

2024 Pre-Medicare Retiree Annual U.S. Benefits Enrollment Bulletin

For Pre-Medicare Retirees and Their Eligible Covered Pre-Medicare Family Members in Option 1 and Option 2

NOVEMBER 2023

Welcome to the 2024 annual enrollment period for the JPMorgan Chase U.S. Retiree Benefits Program. This Bulletin is for pre-Medicare retirees and their eligible, covered pre-Medicare family members.

Note: This Bulletin replaces and supersedes previous 2024 plan information distributed to you.

If you are a Medicare-eligible retiree, then medical, prescription drug, dental and vision plan options are offered through Via Benefits — a private Medicare exchange provider. This Bulletin addresses your pre-Medicare dependents' 2024 coverage elections, which you will continue to make on their behalf through the **Benefits Web Center** or HR Answers.

General Enrollment Information

Now is the time to consider and make choices for 2024. You and/or your dependents may be eligible for coverage under the following plans: Retiree Medical, Retiree Dental, Retiree Vision and/or Retiree Life Insurance (for the retiree only). **Note: JPMorgan Chase Health Care and Insurance Plans do not have a deferral of coverage option. If you have waived coverage in the past or now choose to waive coverage, you cannot elect coverage at any time in the future.**

We encourage you to review your current Health Care and Insurance Plan options to be sure they continue to meet the needs of you and your covered dependents. Your **Enrollment Checklist** on page 7 will guide you through making your decisions for 2024.

When You Turn 65 or Become Eligible for Medicare

When you turn 65 or become eligible for Medicare, you enroll in health care coverage through Via Benefits that offers medical, prescription drug, dental and vision coverage. Via Benefits does not provide coverage for you and/or your covered dependents until you and/or your covered dependents become eligible for Medicare.

There are *separate* elections for Medicare-eligible participants and their Medicare-eligible family members, because the coverage through Via Benefits is individualized coverage. As a pre-Medicare retiree or covered dependent, you will receive information from Via Benefits approximately 60 days before you become eligible for Medicare.

Medicare-eligible participants who are currently eligible for and receiving a subsidy for medical coverage, based on the rules in effect at the time of their retirement, will continue to be provided a subsidy through an annual contribution to an account called a Health Reimbursement Arrangement (HRA). This account can be used to offset eligible medical, prescription drug, dental and vision premiums, and other eligible medical, dental and vision out-of-pocket costs. To continue receiving annual HRA deposits, enrollment in a Via Benefits medical plan (Medicare Supplement or Medicare Advantage) must be retained.

Enrollment ends Nov. 10!

Check the **Personalized Fact Sheet** sent previously for all of the pre-Medicare 2024 coverage options and costs. More information is also available on the **Health Plan Comparison Charts** you previously received and found on **My Health**, your online centralized resource for plan information. See more information on page 8 regarding the tools and resources available.

Enroll before the **November 10, 2023, benefits enrollment deadline**, or any pre-Medicare participant will be assigned coverage based on their current 2023 elections, with 2024 costs. If changes are needed, go to **My Health** and click **Enroll now** to make your 2024 elections or to use the online tools available on the **Benefits Web Center**. You can access **My Health** online at myhealth.jpmorganchase.com.

If you and/or your covered dependent become eligible for Medicare, you/they must enroll in Medicare Part A, Medicare Part B and a Via Benefits medical plan (Medicare Supplement or Medicare Advantage) when first eligible to continue receiving a JPMC subsidy (HRA), if subsidy eligible.

If you have questions, Via Benefits can be reached toll-free at **1-844-448-7300**, 8 a.m. to 9 p.m. Eastern Time, Monday through Friday. You may also access the Via Benefits website for JPMorgan Chase members at <https://my.viabenefits.com/jpmc>.

Having Split Family Coverage

Having split family coverage means one or more family members are Medicare-eligible and one or more family members are not yet eligible for Medicare. When this happens, members of the same family are covered under separate options (i.e., one as pre-Medicare with the JPMorgan Chase U.S. Retiree Benefits Program and one as Medicare-eligible with health care coverage through Via Benefits).

If the pre-Medicare covered family member is eligible for a medical subsidy (based on the rules in effect at the time of retirement), the subsidy will continue to offset the JPMorgan Chase Retiree Medical premium as long as the pre-Medicare covered family member remains enrolled in JPMorgan Chase Retiree Medical coverage. Once that covered family member becomes eligible for Medicare, the subsidy will be deposited annually to the HRA with Via Benefits as long as that family member enrolls in medical coverage through Via Benefits with no lapse in coverage.

Please be sure to review 2024 plan information with your family members. If you (as the former JPMorgan Chase employee) are pre-Medicare-eligible, look through this Bulletin and choose the right options for you and your pre-Medicare covered dependents, and enroll in JPMorgan Chase retiree benefits using the **Benefits Web Center** or by calling HR Answers (see page 10). If you are the former JPMorgan Chase employee and are Medicare-eligible, you need to enroll your pre-Medicare dependents in JPMorgan Chase retiree benefits through the **Benefits Web Center** or by calling HR Answers, and separately enroll yourself (or continue coverage) through Via Benefits.

What's New in 2024

Plan Design

The 2024 U.S. Retiree Medical Plan will offer in-network routine, urgent and emergency care at fixed-dollar copayments and without a deductible. This includes services such as primary care office visits, mental health sessions, specialist office visits, lab work, urgent care and emergency room visits.

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. The deductibles and out-of-pocket maximums are lower in 2024.

Out-of-network coverage will continue to be offered but differs from in-network coverage with separate higher deductibles and out-of-pocket maximums, higher coinsurance and most services subject to the deductible then coinsurance.

In-Network Medical Costs, Deductibles and Out-of-Pocket Maximums	Plan Option 1	Plan Option 2
(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	\$75	\$100
Physical Therapy, Speech Therapy, Occupational Therapy	\$25	\$35
Chiropractic Visit	\$50	\$50
Basic Labs	\$20	\$35
Urgent Care	\$75	\$100
Ambulance	\$250	\$250
Emergency Room	\$500	\$800
(b) Medical deductible for services below		
You	\$750	\$1,750
You + Spouse/Domestic Partner or You + Child(ren)	\$1,400	\$2,800
You + Family (You + Spouse/Domestic Partner + Child(ren))	\$1,800	\$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)		
You Only Coverage	\$2,000	\$4,000
You + Spouse/Domestic Partner or You + Child(ren)	\$3,400	\$5,900
You + Family (You + Spouse/Domestic Partner + Child(ren))	\$5,100	\$8,400

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

Out-of-Network Medical Costs, Deductibles and Out-of-Pocket Maximums	Plan Option 1	Plan Option 2
Medical deductible		
You	\$2,750	\$4,750
You + Spouse/Domestic Partner or You + Child(ren)	\$4,125	\$7,125
You + Family (You + 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	\$500 copay*	\$800 copay*
Medical out-of-pocket maximum		
You	\$8,750	\$10,750
You + Spouse/Domestic Partner or You + Child(ren)	\$12,125	\$15,125
You + Family (You + 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 copayments above	2x copayments above
Out-of-pocket maximum (your “safety net,” the most you will pay in a year for prescription drugs)			
You		\$1,250	
You + Spouse/Domestic Partner or You + Child(ren)		\$2,000	
You + Family (You + Spouse/Domestic Partner + Child(ren))		\$2,600	

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

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) (i.e., 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.

Habilitative Therapy

Office visit limits no longer apply to physical, occupational and speech therapy if your diagnosis is related to behavioral health.

Family Building Benefits

The following bundle of services make up our Family Building Benefits and will be available in 2024:

- Fertility treatments such as in vitro fertilization (IVF) and intrauterine insemination (IUI), whether or not you have a medical diagnosis of infertility
- New! Elective fertility preservation (egg and sperm freezing with 12 months of storage)
- Associated prescription medications

Family Building Benefits can provide up to \$30,000 for medical procedures and \$10,000 for prescription drugs (enrollment and completion of a nurse consultation with WINFertility required to unlock this benefit level).

Enhanced Transgender Benefits Coverage

Expanded coverage for gender affirmation services, including tracheal shave, facial feminization/masculinization, voice therapy, voice modification surgery, is available in 2024.

Prescription Drug Plan

Prescription drug coverage continues to be part of the JPMC U.S. Retiree Medical Plan. The 2024 design features:

- No deductible and fixed-dollar copayments for covered prescription drugs;
- Covered preventive brand and generic prescription drugs (like insulin and blood thinners) covered at 100%;
- A lower generic prescription drug copayment of \$5 for a month supply and lower copayment for preferred brand prescription drugs; and
- A separate, lower annual out-of-pocket maximum for prescription drugs from medical services.

Your Medical Reimbursement Account

If applicable, any remaining Medical Reimbursement Account (MRA) balance will be managed by the health care company you choose for 2024 — either Aetna or Cigna. (You are not eligible to earn new MRA funds.) You can file claims with your health care company for reimbursement from your remaining MRA fund balance for eligible medical and prescription drug expenses.

A word about dependent eligibility

If you are eligible for retiree health care coverage, you can cover eligible dependents (e.g., spouse/domestic partner, children) who were part of your family on the date you retired. However, you must begin to cover them when you are first eligible for retiree health care coverage and may not defer their enrollment to a later date.

Dependent children are considered eligible dependents and may remain covered until the end of the month in which they turn 26. For more on eligibility requirements, please see **Your JPMC Benefits Guide** (Summary Plan Descriptions) found on **My Health**.

IMPORTANT NOTE: Neither you nor any eligible dependents may defer enrollment into JPMC retiree health care plans until a future date. Waiving coverage means you and/or your eligible dependents permanently forfeit your rights to future JPMC retiree health care coverage.

Retiree Dental Plan

There are no changes to the Retiree Dental Plan for 2024.

Retiree Vision Plan

There are no changes to the Retiree Vision Plan for 2024.

*For more information on the Retiree Medical, Prescription Drug, Dental and Vision Plans, go to the **Benefits Web Center** through **My Health**.*

Paying for Coverage

You can pay for your Health Care and Insurance Plans coverage through direct debit from a financial account of your choosing or by check. **If your payment (via check or direct debit) is 31 days past due, your coverage will be terminated for non-payment and you will not be able to re-enroll in coverage for the remainder of the year or at any time in the future.** For example, your payment for January coverage is due January 1 and payment must be postmarked no later than January 31 or it is considered past due. Therefore, it may be easier for you to set up direct debit.

There are two ways to set up direct debit — either by calling HR Answers at **1-877-JPMChase (1-877-576-2427)**, Options 2, 0, 1, or by enrolling in direct debit on the **Benefits Web Center**. If you do not enroll in direct debit, you will automatically continue to receive a direct bill (monthly invoice). You will receive your bill for January around December 15 and payment is due January 1, 2024. Subsequent monthly bills will be sent in a similar time frame.

Important Steps to Take by November 10: Your Enrollment Checklist

- ✓ **Review your pre-Medicare medical plan options and elect the coverage that is best for you and your family.** Compare your pre-Medicare options both within the JPMorgan Chase Retiree Medical Plan and with any other plans available to you, such as through your spouse's/domestic partner's employer or former employer, or other options available to your child(ren). Take everything into consideration when making your choice. More information is also available on the enclosed Health Plan Comparison Charts and on **My Health**.
- ✓ **Decide whether your health care company is still the right fit for you.** Both Aetna and Cigna offer the same designs and monthly contributions to pre-Medicare retirees. Check out the tools, resources and wellness programs each health care company offers, and whether your doctors are in their networks. You can access the health care company websites through **My Health** or through the **Benefits Web Center**.
- ✓ **Review your Retiree Dental and Vision options, and make sure they are still right for you in 2024.**
- ✓ **If you have waived coverage in the past or now choose to waive coverage in any or all of JPMorgan Chase Retiree benefits, you cannot elect coverage at any time in the future.**
- ✓ If you are **Medicare-eligible**, you should review options available to you through **Via Benefits**. **Remember: If you have pre-Medicare-eligible covered family members, you (the former employee) will enroll them in JPMorgan Chase Retiree plans through the Benefits Web Center.**
- ✓ **Set up direct debit from a financial account to pay for your coverage, if you are currently paying by check.**
- ✓ **Update your dependent information.** Your **Personalized Fact Sheet** includes the information currently on file for you and your covered dependents. Please review this information carefully and make sure each dependent's name, address, date of birth and Social Security number are up to date. You can make any necessary changes by visiting the **Benefits Web Center** via the **Enroll now** link on **My Health**.
- ✓ **Understand the rules for mid-year changes.** If your family situation changes, you may be eligible to make changes to your benefits. In the event of a qualified status change, any resulting coverage changes must

Your elections last all year

Elections you make during this annual enrollment period will become effective January 1, 2024, and remain in effect through December 31, 2024, unless you have a qualified status change. If you experience a qualifying event, access the **Benefits Web Center** or call HR Answers at **1-877-JPMChase (1-877-576-2427)** right away.

If you don't make changes for 2024, generally your elections for 2023 will continue at 2024 rates.

be made within 31 days after the date of the event (90 days if the qualifying event is the birth or adoption of a child). Call HR Answers right away if you experience a qualifying event. Visit **My Health** for details.

- ✓ **If you or your covered dependent becomes eligible for Medicare**, you will automatically receive information from Via Benefits with instructions for enrolling in coverage. You can contact Via Benefits for information on their plans at **1-844-448-7300**, 8 a.m. to 9 p.m. Eastern Time, Monday through Friday. If you or your covered dependent becomes eligible for Medicare as the result of a disability prior to age 65, please contact HR Answers (see page 10).

Your Privacy is Important

The privacy of your health information is important to you and to JPMorgan Chase. We are committed to protecting your personal health information and complying with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). This means that, when you receive health care treatment of any kind, your personal health information will be maintained and used in accordance with appropriate notices, privacy policies and applicable law. For detailed information about your HIPAA Privacy Rights, please see the Privacy Notice found on **My Health**.

Resources to Help You Choose and Enroll

In addition to this Pre-Medicare Retiree Annual Benefits Enrollment Bulletin, several resources are available on **My Health** to help you during this retiree benefits enrollment, including a link to the **Benefits Web Center**, where you will make your enrollment choices.

To make changes or use the online tools, you can access **My Health** at myhealth.jpmorganchase.com and select “Current/Former Employees” (or “Retirees & Medicare Eligible LTD (All States)”) for your covered family members). Once on **My Health**, click the **Enroll now** button.

The following chart provides an overview of important resources to help you make your decisions about coverage for 2024.

Enrollment Resource	Where You’ll Find It	Details
Personalized Fact Sheet	Mailed to you previously	The Personalized Fact Sheet (PFS) highlights your 2024 coverage options and costs under the following benefits plans (if eligible): Retiree Medical, Retiree Dental, Retiree Vision and Retiree Life Insurance.
Health Plan Comparison Charts	Go to My Health and select Enroll now (also included in your enrollment package)	Side-by-side comparison of your 2024 Retiree Medical, Retiree Dental and Retiree Vision Plan options and how they compare with current plans.
Provider Search	Go to My Health and select Enroll now	Online provider directories show whether your provider is in the Aetna or Cigna network and lets you search for primary care physicians and specialists.
Beneficiary Designation Form	beneficiary.jpmorganchase.com	Allows you to make changes to your current designations under the Retiree Life Insurance Plan as necessary.

Now is the Time to Enroll

For former employees (pre-Medicare retiree or Medicare-eligible retiree enrolling pre-Medicare covered dependents)

Your first stop for enrollment is **My Health** at myhealth.jpmorganchase.com. Click **Enroll now** to access the **Benefits Web Center**. You will need to enter your Standard ID number, shown on your enclosed **Personalized Fact Sheet**, and your JPMorgan Chase password (see How to Log In on page 11).

If you're not a JPMorgan Chase retiree

If you are a pre-Medicare covered dependent of a Medicare-eligible retiree, the former employee will need to elect coverage for you on the **Benefits Web Center** even though they may have their own coverage through Via Benefits.

If you are covered as a surviving spouse/domestic partner or dependent child of a JPMorgan Chase retiree, you do not have access to **My Health**. You may request any of the information in this Bulletin by calling HR Answers at **1-866-717-7716**. You may also enroll through HR Answers; representatives are available to assist you from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday, except certain U.S. holidays.

Confirming your coverage

If you make any changes to your assigned coverage or are newly eligible for coverage in 2024, you must confirm your elections:

- **Online through the Benefits Web Center.** You'll need to "Confirm" your choices to complete your enrollment. Your elections have been saved when you see the "Completed Successfully" screen. Please print a copy of this screen and retain it for your records. You will also be able to view and print your 2024 coverage through the **Benefits Web Center**. This will serve as your confirmation of your 2024 benefits elections. You will not receive a paper confirmation statement in the mail.

OR

- **By calling HR Answers.** A confirmation of your 2024 benefits elections will be mailed to your home address. Please review it promptly once received.

Reminder

If you do not make any changes during your designated enrollment period, the information shown on the "Enroll in Your Benefits" screen on the **Benefits Web Center**, available through **My Health**, and the previously provided **Personalized Fact Sheet** will serve as confirmation of your 2024 retiree benefits elections and costs. You will not receive another confirmation from JPMorgan Chase.

Contacting HR Answers

If you can't access **My Health**, need more information or need personal assistance after you've been to **My Health**, call HR Answers at **1-877-JPMChase (1-877-576-2427)** or **1-212-552-5100** if calling from outside the United States. Hours are Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

Quick path: Here's how you can quickly reach an HR Answers representative:

1. Enter your Standard ID or Social Security Number and follow the prompts to confirm
2. Select Option 2, followed by Option 9

Get additional help with Health Advocate

In addition to your health care company's support, Health Advocate helps you navigate the complex health care system (e.g., understanding your benefits and coverage options available to you, assisting with benefits claims). To learn more, access **My Health** or contact Health Advocate at **1-866-611-8298**, Monday through Friday, from 8 a.m. to 9 p.m. Eastern Time.

Benefit Reminders

HIPAA Privacy Rights and Protected Health Information

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to communicate how certain protected health information under employee and retiree health care plans may be used and disclosed, as well as how plan participants can get access to their protected health information.

Accordingly, once every three years JPMorgan Chase will send you a "Privacy Notice of Protected Health Information Under the JPMorgan Chase Health Care Plans" that describes in detail how your personal health information may be used and your rights with regard to this information. This notice was last distributed in 2023.

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 less than these periods.

Medical Plan Post-Mastectomy Benefits

All options under the JPMorgan Chase Retiree Medical Plan cover certain breast reconstructive benefits in conjunction with a mastectomy for eligible participants. Coverage is available for:



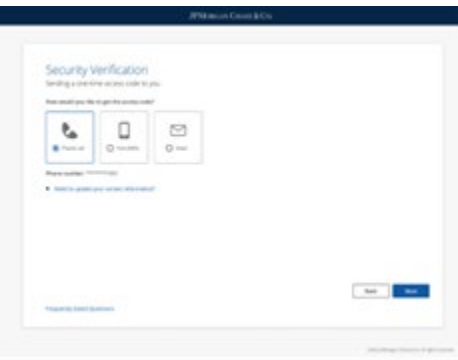

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction for the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications for all stages of mastectomy, including lymphedema.

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

How to Log In

For sites that are accessible from outside the JPMC network (for current and former employees) — a Standard ID (SID) and Password are needed. Below is the process.

Process for former employees

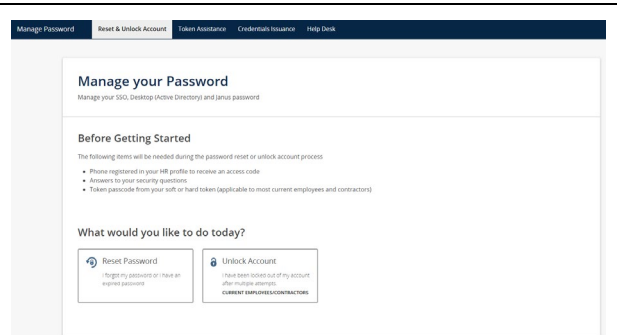
<p>1. Go to https://myhealth.jpmorganchase.com and enter Standard ID (SID)</p> <p><i>Click Continue</i></p>	
<p>2. Enter password (Forgot your password? See below)</p> <p><i>Click Log in</i></p>	
<p>3. Select preferred channel of communication (phone or email) to receive the one-time passcode (OTP)</p> <p><i>Click Next</i></p>	
<p>4. Enter the OTP code received via phone or email</p> <p><i>Click Next and you'll be let into the site you were trying to access</i></p>	

Forgot your password?

If you can't remember your password when logging in, click **Forgot Password** and follow the steps below.

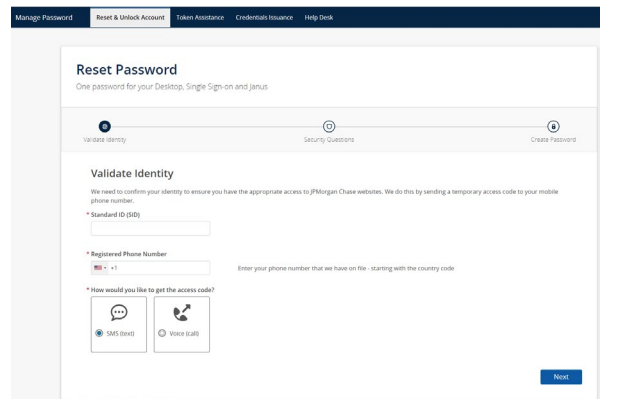
1. Select "Reset Password"

Click Next



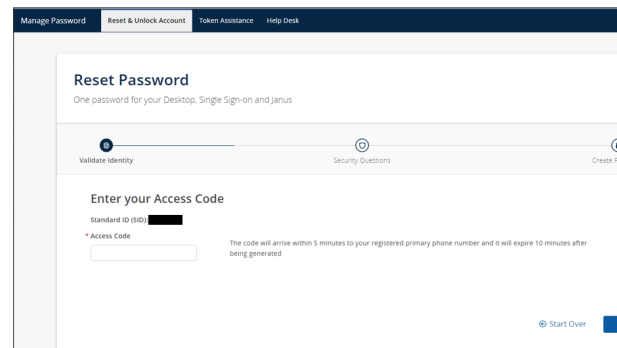
2. Enter your SID and phone number, and select your preferred channel of communication (text or voice call) to receive the one-time passcode (OTP)

Click Next



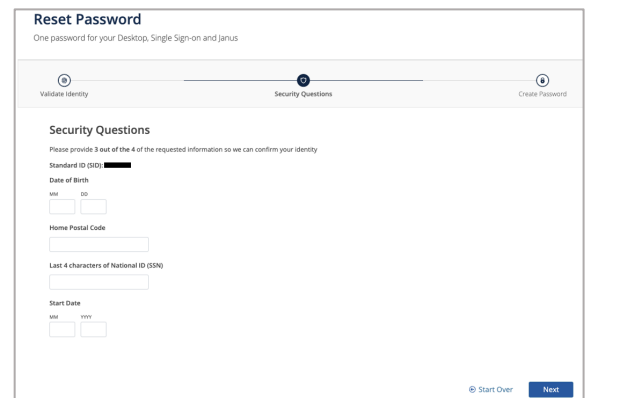
3. Enter the OTP code received via text or voice call

Click Next



4. Enter 3 of the 4 criteria requested

Click Next



5. Set password

Click Submit

6. Success message

Please wait five minutes before logging in with new password

Need Help?

If you need more help, call HR Answers at 1-877-JPMChase (1-877-576-2427) or 1-212-552-5100 if calling from outside the United States.

*For complete plan details, see the Summary Plan Descriptions (SPDs) along with the Annual U.S. Retiree Benefits Enrollment Bulletins that serve as summary of material modifications (SMMs). Please call HR Answers at **1-877-JPMChase (1-877-576-2427)** to request copies of the JPMorgan Chase U.S. Retiree Benefits Program SPDs.*

This Bulletin modifies and changes Your Guide to Retiree Benefits at JPMorgan Chase and is a summary of material modifications for certain plans under the JPMorgan Chase U.S. Retiree Benefits Program. It supplements, clarifies and amends various sections of the Guide and the Summary Plan Descriptions, and should be referred to as part of the Guide and the Summary Plan Descriptions. Please retain this information for your records. The JPMorgan Chase U.S. Retiree Benefits Program is available to individuals who met the applicable retiree benefits age and service criteria when their employment terminated with JPMorgan Chase or a heritage organization. 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.

JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change or terminate its benefits and plans at any time, including its JPMorgan Chase U.S. Retiree Benefits Program.