

Understanding your prescription drug coverage

Core Medical Plan

Effective January 1, 2021

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.

Generic drugs

Generics have equivalent ingredients to brand-name drugs, but generally cost less. Eligible generic preventive drugs are covered at 100% — which means you pay nothing for these prescription drugs at network pharmacies. **Note: Specialty generic drugs are covered at the same level as brand-name drugs**

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 Option 1 and Option 2
Retail Deductible (Waived for non-specialty generic) (Employee ¹ /Employee + Spouse/Domestic Partner (DP) or Child(ren)/Employee + Spouse/DP + Child(ren))	\$100/\$200/\$300
Out-of-Pocket Maximum (Does not include deductible) (Employee ² /Employee + Spouse/DP or Child(ren)/Employee + Spouse/DP + Child(ren))	\$1,150/\$1,750/\$2,300
Preventive Drug Coverage (Deductible does not apply)	100% for eligible preventive generics only
Retail Pharmacy (Up to a 30-day supply)	Employee copayment/coinsurance: <ul style="list-style-type: none"> • \$10 traditional (non-specialty) generics • 30% (\$200 max) preferred brand name³ and specialty generics • 45% (\$250 max) non-preferred brand name
Caremark Mail-Order or CVS Retail Pharmacy (Up to a 90-day supply)	Employee copayment/coinsurance: <ul style="list-style-type: none"> • \$20 traditional (non-specialty) generics • 30% (\$500 max) preferred brand name³ and specialty generics • 45% (\$625 max) non-preferred brand name

¹Also serves as a “per person” deductible under other coverage levels.

²Also serves as a “per person” maximum under other coverage levels.

³If 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 drug and generic drug, plus the generic copay.

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 direct generic equivalent 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 per-prescription maximums 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 deductible does not apply for maintenance medications received through Maintenance Choice® and 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 retail 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:

My Health is your centralized online resource for benefits information. Type "**go/myhealth**" into your intranet browser.

- 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.

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 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 2021 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. If a generic drug isn't available, ask your doctor to prescribe a drug on your plan's preferred drug list, if appropriate. You will generally pay more for a brand-name medication not on the preferred list.
- 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 retail 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 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 are enrolled in Automatic Claim Payment, your Medical Reimbursement Account (MRA) will automatically be used to pay for any eligible out-of-pocket prescription drug costs, followed by your Health Care Spending Account (HCSA). You will not be able to use your MRA funds via the Automatic Claim Payment method for certain drug expenses (e.g., drugs on Caremark's excluded drug list,

insulin when obtained without a prescription).

- The Debit Card payment method enables you to use MRA dollars for these types of expenses, so if you need this flexibility, consider this payment method. With the Debit Card you have a choice of whether to use your MRA/HCSA funds or pay out-of-pocket. To learn more, see the tip sheet, “Helping you choose: Automatic claim payment vs. debit card.”
- If you receive assistance with the cost of your prescription drugs through a pharmaceutical manufacturer’s discount card or a government assistance program, you may want to elect the Debit Card option to access your MRA and/or HCSA funds when you enroll in the Medical Plan. You won’t be able to take advantage of the discount card or government assistance if you are enrolled in Automatic Claim Payment.

For more information, see the tip sheet, Spending your MRA and HCSA: Automatic Claim Payment and Debit Card, 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 2021 Annual Enrollment Bulletin and Summary Plan Descriptions (SPDs) found on **My Health** > Benefits Enrollment > 2021 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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