are paid on a draw-and-commission basis.
- **Ongoing Compensation for the 401(k) Savings Plan:** Ongoing Compensation is your base salary/regular pay, plus applicable job differential pay (e.g., shift pay) and non-annual incentive compensation.
    - Non-annual incentive compensation includes cash incentives that are paid throughout the year, such as sales awards and monthly and quarterly incentives. Ongoing Compensation also includes any cash incentives paid annually other than Annual Incentive Compensation (as defined above).
  - **Pay Credit Service:** Generally, the pay credit service is the period beginning on your first business day actively at work as an employee of JPMorganChase or an affiliate and ending when your employment ends. Service with a company at the time of its merger generally counts toward pay credit service. However, only service with the company employing you at the time of the merger will generally count. (In other words, if you worked for two companies that later merged, only service with the company employing you on the merger date will be recognized.) Service with a company at the time of its acquisition (as opposed to a merger) may or may not count toward pay credit service, depending on the terms of the purchase agreement and the plan.
    - For a full definition of pay credit service, please see JPMorgan Chase U.S. Retirement Savings Program — Pay Credit Service Definition on the JPMC network; enter “legally-required notices and other notices” in the search bar.
  - **Total Annual Cash Compensation:** Your Total Annual Cash Compensation is the annual rate of base salary/regular pay plus any applicable job differential pay (e.g., shift pay) as of each Aug. 1, plus any cash earnings from any incentive plans (e.g., annual incentive draws, overrides and special recognition payments or incentives) that are paid to or deferred by you for the previous 12-month period ending each Jul. 31. Overtime is not included. For purposes of determining your eligibility to receive 401(k) company contributions under the 401(k) Savings Plan, the Medical Plan contribution pay tier level that applies to you, coinsurance maximum, Long-Term Disability Plan coverage and eligibility to participate in the Employee Stock Purchase Plan, your Total Annual Cash Compensation is recalculated as of each Aug. 1 to take effect the following Jan. 1 and will remain unchanged throughout the year. For most employees, Total Annual Cash Compensation will be equal to your annual rate of base salary/regular pay plus job differentials in the year of hire. Your Total Annual Cash Compensation can be found here: My Health > [Benefits Web Center](#) > Your Profile > Personal Information > Personal Details. Separate definitions may apply to employees in certain sales positions who are paid on a draw-and-commission basis. If this applies to you, you will be notified in writing.
  - **Total service:** Generally, total service refers to the period beginning on your first business day actively at work as an employee of JPMorganChase or an affiliate and ending when your employment ends. This generally includes all periods of employment with JPMorganChase or any of the merged companies that have become part of JPMorganChase.



## Appendix C: Additional reminders

- **Enrolling during your 31-day new-hire healthcare and insurance plans enrollment period and qualified status changes throughout the year.** If you do not elect coverage during your 31-day new-hire Health Care and Insurance Plans enrollment period, you will not have coverage for the remainder of the year. Your next opportunity to enroll for coverage will be during an annual benefits enrollment period. Please note: To add a dependent child over the age of 26 who is unable to support themselves due to a mental or physical disability, you must do so within your 31-day new hire-enrollment period. You will not be able to enroll them in any plans after your 31-day enrollment period. You cannot change your healthcare company or payment method during the year even if you have a qualified status change. If you experience a qualified status change (such as marriage, divorce or the birth or adoption of a child), you must make eligible benefits changes through the [Benefits Web Center](#) or by calling Ask JPMC within 31 days<sup>18</sup> of the qualifying event.
- **Newborns' and Mothers' Health Protection Act.** In accordance with the Newborns' and Mothers' Health Protection Act, group medical plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or to less than 96 hours following a cesarean section. Further, the plan cannot require that any medical provider obtain authorization from the plan or any insurance issuer for prescribing a length of stay not in excess of these periods.
- **Medical Plan Post-Mastectomy Benefits.** All options under the JPMorganChase Medical U.S. Plan cover certain breast reconstructive benefits in conjunction with a mastectomy for eligible participants. Coverage under the Medical Plan is available for:
  - Reconstruction of the breast on which the mastectomy was performed
  - Surgery and reconstruction for the other breast to produce a symmetrical appearance
  - Prosthesis and treatment of physical complications for all stages of mastectomy, including lymphedema

This coverage is subject to all the terms of the Medical Plan option in which you participate, including relevant deductibles and coinsurance provisions. For more information, please contact your healthcare company.

- **HIPAA Privacy Rights and Protected Health Information.** Federal legislation under the Health Insurance Portability and Accountability Act (HIPAA) legally requires employers to periodically communicate how certain protected health information under employee and retiree healthcare plans may be used and disclosed, as well as how plan participants can get access to their protected health information.

Accordingly, JPMorganChase will make available a Privacy Notice of Protected Health Information Under the JPMorganChase Health Care Plans to you that describes in detail how your personal health information may be used and your rights with regard to this information. You can access the latest copy of the Privacy Notice on My Health.

<sup>18</sup>90 days if the qualifying event is the birth or adoption of a child. You will have 90 days from the qualified status change to add any newly eligible dependent should that dependent pass away within this 90-day period. Please contact Ask JPMC if this situation applies to you.



## Appendix D: Special notice for employees who have been reinstated

If your employment has been reinstated with JPMorganChase within 31 days of your termination date, your coverage for certain benefits under the JPMorganChase Benefits Program may be affected, as highlighted in the following chart:

<b>Medical, Dental and Vision Plans</b>	You and your dependents will be assigned the same coverage you had prior to your termination date.
<b>Health Care Spending Account</b>	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
<b>Dependent Care Spending Account</b>	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
<b>Transportation Spending Accounts (Transit Account/ Parking Account)</b>	There are no reinstatement provisions for these accounts. You will need to make a new enrollment election.
<b>Long-Term Disability (LTD) Plan</b>	<p>You will be assigned the coverage level you had prior to your termination date. LTD benefits will not be paid if:</p> <ul style="list-style-type: none"> <li>• During the first 12 consecutive months of your coverage, you become disabled</li> <li>• You received treatment for that disabling condition during the six months before your most recent coverage effective date</li> </ul> <p>Please note: The 12 months of coverage will be reviewed based on the date you were reinstated.</p>
<b>Supplemental Term Life (STL) Insurance Plan</b>	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
<b>Accidental Death and Dismemberment (AD&amp;D) Insurance Plan</b>	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
<b>Group Personal Excess Liability Insurance Plan</b>	You will be assigned the same coverage amount in effect prior to your termination date.
<b>Group Legal Services Plan</b>	You will be assigned the same coverage amount in effect prior to your termination date.
<b>401(k) Savings Plan</b>	Your contribution rate and investment elections (if any) will be reinstated as of your first pay period. If you were eligible for automatic pay credits and your Total Annual Cash Compensation is less than \$350,000, you will receive automatic pay credits based on the same percentage of Eligible Compensation (capped at \$100,000 annually) as you would have otherwise received had you not had a break in service.

### Please note:

- Any assigned coverage cannot be changed unless you experience a qualified status change. For more information, please see the Benefits Status Change Guide on My Health.
- If you're rehired after 31 days of your termination date, you will need to make new benefits elections for most plans in which you would like to participate.
- In almost all cases, the period during which you're not working will result in a break in coverage (unless you elect coverage through COBRA or plan portability features, as applicable).