JPMorgan Chase & Co.

Understanding Your Prescription Drug Coverage

Simplified Medical Plan for Arizona and Ohio- Effective January 1, 2020

Your benefits are designed to help you get and stay healthy, and prescription drug coverage is an important part of the overall medical package. However, prescription drug coverage works differently than other expenses paid by the Medical Plan and is administered by CVS Caremark (not Aetna or Cigna). Get to know your coverage so you'll be prepared when you need to fill a prescription — and know what to expect in terms of cost. Here are some tips to help.

Categories of Prescription Drugs

Your prescription drug coverage depends on the type of drug your doctor prescribes and where you fill your prescription. Prescription drugs are split into two main categories – traditional drugs and specialty drugs.

Traditional drugs, also known as non-specialty drugs, are usually the ones which most people are familiar with and represent the majority of prescription drugs used. This includes medicines used to treat common conditions like high blood pressure, diabetes and asthma, and most short-term medicines used to treat acute conditions like coughs, flu and infections. Traditional drugs generally don't have special handling or shipping requirements, are available at most pharmacies, and are lower cost.

Specialty drugs are generally used to treat complex medical conditions such as rheumatoid arthritis, multiple sclerosis and psoriasis. These drugs include biological drugs, often require special handling, such as refrigeration, and are generally not available at the majority of pharmacies. Additionally, specialty drugs are usually higher cost.

Three Types of Prescription Drugs within the Traditional and Specialty Categories

Your prescription drug coverage depends on the type of drug your doctor prescribes and where you fill your prescription. There is no out-of-network coverage.

Generic Drugs

Generics have equivalent ingredients to brand-name drugs, but can cost up to 80% less. Eligible generic preventive drugs are covered at 100% — which means you pay nothing for these prescription drugs at network pharmacies.

Preferred Brand-Name Drugs

Preferred brand-name drugs have been patented by the companies that developed them and placed on a preferred drug list by CVS Caremark. They're generally more expensive than generic drugs but less expensive than non-preferred drugs.

Non-Preferred Brand-Name Drugs

Non-preferred brand-name drugs are brand-name medications that are not on CVS Caremark's

preferred drug list and are usually more expensive than generics and preferred brand-name 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 drug.

Overview of Your Prescription Drug Coverage

Prescription Drug Benefit Provisions	Coverage for Simplified Option 1		Coverage for Simplified Option 2	
	Traditional	**Specialty**	**Traditional**	**Specialty**
Preventive Generic Drugs	Free		Free	
Retail Pharmacy (30-day supply)				
Non-preventive Generic	$10	$100	$15	$125
Preferred Brand name	$75	$150	$125	$200
Non-preferred brand name	$150	$200	$250	$250
Mail-Order Pharmacy or CVS Retail Pharmacy (Up to a 90-day supply)	Employee copayment: • 2 times Retail copay amount shown in chart below		Employee copayment: • 2 times Retail copay amount shown in chart below	
Out-of-Pocket Maximum (Combined with Medical Out-of-Pocket Maximum)	Please refer to Annual Out-of-Pocket Maximum chart below		Please refer to Annual Out-of-Pocket Maximum chart below	

ANNUAL OUT-OF-POCKET MAXIMUM (medical and prescription drug combined)		
COVERAGE LEVELS	**OPTION 1** **In-Network**	**OPTION 2** **In-Network**
Total Annual Cash Compensation[1]: > $60,000		
Employee (Also serves as the "per person" maximum	$2,500	$5,500
Employee + Spouse/Domestic Partner (DP) *or* Child(ren)	$4,000	$8,500
Employee + Spouse/DP + Child(ren)	$5,500	$11,500
Total Annual Cash Compensation[1]: $60,000 - $149,999		
Employee (Also serves as the "per person" maximum	$4,000	$7,500
Employee + Spouse/DP *or* Child(ren)	$6,500	$11,500
Employee + Spouse/DP + Child(ren)	$9,000	$16,000
Total Annual Cash Compensation[1]: $150,000+		
Employee (Also serves as the "per person" maximum	$5,500	$7,500
Employee + Spouse/DP *or* Child(ren)	$8,500	$11,500

NOTE: The Core Medical Plan had separate out-of-pocket maximums (and deductibles) for Medical and Prescription Drugs, but your new Simplified Medical Plan combines those two amounts. This makes it easier for you to track to a single number to determine your costs.

Employee + Spouse/DP + Child(ren)	$12,000	$16,000

[1]Learn about Total Annual Cash Compensation in the Summary Plan Descriptions found on My Health

Per-Person Rule

For the out-of-pocket maximums, the "per person" rule allows the employee or any covered dependent(s) [e.g., spouse/domestic partner or child] to reach an individual out-of-pocket maximum, after which the out-of-pocket maximum is satisfied for the year for that person. Covered individuals who have not met the out-of-pocket maximum may combine to meet the remainder of the out-of-pocket maximum for that particular coverage level. If no one person has met the individual out-of-pocket maximum, the expenses of all covered individuals can combine to meet the out-of-pocket maximum for that coverage level. **Note:** There are separate safety nets for in-network and out-of-network services. The out-of-network, out-of-pocket maximum calculation does not include amounts above reasonable and customary (R&C) charges if you use out-of-network providers. An R&C limit is based on data in your area and determined to be an appropriate fee for a specific medical service.

Mandatory Generic Drug Program

The plan contains a **mandatory generic drug program**, in which generic drugs are substituted for certain brand-name prescription drugs. If you fill your prescription with a brand-name drug when a generic alternative is available, you pay the entire cost difference between the generic and brand-name drugs, plus the generic drug copay. **Please Note:** These cost differences will not be limited by prescription copays or annual out-of-pocket maximum limits. Your physician can contact CVS Caremark to seek a medical exception review for possible approval for specific clinical reasons.

Three Ways to Fill Your Prescription Drugs

There are three ways to fill your prescription drugs, depending on whether you are purchasing short-term or long-term medications.

Short-Term Drugs

At an in-network retail pharmacy: Short-term (acute) medications, such as antibiotics, generally have a limited number of refills. Always present your CVS Caremark ID card at the pharmacy. Network pharmacies are easy to find, with more than 68,000 nationwide.

Long-Term Drugs

- **Through the Maintenance Choice® Program:** This is best for long-term medications, such as those taken for chronic conditions like diabetes and high cholesterol, because you can get up to a 90-day supply. The cost is often lower than if you were to refill the prescription each month at a retail pharmacy. You can obtain your prescription drugs through either CVS Caremark mail service or by picking them up at a CVS pharmacy at the same low price.
- **Through opting out of the Maintenance Choice® Program:** If you would prefer to obtain long-term medications in either a 30- or 90-day supply through any network pharmacy, you must first call CVS Caremark to opt out of the Maintenance Choice Program. **Please Note:** Your costs for these medications may be greater than if you utilize the Maintenance Choice Program.

Traditional (Non-Specialty) and Specialty Lists of Covered and Excluded Drugs

JPMorgan Chase uses CVS Caremark's lists of covered and excluded drugs. An independent committee made up of pharmacists, physicians and medical ethicists reviews and approves the drug lists (also known as Formularies). These lists are subject to change quarterly by CVS Caremark. The following drug lists are available on CVS Caremark's website, on the Covered Drug List (Formulary) section of the Plan & Benefits tab, available through **My Health** > Medical, Rx, MRA & Spending Accounts > My Prescription Drugs:

- CVS Caremark® Standard drug list: a guide that includes covered generic and preferred brand name traditional drugs.
- CVS Caremark® Specialty drug list: a guide that includes covered generic and preferred brand name specialty drugs.

My Health is your online centralized resource for benefits information. Type "go/myhealth" into your intranet browser (for the best user-experience, use Internet Explorer or Firefox browsers).

These drug lists are not all-inclusive lists of covered drugs. Both drug lists include covered drugs grouped by drug category, alphabetically for quick reference, and also include a complete list of excluded/not covered drugs along with their preferred alternatives.

Please Note: CVS Caremark excluded drugs (Traditional and Specialty) are not covered. Additionally, non-sedating antihistamines (NSAs) like Clarinex® and Allegra®, are not covered under the Prescription Drug plan. If you take a non-covered drug, you will pay the full cost of the drug.

Look under "Important Messages" on the Caremark website for instructions on how to learn more about your 2020 Prescription Drug Plan design and costs, and for covered and excluded drug lists.

Actions You Can Take

Now that you understand your coverage, here are some actions to take when your doctor prescribes a prescription drug:

- Tell your doctor about any other prescription drugs you are taking (as well as any vitamins, supplements or over-the-counter medications) to avoid potential drug interactions.
- Ask if there is a generic equivalent for the drug your doctor prescribes.
- You can find CVS Caremark's preventive generic drug list on the Caremark site through **My Health** or www.caremark.com to see those preventive generic prescription drugs that are covered at 100%.
- Check to see if your prescription drug is on CVS Caremark's Covered Drug List on the CVS Caremark website by going to **My Health** > Medical, Rx, MRA & Spending Accounts > My Prescription Drugs or **www.caremark.com**. If not, ask your doctor if there is an alternative you can take.
- Check the cost of a prescription drug before filling it by going to **My Health** > Medical, Rx, MRA & Spending Accounts > My Prescription Drugs > Plan & Benefits > Check Drug Cost & Coverage.

- Utilize the **Maintenance Choice®** Program to fill your 90-day supply either through Caremark mail service or at a CVS pharmacy if you'll need your prescription drug on an ongoing basis. You can do so in one of four ways:
  1) Bring your prescription to a CVS pharmacy.
  2) Fill out and send in the mail service order form that can be found on the CVS Caremark website by going to **My Health** > Medical, Rx, MRA & Spending Accounts > My Prescription Drugs or **www.caremark.com**.
  3) Use the Request a New Prescription tool on the Caremark website through **My Health**.
  4) Call FastStart® at **1-800-875-0867**. Once you sign up, you can pick up your prescription drugs at a CVS pharmacy or have them mailed to your home.

Be sure to register at the Caremark website through **My Health** > Medical, Rx, MRA & Spending Accounts > My Prescription Drugs (using your ID number, which is on the front of the prescription ID card). Once registered, you can order refills, check prescription drug costs and coverage, and print claim forms — all using Single Sign-On, 24/7.

Paying for Your Prescription Drugs

You can pay for eligible prescription drug expenses from your Medical Reimbursement Account (MRA) and Health Care Spending Account (HCSA). The Simplified Plan provides a debit card payment option in 2020. The pharmacy electronically connects to CVS Caremark to determine how much you owe for your prescription and will require you to pay your portion at the point of sale. If you use your debit card for your portion, your cost will pay from your MRA first, then your HCSA. Or you can pay from your personal funds at point of sale and later submit for reimbursement from your MRA or HCSA.

For more information, see the "Spending your MRA: Using Your Debit Card" tip sheet on My Health**.**

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 2020 Annual Enrollment Bulletin, Simplified Medical Plan Overview and Summary Plan Descriptions (SPDs) found on **My Health** > Benefits Enrollment.*

The JPMorgan Chase U.S. Benefits Program is 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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