JPMorgan Chase & Co.

2024 BENEFITS
MAXIMIZE YOUR BENEFITS TO ELEVATE YOUR WELL-BEING

2024 ANNUAL U.S. ENROLLMENT BULLETIN

Annual Enrollment Period:
October 3-20, 2023

Benefits Period:
January 1 – December 31, 2024

YOUR HEALTH AND WELL-BEING ARE PARAMOUNT

That's why JPMorgan Chase is committed to providing a comprehensive and high-quality Medical Plan & Wellness Incentive Program so you can take care of yourself and your family.

Over the last three years, we've piloted new ways of providing health care to our employees and gathered your feedback from employee health care surveys – learning what you like, what you want and what to offer. **We heard you. And we're investing over $100 million in our 2024 Medical Plan & Wellness Incentive Program to better meet your needs.** Our goal was to design a plan that:

- **Provides a wide range of benefits.** We continue to be committed to providing you and your family with accessible, broad coverage that goes beyond the basics, offering services such as primary, preventive and mental health care, comprehensive coverage for more serious illness or injury, and affordable prescription drugs. We also offer on-site clinics at our larger locations, free expert medical opinion services for those enrolled in the medical plan, easy-to-access wellness screenings, LGBTQ+ health concierge and much more. You'll see that same approach in 2024.

- **Is affordable and transparent.** Health care can be expensive. That's why the firm sets employee costs on a sliding scale – aligning what you pay for coverage to what you earn – and generally covers about 80% of plan costs. In 2024, we're focusing on further improving affordability by addressing out-of-pocket costs. And you can expect more transparency and predictability with fixed copayments for routine care visits including primary care, specialist visits, mental health services and more. Also, many employees will see a decrease in medical payroll contributions.

- **Promotes well-being**. Wellness is about much more than going to the doctor when you're sick. That's why we're continuing to promote a culture of well-being and investing in a comprehensive wellness program. You told us that wellness programs that provide the most value to you are related to evaluating your health, identifying risks, physical activity and rewarding biometric outcomes. With this in mind, the 2024 Wellness Incentive Program will provide an opportunity to earn rewards in three key areas: healthy outcomes, preventive care and completing well-being activities, including the opportunity to earn for staying physically active and tracking your activity.

Keep reading to find out how – and what actions you need to take – to help ensure you have the coverage that's right for you and your family.

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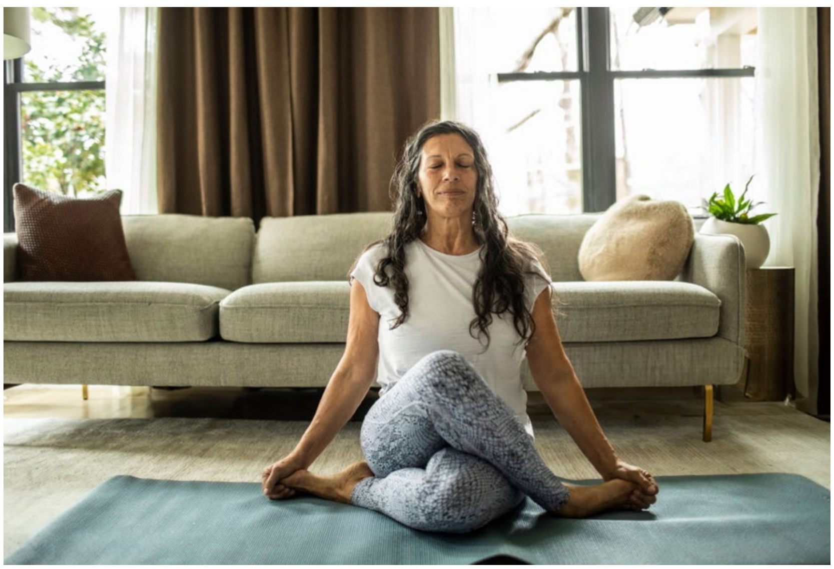
HOW TO ENROLL IN YOUR BENEFITS — AND WHAT HAPPENS IF YOU DON'T

It's time to review your JPMorgan Chase health care and insurance benefits to be sure your medical, dental, vision, life insurance and disability coverage meet your needs for 2024. Unless you experience a qualified status change during the year, the coverage you elect is effective January 1, 2024, through December 31, 2024.

You can enroll in your benefits from **Tuesday, October 3, through Friday, October 20, 2023 (11:59 p.m. Eastern Time)**, by visiting **My Health > 2024 Benefits Resources > ENROLL NOW**, which takes you to the Benefits Web Center.



Enrollment Support

Visit the Benefits Web Center to review your costs and access tools and resources to help you make enrollment decisions. These include plan summaries and comparison charts, estimator tools and tip sheets about specific benefits features.

Confirming your coverage:

- When you enroll online through the Benefits Web Center, you'll need to "confirm" your elections to complete your enrollment. You'll then receive a confirmation email summarizing your benefits elections.
- If you're unable to enroll online and need to enroll by calling HR Answers, a confirmation of your 2024 benefits elections will be sent to your work email and mailed to your home address.

IMPORTANT: Please review your confirmation statement carefully to ensure your elections have been captured and reflect your family's needs. Also, be sure to complete any required actions indicated on your statement for certain benefit elections. For example, evidence of insurability (EOI) — or proof of good health — is needed if you elect employee Supplemental Term Life Insurance.

If you don’t enroll:

- If you’re currently enrolled in the Medical Plan and other benefits and take no action during the enrollment period:
  - You’ll generally default to your current 2023 elections. For example, if you’re currently enrolled with Cigna Option 1, you’ll continue to be enrolled with Cigna Option 1.
  - Your covered dependents will also automatically continue to be covered if they were covered in 2023.
  - You will not be enrolled in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year; prior year elections don’t automatically carry over.
- If you’re not currently enrolled in the Medical Plan and take no action, you will not be enrolled in 2024 and will not have another chance to enroll for the 2024 Medical Plan unless you have a qualifying life event (e.g., getting married).

Questions? Contact HR Answers.

If you have questions about your benefits coverage or the enrollment process, need more time to compare options with your spouse’s/domestic partner’s options, or don’t have Internet access from work or home, contact HR Answers by calling 1-877-JPMChase (1-877-576-2427) from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday.

Benefits eligibility for new hires

Newly hired, full-time employees (those regularly scheduled to work 40 hours per week) are 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, part-time employees (those regularly scheduled to work between 20 – 39 hours per week) are eligible to participate in the JPMorgan Chase U.S. Benefits Program the first day of the month following 60 days from your date of hire.

2024 MEDICAL PLAN

Here's some of what you can expect in the 2024 Medical Plan.

- **Transparency and predictability of in-network costs for routine and high-volume care.** You told us transparency and predictability of cost are important to you, so our new plan will offer in-network routine, urgent and emergency care at fixed-dollar copayments and without a deductible. That means you'll know the amount you need to pay in advance of your visit for services, such as primary care office visits, mental health sessions, specialist office visits, lab work, urgent care and emergency room visits.
- **Lower deductibles and out-of-pocket maximums.** Other medical services – including higher cost medical services like radiology (e.g., MRI), outpatient surgery and inpatient hospitalization – will be subject to a deductible, then coinsurance. For 2024, we're lowering the deductible for these services.

  Note: If you participated in our Medical Plan as an employee living in Arizona or Ohio, you may not be accustomed to a deductible. However, many services, including your in-network routine, urgent and emergency care, are still covered without a deductible and with a fixed copay in 2024. Additionally, copays for some services (e.g., specialists) are lower in 2024.

  At the same time, we're also lowering the out-of-pocket maximums that employees could pay for all medical services in a year. While very few people have expenses large enough to reach these limits, your out-of-pocket maximum functions as your "financial safety net" and prevents you from having to pay very high health care expenses in the event of a serious medical situation.
- **Prescription drugs.** Our new plan addresses your portion of the cost for prescription drugs in several ways:
  - No deductible and fixed-dollar copayments for covered prescription drugs;
  - Covered preventive brand and generic prescription drugs (like insulin and blood thinners) continue to be free to you;
  - A lower generic prescription drug copay of $5 for a month supply and lower copay for preferred brand prescription drugs; and
  - A separate, lower annual out-of-pocket maximum for prescription drugs.

What's not changing:

Despite the enhancements noted above, services that are covered will not change. Here's what else will not change:

- **Plan options and health care companies:** You still have a choice between the following:
  - **Option 1 (Aetna or Cigna):** Higher payroll contributions with lower copays, deductibles and out-of-pocket maximums.

– **Option 2 (Aetna or Cigna):** Lower payroll contributions but higher copays, deductibles and out-of-pocket maximums.

– **HMO Option (Kaiser Permanente) – California employees only:** The Health Maintenance Organization (HMO) falls in the middle in terms of payroll contributions and has its own doctors, hospitals and providers that are employed by Kaiser. Care received outside the network is not covered except for emergencies.

- **Prescription drug coverage provider:** CVS Caremark will continue to provide prescription drug coverage (except for Kaiser, which manages prescription drug coverage for the Kaiser HMO). For a complete list of covered prescription drugs, visit http://www.caremark.com/jpmc (Aetna/Cigna) or my.kp.org/jpmc (Kaiser Permanente).
- **In/out-of-network:** We encourage the use of in-network providers and facilities, but will continue to offer out-of-network benefits for Options 1 and 2. Out-of-network coverage will differ from in-network coverage with separate higher deductibles and out-of-pocket maximums, higher coinsurance and most services subject to the deductible then coinsurance. There continues to be no out-of-network prescription drug coverage.

CALIFORNIA EMPLOYEES ONLY

More information about the Kaiser HMO Option

Kaiser Permanente is a fully integrated health system that employs physicians and other medical staff and owns hospitals, facilities and pharmacies. That makes getting the care you need, when you need it, simple and convenient. For information on the Kaiser HMO, please visit my.kp.org/jpmc.

For 2024, we're investing in affordability by decreasing the Kaiser HMO deductible to $500 (from $1,000 in 2023). No other plan design changes will occur for 2024.

If you newly enroll in this option for 2024, more information will be sent to your home in December with instructions for registering on my.kp.org/jpmc, selecting primary care physicians for you and your covered family members, as well as benefits details.

Costs

As outlined above, there's a lot of good news for 2024: lower deductibles, lower out-of-pocket maximums and lower prescription drug costs. Here's more detail, followed by charts with specific costs for medical services and prescription drugs:

- **The firm is generally covering about 80% of plan costs for employees.** Each employee's costs differ depending on a number of factors — including your income level, number of covered dependents, choice of Option 1 or Option 2, where you live, whether you or a covered spouse/domestic partner uses tobacco (which you must declare during annual enrollment), and whether you complete an annual wellness screening and wellness assessment.

You can see your per-pay medical payroll contributions for all available medical plan options when you visit the Benefits Web Center to review and enroll during the benefits enrollment period. Please note that the medical payroll contributions you see during enrollment on the Benefits Web Center already reflect savings on 2024 medical payroll contributions for completing the annual wellness screening and wellness assessment.

- **Absent any investments by the firm, medical payroll contributions would have increased approximately 10% on average over 2023.** With investments, employees earning up to $250,000 in Total Annual Cash Compensation (TACC) will see a decrease or flat medical payroll contributions year over year. Employees earning $250,000+ will see no more than a 1-5% increase year over year.
- **Employee costs continue to be set on a sliding scale.** In addition to the savings outlined above, employee costs for this year's Medical Plan Options 1 and 2 will continue to vary based on compensation – with lower deductibles and out-of-pocket maximums for colleagues making less than $100,000 (in 2023 it was for those earning less than $60,000).
- **For employees in California enrolled in the Kaiser HMO:** Most employees will see either no change or a year-over-year decrease in medical payroll contributions; higher-paid employees may see moderate increases, but those will still be lower than general medical inflation despite the enhancements to our plan. We've also decreased the deductible to $500 (from $1,000 in 2023).

Total Annual Cash Compensation and other factors impacting payroll contributions

Total Annual Cash Compensation (TACC) is defined as your annual rate of base salary, plus applicable job differential pay (for example, shift pay) as of each August 1, plus any cash earnings from any incentive plans that are paid to or deferred by you for the previous 12-month period ending each July 31 (for example, annual incentive compensation, commissions, draws, overrides and special recognition payments or incentives). Overtime is not included.

For purposes of determining the Medical Plan contribution pay tier that applies to you, your TACC is recalculated as of each August 1 to take effect the next January 1 and will remain unchanged throughout the year. For most employees hired on or after August 1, TACC will be equal to base salary plus job differentials. You can find your TACC on the Benefits Web Center.

If your TACC increased and caused you to move from one Pay Tier to another (e.g., from under $150,000 to over $150,000), you may see an increase to your employee payroll contributions. Other factors include the Medical Plan option you choose, the number of dependents you're covering, whether you/your covered spouse/domestic partner completes the Initial Wellness Activities by November 17, 2023, whether you/your covered spouse/domestic partner uses tobacco and your regional cost category.

In-Network Medical Costs, Deductibles and Out-of-Pocket Maximums	Plan Option 1		Plan Option 2	
	TACC: <$100k	TACC: $100k+	TACC: <$100k	TACC: $100k+
(a) Medical services covered at a fixed copay and NOT subject to the deductible (routine, urgent, emergent care)				
Preventive Care	Free			
Primary Care Office Visit (PCP, Pediatrician, OB/GYN)	$15			
Telehealth				
Mental Health Office Visits				
Specialist Office Visit	$50	$75	$75	$100
Physical Therapy, Speech Therapy, Occupational Therapy	$25	$25	$35	$35
Chiropractic visit	$50	$50	$50	$50
Basic Labs	$20	$20	$35	$35
Urgent Care	$50	$75	$75	$100
Ambulance	$250	$250	$250	$250
Emergency Room	$300	$500	$600	$800
(b) Medical deductible for services below				
Employee-Only Coverage	$250	$750	$850	$1,750
Employee + Spouse/Domestic Partner or Employee + Child(ren)	$400	$1,400	$1,600	$2,800
Employee + Family (Employee + Spouse/Domestic Partner + Child(ren))	$700	$1,800	$2,300	$4,000
(c) Medical services subject to the deductible (other medical care)				
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				
(d) Out-of-pocket maximum (your "safety net," the most you'll pay in a year for medical services; includes what you spend in a + b + c above)				
Employee Only Coverage	$1,250	$2,000	$2,800	$4,000
Employee + Spouse/Domestic Partner or Employee + Child(ren)	$2,500	$3,400	$4,700	$5,900
Employee + Family (Employee + Spouse/Domestic Partner + Child(ren))	$3,500	$5,100	$6,600	$8,400

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

Out-of-Network Medical Costs, Deductibles and Out-of-Pocket Maximums	Plan Option 1		Plan Option 2	
	TACC: <$100k	TACC: $100k+	TACC: <$100k	TACC: $100k+
Medical deductible				
Employee-Only Coverage	$2,750		$4,750	
Employee + Spouse/Domestic Partner or Employee + Child(ren)	$4,125		$7,125	
Employee + Family (Employee + Spouse/Domestic Partner + Child(ren))	$5,500		$9,500	
Cost share				
Preventive Care	50% after deductible		50% after deductible	
Primary Care Office Visit (PCP, Pediatrician, OB/GYN)	50% after deductible		50% after deductible	
Telehealth	Not covered		Not covered	
Mental Health Office Visits	50% after deductible		50% after deductible	
Specialist Office Visit	50% after deductible		50% after deductible	
Physical/Occupational/Speech Therapy	50% after deductible		50% after deductible	
Chiropractic Visit	50% after deductible		50% after deductible	
Basic Labs	50% after deductible		50% after deductible	
Urgent Care	50% after deductible		50% after deductible	
Inpatient Hospital Admission	50% after deductible		50% after deductible	
Outpatient Procedure/Surgery	50% after deductible		50% after deductible	
Standard Radiology	50% after deductible		50% after deductible	
Advanced Imaging (MRI, CT)	50% after deductible		50% after deductible	
Durable Medical Equipment (DME)/Prosthetics/Appliances	50% after deductible		50% after deductible	
Ambulance	$250 copay*		$250 copay*	
Emergency Room	$300 copay*	$500 copay*	$600 copay*	$800 copay*
Medical out-of-pocket maximum				
Employee-Only Coverage	$8,750		$10,750	
Employee + Spouse/Domestic Partner or Employee + Child(ren)	$12,125		$15,125	
Employee + Family (Employee + Spouse/Domestic Partner + Child(ren))	$17,500		$21,500	
Prescription drug provisions	Not Applicable			

**Deductible does not apply.*

In-Network Prescription Drug Copays and Out-of-Pocket Maximums		Plan Option 1	Plan Option 2
Deductible		**Not Applicable**	
Preventive (generic and brand drugs)		Free	
Retail Pharmacy (non-preventive, up to a 30-day supply)	Generic	$5	$5
	Preferred Brand	$50	$100
	Non-Preferred Brand	$150	$250
	Specialty	$200	$250
Mail-Order Pharmacy or Maintenance Choice (non-preventive, up to a 90-day supply)		2x copays above	2x copays above
Out-of-pocket maximum (your "safety net," the most you will pay in a year for prescription drugs)			
Employee-Only Coverage		$1,250	
Employee + Spouse/Domestic Partner or Employee + Child(ren)		$2,000	
Employee + Family (Employee + Spouse/Domestic Partner + Child(ren))		$2,600	

Copays represent maximum amounts. If cost of the prescription drug is less than the copay, you'll pay the actual cost.

Types of prescription drugs

Generic drugs have equivalent ingredients to brand name drugs but can cost significantly less.

Preferred brand name prescription drugs have been patented by the companies that developed them and placed on a preferred drug list by CVS Caremark.

Non-preferred brand name prescription drugs are not on CVS Caremark's preferred drug list and are usually more expensive than generics and preferred brand name prescription drugs. Often, they have either generic alternatives and/or one or more preferred brand name drug options that may be substituted for the non-preferred brand name prescription drug.

Specialty prescription drugs generally treat more complex conditions and are generally not available at most pharmacies. Examples include Multiple Sclerosis drugs and may require refrigeration or be injected.

The "Per Person" rule (for medical services and prescription drugs)

For both deductibles and out-of-pocket maximums, the "per person" rule allows you 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 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 combine to meet the deductible or out-of-pocket maximum for that coverage level.

CHANGES TO MEDICAL PAY TIERS

Under the Medical Plan, Total Annual Cash Compensation (TACC) is used to determine your pay tier, which impacts your Medical Plan payroll contributions as well as plan design features (deductibles, copays and out-of-pocket maximums).

Overall, the firm will pay, on average, about 80% of plan costs (an increase from 2023). Employees, on average, pay the other 20% through payroll contributions. Those who have higher levels of compensation pay more than 20% for medical coverage, while lower-paid employees pay less.

In 2024, there will be changes to the TACC thresholds for Pay Tiers 1-4. As a result, employees earning between $60,000 - $99,999 will be eligible for higher levels of payroll subsidy from JPMorgan Chase.

Pay Tier	Total Annual Cash Compensation (TACC)	How Much Employee Pays for Health Care
1	< $60,000	LEAST ↓ MOST
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	

2024 WELLNESS INCENTIVE PROGRAM

Wellness is about much more than going to the doctor when you're sick. That's why our comprehensive wellness program 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 changing (and what's not)

In 2024, we will continue to promote a culture of well-being through popular programs while also introducing new streamlined features based on employee feedback. Here's a summary of what to expect:

- **Continuing employee favorites:** You told us that wellness programs that provide the most value to you are related to evaluating your health, identifying risks, physical activity and rewarding biometric outcomes. With this in mind, the 2024 Wellness Incentive Program will provide an opportunity to earn rewards in three key areas: healthy outcomes, preventive care and completing well-being activities, including the opportunity to earn for staying physically active and tracking your activity.
- **Ways to save and earn:** You also told us that while earning dollars toward your Medical Reimbursement Account (MRA) is important, you also want to save money on your medical payroll contributions. We're continuing to offer ways to save and earn money toward your medical expenses by participating in certain wellness programs:
  - **Continue to save $500-$1,000 on your medical payroll contributions.** By completing the free biometric wellness screening and online wellness assessment by the **November 17, 2023**, deadline, you can save $500 on your medical payroll contributions — and double that if your covered spouse/domestic partner does the same. These actions will no longer earn MRA rewards.
  - **Earn up to $700 in wellness dollars in 2024.** Earn dollars 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. Spouses and domestic partners are no longer eligible for the Wellness Incentive Program and are therefore not eligible to earn MRA rewards, but the dollars have been reinvested into the Medical Plan to improve affordability.

Wellness Rewards through the Medical Reimbursement Account (MRA)

Only for those covered by Aetna or Cigna

When you enroll in the Medical Plan Option 1 or Option 2, you're eligible to receive funding in an MRA, which you can use to pay for eligible out-of-pocket medical and prescription drug expenses not covered by your plan. You don't contribute to your own MRA; rather, it's funded by JPMorgan Chase when you participate in certain activities.

In 2024, the following activities can earn you a maximum of $700 total:

Healthy Outcomes ($200 max)	Preventive Care ($300 max)	Well-being Activities ($600 max)
Reaching these outcomes: • Body Mass Index (BMI) or waist circumference target ($100) • Blood pressure target ($100)	**Completing:** • Annual physical or GYN visit ($200) • Mammogram, prostate screening, colonoscopy or cervical screening ($100)	**Completing any of the following:** • Financial well-being activity with Financial Finesse ($100) • Emotional well-being activities through meQuilibrium ($200) • Wellness activity tracking through Virgin Pulse ($300)

Employees not enrolled in the Medical Plan can earn up to $400 annually in taxable pay for completing Wellness Incentive Activities for healthy outcomes, preventive care, emotional well-being and financial well-being.

Important Notes:

- **MRA earning activities.** Completing the free biometric wellness screening and wellness assessment will no longer earn MRA dollars – but it will save you money on your medical payroll contributions ($500 for individuals and $1,000 for couples).
- **Spouses/domestic partners.** MRA rewards will no longer apply to spouse/domestic partner actions.

- **Balance transfers.** If you change health care companies (Aetna/Cigna) for 2024, your 2023 MRA balance will automatically transfer to your new health care company in April 2024. If you're not enrolled in the Medical Plan, you won't have access to any previously accumulated MRA funds to pay for medical or prescription drug claims that you incur after you end your enrollment.
- **For employees in the Kaiser HMO option (California only).** Starting January 1, 2024, Kaiser HMO enrollees will no longer be eligible to earn new MRA funds. The Kaiser HMO option does not offer incentives for completing Wellness Incentive Activities, as the Kaiser model is an integrated coordinated care model where wellness-related activities are part of the care you receive from your providers and not carved out as separate activities to be completed and incented. The savings generated from this more limited wellness incentive program have been reinvested back into the Kaiser HMO option in the form of a lower deductible for 2024. Employees can still set aside pre-tax money to help pay for certain eligible medical expenses through a Health Care Spending Account.

COMPLETE YOUR ANNUAL WELLNESS SCREENING AND WELLNESS ASSESSMENT

Employees who are enrolled in the Medical Plan can save $500 (individuals) or $1,000 (couples) on their 2024 medical payroll contributions if you and your covered spouse/domestic partner take these two steps by November 17:

- Complete your free biometric wellness screening at go/WellnessScreening.
- Complete your free online wellness assessment at go/WellnessAssessment.

All U.S. benefits-eligible employees are eligible for a free wellness screening and online wellness assessment – even if you're not enrolled in the Medical Plan.

To schedule your free biometric wellness screening:

1. **Go to:**
   - Employees at work: go/WellnessScreening
   - Employees at home: myhealth.jpmorganchase.com
   - Spouses and domestic partners: my.questforhealth.com
2. **Click "Schedule Your Wellness Screening" and choose from options at an on-site event, JPMorgan Chase Health & Wellness Center or off-site location.**
   - You will need to cancel any previous appointment to view all options.
   - A form is required for some off-site locations, including your doctor's office or a CVS MinuteClinic. Quest Patient Service Centers or labs are available without a form.
3. **For more information: My Health > How to complete your biometric Wellness Screening.**

To complete your free online wellness assessment on myCigna:

1. **All employees and covered spouses/domestic partners go to myCigna (regardless of your health care company):**
   - Employees at work: go/WellnessAssessment
   - Employees at home: myhealth.jpmorganchase.com
   - Spouses and domestic partners: myCigna.com
2. **Click "Complete Your Wellness Assessment"**
3. **For more information: My Health > How to complete an online Wellness Assessment.**

To track your wellness screening/assessment completion status, visit myCigna.com.

Important notes:

- **New hires:** Employees who become eligible for benefits coverage – and/or add a spouse/domestic partner to medical coverage – after September 1, 2023, will automatically save $500 (individuals) or $1,000 (couples) on both 2023 (prorated savings) and 2024 medical payroll contributions without completing the wellness screening and wellness assessment in 2023.
- **Leaves of absence:** Employees who are on an approved leave of absence for 45 consecutive days between September 1 and November 17, 2023, and do not complete their biometric wellness screening and online wellness assessment during that time, will automatically save $500 in 2024 on their medical payroll contributions (or $1,000 if they cover a spouse/domestic partner). Employees can also earn MRA funds for completing Additional Wellness Activities.
- **Timing:** Please note that it takes time for us to process paperwork on whether each covered employee and their covered spouse/domestic partner completed both the wellness screening and the wellness assessment before the deadline. Because of this, all employees will see the savings reflected in their payroll contributions at the beginning of the year – $500 savings for individuals or $1,000 savings for couples. If you or your covered spouse/domestic partner don't complete both actions by the November 17 deadline, you will lose these savings and your payroll contributions will increase in March. The $500 or $1,000 increase will be applied in equal installments to each paycheck from the first effective paycheck in March 2024 through December 2024.

CHECKLIST, OTHER BENEFITS & IMPORTANT DEADLINES

Below is a detailed checklist outlining actions you can take to ensure you and your family are enrolled in the full range of insurance benefits offered by JPMorgan Chase — including medical, dental, vision, life and accident insurance, disability insurance, legal services and more. We offer a comprehensive range of benefits to ensure you have access to affordable, high-quality resources to help ensure your family's well-being.

Key actions to keep in mind:

1. **Complete your wellness screening and wellness assessment by Nov. 17, 2023 (by 11:59 pm ET), to save on your 2024 medical payroll contributions.** Screenings and assessments are available throughout the year for both you and your spouse at no cost, regardless of whether you're enrolled in a JPMorgan Chase Medical Plan. But these actions must be completed before the deadline to save $500 for you and $500 for your covered spouse/domestic partner.
2. **Enroll in your 2024 benefits through the Benefits Web Center (My Health > 2024 Benefits Resources > ENROLL NOW) from Oct. 3 – Oct. 20.** The detailed checklist below outlines key facts and considerations about your options.
3. **Review your eligible enrolled dependents.** Be sure to review the Dependent Eligibility Requirements when enrolling for benefits. You will need to certify online that your dependent meets these requirements. In addition, you will be asked to provide proof (within 60 days of request) that the dependent is eligible for coverage if you're adding a new dependent or haven't provided this proof before.
4. **Review and update your personal information.** This can be done at any time throughout the year, including your home address. It's also a good time to confirm your beneficiaries for 401k and life insurance. Go to me@jpmc > Personal Information.

Checklist

Following are details to help you choose medical, dental and vision plans; Health Care and Dependent Care Spending Accounts; Life, Accident, Long-term Disability and Group Personal Excess Liability Insurance; Group Legal Services; and the Employee Stock Purchase Plan.

#1: Choose your medical plan & health care company

JPMorgan Chase offers three medical plan options: Option 1, Option 2 and Kaiser HMO Option (California only).

Options 1 and 2 offer the same coverage for medically necessary services and supplies, including prescription drugs. In addition to choosing between the two options, you also choose whether your coverage is provided through Aetna or Cigna, both of which have broad networks of doctors and hospitals. While you're strongly encouraged to go to in-network providers, you can go to out-of-network providers if you choose. Please note: out-of-network coverage has separate higher deductibles, out-of-pocket maximums and coinsurance.

For employees who live in California, Kaiser Permanente is a fully integrated health system that employs physicians and other medical staff and owns hospitals, facilities and pharmacies. That makes getting the care you need, when you need it, simple and convenient. Please note, out-of-network coverage is not covered under the Kaiser HMO, except in emergencies.

Options 1 and 2 are paired with a Medical Reimbursement Account (MRA) used for eligible out-of-pocket medical and prescription drug expenses. The MRA is funded by JPMorgan Chase when you complete certain Wellness Incentive Activities.

As noted previously, the Kaiser HMO Option does not offer MRA funds. If you have existing rewards in your MRA you will continue to have access to them to pay for eligible medical and prescription drug out-of-pocket expenses, but will not be eligible to earn more rewards while enrolled in the Kaiser HMO.

Here are some additional details to help you make your decision:

Choose a plan	☐ Option 1 ☐ Option 2 ☐ HMO (CA only)	• **Option 1** has higher payroll contributions, but lower copays, annual deductibles and out-of-pocket maximums. • **Option 2** has lower payroll contributions, but higher copays, annual deductibles and out-of-pocket maximums. Otherwise, both options provide the same coverage. • The **Health Maintenance Organization (HMO)** falls in the middle in terms of payroll contributions and has its own doctors, hospitals and providers that are employed by Kaiser. Care received outside the network is not covered except for emergencies. • For helpful Tip Sheets, see My Health > 2024 Benefits Resources.
Choose a health care company	☐ Aetna ☐ Cigna ☐ Kaiser HMO (CA only)	• **Aetna and Cigna:** Go directly to aetna-jpmc.com or jpmc.cigna.com to search for providers in their networks, and see the tools and resources each provides. CVS Caremark will manage your prescription drug benefits regardless of which health care company or plan option you choose. • **Kaiser HMO:** Go directly to my.kp.org/jpmc for plan details and to review providers.
Elect to cover dependents	☐ Spouse/domestic partner ☐ Child(ren)	• You will be asked to provide proof that your dependent(s) meets the Dependent Eligibility Requirements if you're adding a new dependent or haven't provided this proof before.
Decide how to pay claims from your MRA and HCSA	☐ Automatic claim payment ☐ Debit card (required for Kaiser HMO participants)	• **Aetna/Cigna:** You can choose whether you want automatic claim payment or a debit card to pay claims from your MRA and Health Care Spending Account (HCSA) when you enroll. With automatic claim payment, your health care company (Aetna or Cigna) will automatically use your MRA funds first to pay for eligible medical and prescription drug expenses, then your HCSA funds. The debit card gives you more control over how and when to use your MRA and/or HCSA funds. See the MRA, HCSA and Payment Options tip sheet. • **Kaiser HMO:** Only the debit card option is available. You will pay at the point of service with a debit card or pay out of pocket and file for reimbursement from your HCSA and MRA (until any current funds are depleted).

The Prescription Drug Plan is part of the Medical Plan, no matter which option you choose. You won't need to make a separate election for prescription drug coverage. The Prescription Drug Plan for Options 1 and 2 is administered by CVS Caremark. The Kaiser HMO Option includes its own Prescription Drug Plan that's administered by Kaiser. Below are key features of the plans:

Options 1 and 2 (Aetna or Cigna)	• Prescription drug coverage is managed by CVS Caremark. • Eligible preventive generic and brand prescription drugs are covered at 100% with no cost to you. • No deductibles, $5 generic prescription drugs and lower preferred brand name prescription drug copays. • Pay less when using in-network retail pharmacies for short-term prescriptions and the CVS Caremark Maintenance Choice® program for long-term prescriptions. Maintenance Choice offers advantageous pricing when you receive 90-day supplies of maintenance medication by mail or pick up your prescription at CVS retail pharmacies, where the same discounts are available. Find a network pharmacy in your area at www.caremark.com/jpmc. • If you fill a prescription for a brand name medication when a generic equivalent is available, you will pay the difference in cost between the brand name and generic prescription drug, plus the generic copay. • Certain prescription drugs require prior authorization, have quantity limits associated with them or are excluded from coverage. To check prescription drug coverage and to see the list of excluded drugs, visit www.caremark.com/jpmc.
HMO Option (Kaiser Permanente)	• Prescription drug coverage is managed by Kaiser Permanente. • There is no prescription deductible, and prescription drug copays 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 (for example, CVS retail pharmacies). Most prescriptions can be filled through mail order or online for home delivery or same-day pickup. • Eligible preventive generic and brand name prescription drugs are covered at 100% with no cost to you. • Kaiser maintains its own list of covered prescription drugs, also known as its formulary. This list is different than the covered prescription drug list managed by CVS Caremark. If you're currently taking prescription drugs that are not covered by Kaiser and enroll in Kaiser for 2024, you will need to transition to the prescription drugs covered by the Kaiser HMO Option or pay the full cost of the drugs. • Not all pharmaceutical manufacturer coupon or copay assistance cards are accepted at Kaiser pharmacies. If you're using a copay card and would like to know if it's accepted, contact Kaiser at 1-800-204-6561.

When choosing your medical plan health care company and option, here are some additional factors to keep in mind:

- Your current health care company will carry over to 2024, unless you elect to change it during this enrollment period.
- If you're enrolled in Plan Options 1 or 2, but change health care companies (Aetna/Cigna) for 2024, your 2023 MRA and/or HCSA (if applicable) balance(s) will automatically transfer to your new health care company in April 2024.
- If you enroll in the Kaiser HMO Option for 2024 and were enrolled with Aetna in 2023, your 2023 MRA balance will automatically transfer in April 2024 to Cigna (who will manage your MRA and your HCSA/DCSA, if applicable).
- If you were enrolled with Cigna in 2023 and enroll in the Kaiser HMO Option for 2024, your MRA (and HCSA/DCSA, if applicable) will remain with Cigna. Please note that in the Kaiser HMO you will not be eligible to earn additional MRA funds but will continue to have access to any existing funds while enrolled in a JPMC Medical Plan.
- If your provider(s) changes networks during the year, you cannot make mid-year health care company changes.
- Employee payroll contributions to the Medical Plan vary based on a number of factors, including the Medical Plan option you choose, your Total Annual Cash Compensation (TACC), number of dependents, whether a covered spouse/domestic partner completes the wellness screening and assessment by November 17, 2023, where you live and whether you or a covered spouse/domestic partner uses tobacco (which you must declare during annual enrollment). See below for more information.

#2: Take action on wellness to identify health risks and save money on your medical payroll contributions

While JPMorgan Chase generally pays for about 80% of the costs of employee health care, the remainder is paid by employees through payroll contributions. You can decrease your payroll contributions by taking these actions — which also help identify health risks and improve your well-being.

Complete a wellness screening and assessment by November 17, 2023 (11:59 p.m. ET)	☐ You ($500) ☐ Your covered spouse/domestic partner ($500)	• Complete a biometric wellness screening and online wellness assessment between November 19, 2022, and November 17, 2023 (11:59 p.m. ET), to save $500 on medical payroll contributions in 2024. Save an additional $500 when your covered spouse/domestic partner also completes both activities during this time frame. • Beginning in January 2024, you'll pay the lower rate in medical payroll contributions, as it will be assumed both the wellness screening and wellness assessment were completed by November 17, 2023, by you and your covered spouse/domestic partner (if applicable). If one or both of you did not complete the wellness screening and wellness assessment, the savings will be removed and you will see an increase applied in equal installments to each payroll from March through December 2024.
Decide to quit tobacco	☐ Enroll in a four-week Quit for Life® Tobacco Cessation Program	• Save on payroll contributions for Medical (Option 1, Option 2 or Kaiser HMO Option), Supplemental Life and Long-Term Disability Insurance when you complete the program by December 8, 2023. • Start no later than November 3, 2023, to make sure you have enough time to complete the program. Enroll at myquitforlife.com/jpmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.

#3: Consider participating in spending accounts

JPMorgan Chase offers two types of spending accounts that you can elect to participate in:

- **Health Care Spending Account (HCSA)** allows you to set aside pre-tax money between $240 and $3,050/year to pay for eligible out-of-pocket health care expenses. You must actively elect to participate in the HCSA every year; any prior-year elections will not automatically carry over.
- **Dependent Care Spending Account (DCSA)** allows you to set aside pre-tax money to cover eligible child care or adult care expenses. You can generally contribute between $240 and $5,000 annually.

Contributing to the HCSA for 2024?

Be sure to consider the lower in-network medical deductibles for the 2024 Medical Plan as you think about how much to contribute to your 2024 HCSA.

Reminder: You must actively elect to participate in a HCSA or DCSA each year; any prior year elections will not automatically carry over. If you elect to participate, the claims administrator for Medical Plan Options 1 and 2 is the health care company you elect – Aetna (through PayFlex, an Aetna preferred partner) or Cigna. For the Kaiser HMO Option or if you don't enroll in the Medical Plan, your administrator is Cigna.

Contribute to a Health Care Spending Account (HCSA)	☐ Contribute up to $3,050 (Max contribution may change in 2024; IRS to release details before end of year)	• Your HCSA funds can be used for eligible: – Dental and vision expenses – Medical and prescription drug expenses once your MRA is depleted • You may carry over up to the IRS maximum (for 2023, the maximum is $610 that may be carried over from your 2023 HCSA to your 2024 HCSA). Any unused amounts over the maximum will be forfeited if you don't use it for eligible expenses during the plan year and file for reimbursement by March 31 of the following year. • If you decide not to contribute to the HCSA in 2024: – Any balance you carry over from 2023 (up to $610) will be forfeited at the end of 2024 if you don't use it. Consider electing to make a small contribution to your HCSA for 2024 which will allow your balance to carry over to 2025. – Any unused amounts under $25 will be forfeited. Consider this when you make a 2024 election.
Contribute to a Dependent Care Spending Account (DCSA)	☐ Contribute up |to $5,000 ($2,500 if married and filing separately)	• Your DCSA funds can be used for eligible: – Child care expenses for dependent children under age 13 – Child care expenses for older children who are disabled – Adult care expenses for your tax-qualified adult dependents • You will forfeit any remaining DCSA balance if you don't use it for eligible expenses during the plan year and file for reimbursement by March 31 of the following year. • If you're considered a highly compensated employee[1] for 2024, your DCSA contributions may be reduced to comply with certain IRS requirements. These requirements are intended to ensure highly paid employees aren't disproportionately benefiting from the DCSA when compared to non-highly compensated employees. You will be notified if you are affected by these rules.

[1] *You will be considered a highly compensated employee for 2024 if your 2023 compensation exceeded a certain dollar threshold set by the IRS.*

#4: Select your Dental Plan

The Dental Plan is designed to provide you and your family with access to high-quality, cost-effective dental care. The plan offers you and your enrolled dependents coverage for a wide range of preventive care, basic and major restorative care, and orthodontia dental services, depending on the option you choose. Most eligible participants receive two to three options to choose from, depending on your home ZIP code. You and JPMorgan Chase share the cost of coverage under each of the Dental Plan options. The amount you pay via payroll contributions depends on the Dental Plan option you choose and the coverage level you choose.

Choose an option	☐ Preferred Dentist Program – PDP (MetLife)
	☐ Dental Maintenance Organization – DMO (Aetna*)
	☐ Dental Health Maintenance Organization – DHMO (Cigna*)
	
	**Independent of the health care company you choose for medical.*
		• All options provide coverage for preventive care, basic and major restorative care.
		• The PDP Option lets you choose between receiving in-network or out-of-network care each time you need dental work.
		  – Orthodontia is covered for a child under age 19.
		• The DMO and DHMO offer you a broad range of dental services by in-network providers.
		  – Orthodontia is covered for an adult or a child.
		• Search for providers for each of these options on the Benefits Web Center.

Elect to cover dependents	☐ Spouse/domestic partner ☐ Child(ren)	• You will be asked to provide proof that your dependent(s) meets the Dependent Eligibility Requirements if you're adding a new dependent or haven't provided this proof before.

#5: Consider a Vision Plan

The Vision Plan helps you and your family pay for covered vision expenses, such as eye exams, prescription glasses (lenses and frames) and contact lenses. The Plan lets you choose between an EyeMed network provider and a non-EyeMed network provider each time you need vision services. You pay the full cost of coverage – JPMorgan Chase does not pay any share of the cost. The amount you pay via payroll contributions depends on the coverage level you choose.

Decide if you want to enroll	☐ Enroll for EyeMed vision	• When you seek care from a vision care professional within the plan's network, you will have no copayment for your vision exam. • If you choose to seek care outside the network, you will be reimbursed up to a specified dollar limit. • Search for providers on the Benefits Web Center.
Decide which dependents to cover	☐ Spouse/domestic partner ☐ Child(ren)	• You will be asked to provide proof that your dependent(s) meets the Dependent Eligibility Requirements if you're adding a new dependent or haven't provided this proof before.

#6: Consider electing Life and Accident Insurance

You can elect 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. You pay the full cost of the STL and AD&D insurance you elect for yourself, your spouse/domestic partner, and your eligible dependents.

Here's a quick primer on what these benefits are — with more details in the chart below:

- STL Insurance is designed to provide funds to your designated beneficiary(ies) in the event of your death. Our "supplemental" coverage is meant to either fill gaps in your existing term life insurance coverage or provide a safety net for those who don't have any separate life insurance.
- AD&D Insurance is designed to cover the unintentional death or dismemberment of the insured.

Choose a Supplemental Term Life (STL) Insurance coverage level	☐ **You:** Coverage up to 10 times your TACC in $10,000 increments to a maximum of $3 million ☐ **Spouse/domestic partner:** $10,000 increments up to a maximum of $300,000 ☐ **Child(ren):** $5,000, $10,000, $15,000 or $20,000 per eligible dependent child	• JPMorgan Chase automatically provides Basic Life Insurance equal to one time your TACC up to a maximum of $100,000. • Any election or increase made to your or your spouse/domestic partner's coverage during Annual Benefits Enrollment will be subject to evidence of insurability (EOI) — or proof of good health. Your elected coverage won't go into effect until your EOI is approved. EOI is not required for Child STL. • Learn more about Supplemental Term Life Insurance or use the life insurance calculator on the Benefits Web Center.
Choose an Accidental Death and Dismemberment (AD&D) Insurance coverage level	☐ **You:** Coverage up to 10 times your eligible compensation in $10,000 increments to a maximum of $3 million ☐ **Spouse/domestic partner:** $10,000 increments up to a maximum of $600,000 ☐ **Child(ren):** $10,000 increments up to a maximum of $100,000 per eligible dependent child	• You may choose dependent AD&D insurance for your spouse/domestic partner and eligible children even if you don't elect AD&D coverage for yourself, as long as you have Basic Life Insurance. • If you don't enroll in the plan, you will not have AD&D coverage.

#7: Elect Long-Term Disability Insurance coverage

While life insurance provides coverage in the event of a death, it's much more likely that you will experience a disability in your lifetime than an untimely death. Long-term disability (LTD) coverage provides income replacement if you're unable to work for an extended period due to an illness or injury.

The monthly benefit is based upon a percentage of your Total Annual Cash Compensation (TACC), less certain other disability benefits. If your TACC in effect for a plan year is less than $60,000, you're automatically enrolled in company-paid LTD for that given plan year. If your TACC in effect for a plan year is $60,000 or more, you have the option to elect LTD coverage and you pay the full cost of coverage.

Choose a Long-Term Disability (LTD) Insurance coverage level	If your TACC is less than $60,000, you will automatically receive LTD coverage of 60% of your TACC, fully paid by JPMorgan Chase. Those with TACC of $60,000 or more can elect: ☐ 50% of TACC ☐ 60% of TACC	• If your TACC is $60,000 or more, any election or increase made during Annual Benefits Enrollment will be subject to evidence of insurability (EOI) — or proof of good health. Your elected coverage won't go into effect until your EOI is approved. • **Individual Disability Insurance:** Generally, if your TACC is more than $400,000, your Group LTD coverage may provide limited compensation protection. As a result, you can purchase additional LTD coverage through a fully portable Individual Disability Insurance (IDI) policy (issued by Unum) that would provide an additional maximum monthly benefit of up to $15,000. If you're newly eligible for coverage, you will have an opportunity to enroll online — watch your email for more information in November.

#8: Consider a Group Personal Excess Liability Insurance Plan

This coverage offers 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. You pay the full cost of coverage. There's a flat rate for coverage based on the coverage level you elect. For additional details, see the Benefits Web Center.

Choose a level of coverage	☐ $2 million ☐ $5 million ☐ $10 million

#9: Consider a Group Legal Services Plan

Our Group Legal Services Plan gives 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. You pay the full cost of your coverage. Additional details on the Group Legal Plan are located on the Benefits Web Center.

Decide if you want to enroll	☐ Enroll for Group Legal coverage

#10. Enroll in the Employee Stock Purchase Plan

You're eligible to enroll in the Employee Stock Purchase Plan (ESPP) during each annual enrollment period if you're a U.S. benefits-eligible employee, you were hired on or before September 30, and your Total Annual Cash Compensation (TACC) is less than $250,000. This is an opportunity to become an owner of JPMorgan Chase and purchase the company's common stock through payroll contributions at a 5% discount and without paying a broker's fee. Stock purchases take place on the first day that trading is conducted on the NYSE in January, April, July and October.

Decide if you want to enroll	☐ Enroll for the ESPP (those with TACC less than $250,000)	• If you're currently participating in the ESPP and remain a contributing participant through December 31, 2023, your current election will carry over to 2024, but be sure to view your current election during enrollment and validate your payroll deduction in January 2024. • You can choose to contribute up to 20% of your eligible compensation. • Contributions are subject to an annual maximum amount of $25,000. • If you're an active employee, you can have your dividends reinvested or paid to you in cash. • Learn more by reviewing the Employee Stock Purchase Plan Prospectus.

DISCLOSURES & DISCLAIMERS

The Summary Plan Descriptions (SPDs) for all the plans are contained in the Your JPMC Benefits Guide ("Guide") which can be found at My Health > Your JPMC Benefits Guide or jpmcbenefitsguide.com. SPDs provide important information as required by the Employee Retirement Income Security Act of 1974 (ERISA) regarding the JPMorgan Chase U.S. Benefits Program.

This 2024 Annual U.S. Benefits Enrollment Bulletin ("Bulletin") modifies the Guide and is intended to be a summary of material modifications (SMM) with respect to the applicable plans under the JPMorgan Chase U.S. Benefits Program. It supplements, clarifies, and amends various sections of the Guide and should be referred to as part of the Guide and applicable component SPDs. You are encouraged to save or print this document and retain it for your records. If there is a discrepancy between the terms of the JPMorgan Chase U.S. Benefits Program or its applicable component plan(s), as amended, and this SMM, the terms of the JPMorgan Chase U.S. Benefits Program or the applicable component plan(s), as amended, will control.

This Bulletin is currently available on My Health > 2024 Benefits Resources and will also soon be available on **Your JPMC Benefits Guide > About This Guide**.

- **Benefit reminders:** This document contains several disclosures and annual notices that are required by law for companies that offer group health plans.
- **Important disclaimers:** Review important disclaimers regarding the JPMorgan Chase U.S. Benefits Program.