

MRA, HCSA and Payment Options

Effective Jan. 1, 2024

While the Medical Reimbursement Account (MRA) and Health Care Spending Account (HCSA) both allow you to pay eligible out-of-pocket health care expenses, they differ in the following ways:

	MRA	HCSA
Enrollment	There is no enrollment required for the MRA. It is included when you enroll in the JPMC Medical Plan. Please note: If you enroll in the Kaiser HMO option, you will have access to previously earned MRA rewards but will not be eligible to earn MRA rewards in 2024.	You must make an active election to participate; prior year elections do not automatically carry over.
Contributions	Your MRA is funded by JPMorgan Chase as you complete specific Wellness Activities*. You cannot contribute your own dollars. <i>*Medical Plan Options 1 and 2: you earn money in your 2024 MRA for completing activities in the Wellness Incentive Program; Kaiser HMO Option: Does not include the Wellness Incentive Program so participants are not eligible to earn 2024 wellness incentives and does not include a 2024 MRA.</i>	Your HCSA is funded by your own pre-tax dollars, up to a maximum amount set by the IRS. You can contribute up to \$3,200 in 2024.
Eligible expenses	Your MRA can be used for eligible medical and prescription drug out-of-pocket expenses only. It cannot be used for dental or vision expenses.	Your HCSA can also be used for eligible medical and prescription drug out-of-pocket expenses <u>after</u> your MRA is depleted, as well as for eligible dental and vision expenses.
Year-end balances	Any balance left in your MRA at year-end carries over to be used in future years as long as you remain actively employed by JPMorgan Chase.	Per the IRS, if you have a remaining balance at the end of the year, up to \$610 of HCSA funds automatically carry over to the following year. If you decide not to contribute in the following year, up to \$610 of HCSA funds automatically carry over; however, you must use those funds in the following calendar year (note: any unused amounts less than \$25 will not carry over; they will be forfeited). If you don't think you'll spend your carryover balance from 2023 in 2024, consider electing to make a small contribution to your HCSA for 2024, which will allow the carryover of your 2023 balance to 2024.
Which fund to use when	Your MRA funds are used first to pay for eligible medical and prescription drug out-of-pocket expenses.	Once there is no money left in your MRA, your HCSA funds can be used to pay for eligible out-of-pocket medical and prescription drug expenses. For dental and vision expenses, you can start using your HCSA as soon as the plan year begins on Jan. 1 or when your coverage is first effective
Administration	<ul style="list-style-type: none"> For Medical Plan Options 1 and 2: Your health care company, Aetna or Cigna, administers your MRA and HCSA. Inspira Financial (formerly PayFlex), an Aetna subsidiary that administers the MRA and HCSA for all Aetna members. For Kaiser HMO Option: Cigna will administer your MRA and HCSA. For those not enrolled in the JPMC Medical Plan: Cigna administers your HCSA. You can download the Aetna Health app, Inspira Financial app or myCigna app from the App Store or Google Play for on-the-go access. 	

Funding of Your Accounts

Your MRA is funded by JPMorgan Chase when you as the employee complete activities in the Wellness Incentive Program. You cannot contribute your own dollars. For Option 1 and 2, visit **My Health > Wellness Activities & Services** for details on the Wellness Incentive Program, which activities you can complete in 2024, and their funding amounts.

If you choose the Kaiser HMO Option (California employees only), you will not be eligible to earn MRA rewards for any Wellness Activities.

Your HCSA is funded by you via payroll deduction on a before-tax basis, based on the election you make during enrollment or when you are first eligible for coverage. You decide how much to set aside, up to an annual maximum of \$3,200 for 2024.

Payment Options: Automatic Claim Payment vs. Debit Card

During Annual Benefits Enrollment:

- If you choose Option 1 or 2, you will also be able to choose whether you want Automatic Claim Payment or a Debit Card to pay claims from your MRA and HCSA.
 - If you selected the Automatic Claim payment method and would like to change your election to the Debit Card payment option, you can request a one-time change that would be effective on the first of the following month.
- If you choose the Kaiser HMO Option, you'll pay claims using your Cigna Debit Card (Automatic Claim Payment is not available).

This chart explains your options for paying any eligible expenses you incur starting Jan. 1, 2024.

Method	Main Benefit
<p>Automatic Claim Payment</p> <ul style="list-style-type: none"> • For Options 1 and 2 • <i>Not available for Kaiser HMO Option</i> 	<p>Your health care 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>You may want to choose Automatic Claim Payment if:</p> <ul style="list-style-type: none"> • You don't want to pay out-of-pocket for services or submit a reimbursement request. • Your doctors and other providers don't accept credit cards. • Your doctors and other providers don't require you to pay at the point of service. • You want to avoid the substantiation process, which requires you to provide information when the account administrator can't match expenses to a claim. • You or your covered dependents don't have coverage through another medical plan. • You don't receive assistance with the cost of prescription drugs via a manufacturer discount card or government assistance.
<p>Debit Card</p> <ul style="list-style-type: none"> • For Options 1 and 2 • For Kaiser HMO Option 	<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><i>Note: 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.</i></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"> • 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. • Receive assistance with the cost of your prescriptions by using a manufacturer discount card or through a government assistance program. • Your doctors and other providers require you to pay at the point of service. • Would like to review payments before any MRA or HCSA funds are taken out of your account. • Want to save your MRA or HCSA funds and spend them only for certain expenses during the year. • Want to use HCSA funds at the time of service to pay for eligible dental, vision or other health care costs not covered by the Medical Plan.

Reminders

- Make sure you have your Medical Plan ID card with you whenever you receive medical services. You should generally not pay at an in-network doctor's office.
 - Options 1 and 2: If you're asked to pay at the point of service, show your Medical Plan ID card and explain that your health care company needs to review the claim first to see what you owe. If the provider still has questions or insists on your payment at the time of service, ask them to contact your health care company at the number shown on your Medical Plan ID card.
 - Kaiser HMO Option: You have the option to pay copayments during your visit or wait until you've received and reviewed your Explanation of Benefits (EOB) from Kaiser.
- If you pay at point of service and need to file for reimbursement, you can submit an online claim form for reimbursement from your MRA and/or HCSA or a paper claim form (via mail or fax). The paper claim form can be found on your health care company's website (Aetna or Cigna) or on My Health > Medical, Rx, MRA & Spending Accounts > Claims and Other Forms. You can download the Aetna Health app, Inspira Financial app or myCigna app from the App Store or Google Play for on-the-go access.

Contacts

Additional information to help you choose your benefits during annual enrollment and use them throughout the year can be found on **My Health**. If you have additional questions or need more information, see the tip sheet, **Who to call with benefits questions**.

*For plan details, use the 2024 Annual Enrollment Bulletin and Summary Plan Descriptions (SPDs) found on **My Health** > 2024 Benefits Resources.*

The JPMorgan Chase U.S. Benefits Program is generally available to most full-time and part-time U.S. dollar-paid, salaried employees who are regularly scheduled to work 20 hours or more a week and who are employed by JPMorgan Chase & Co. 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. JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change, or terminate its benefits and plans at any time. The JPMorgan Chase U.S. Benefits Program does not create a contract or guarantee of employment between JPMorgan Chase and any individual. JPMorgan Chase or you may terminate the employment relationship at any time.

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