



EFFECTIVE
January 1, 2023

Highlights of the 2023 JPMorgan Chase U.S. Benefits Program

For Employees Living in Arizona and Ohio

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¹For employees hired on or after December 2, 2017, this plan does not apply to you.

My Benefits + Me
Health. Balance. Finances.



JPMORGAN CHASE & CO.

About the JPMorgan Chase U.S. Benefits Program

JPMorgan Chase is committed to providing a comprehensive set of benefits choices to meet different employee needs and lifestyles. In return, we ask our employees to take an active role in designing a personal strategy to help meet their short-term and long-term “health care and insurance” and “retirement savings” objectives. This brochure provides an overview of the JPMorgan Chase U.S. Benefits Program, which is applicable to employees living in Arizona and Ohio. For more detailed information about the benefits described here, please refer to the Summary Plan Descriptions (SPDs) found on **My Health** > Benefits Enrollment > 2023 Benefits Resources > Benefit Plan Details (Summary Plan Descriptions).

JPMorgan Chase is committed to your wellness, which is why we offer a Wellness Program to help you and your family get healthy and stay healthy. Because wellness is so much a part of our culture, we’ve integrated it with the Simplified Medical Plan. Your Simplified Wellness Program will reward you for completion and participation in wellness activities. You’ll also have access to onsite support (where available) from JPMorgan Chase to help you get the health care you need when you’re at work to supplement the direction you receive from your doctor. Learn more about the Simplified Wellness Program in this brochure and on **My Health**.

For the definitions used in the tables on the following pages and throughout this brochure, please see page 44.

About Eligibility

The JPMorgan Chase U.S. Benefits Program described in this brochure is generally available in whole or in part to most employees on a U.S. payroll in the states of Arizona and Ohio who are:

- Paid salary/regular pay, draw, commissions or production overrides;
- 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;
- Regularly scheduled to work 20 or more hours per week; and
- On a U.S. payroll of your employer and are subject to FICA taxes.

You are considered a full-time, U.S. benefits-eligible employee if you meet the criteria above and are regularly scheduled to work 40 hours per week.

You are considered a part-time, U.S. benefits-eligible employee if you meet the criteria above and are regularly scheduled to work at least 20 but less than 40 hours per week.

Do you live in a state other than Arizona or Ohio?

Please refer to the brochure titled “Highlights of the 2023 JPMorgan Chase U.S. Benefits Program – For Employees Living in All States Except Arizona and Ohio for information about the benefits available to you.

The JPMorgan Chase U.S. Benefits Program generally is available to most employees on a U.S. payroll 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.

Visit My Health – your centralized online resource for health care and wellness benefits information.

From work:
Type “go/myhealth” into your intranet browser.

From home: Visit myhealth.jpmorganchase.com.

Making Changes During the Year

The Health Care and Insurance Plans elections you make during your Benefits Enrollment will stay in effect through the next plan year (or the current plan year if you enroll during the year as a newly eligible employee). However, you may be permitted to change your elections before the next Annual Benefits Enrollment if you have a qualified change in status. A qualified change in status does not permit you to change your health care company during the year under the Health Care and Insurance Plans. **Please note:** Any changes you make during the year must be consistent with your qualified change in status.

You need to enroll and/or add your eligible dependents **within 31 days of the qualifying event** (90 days if the qualifying event is the birth or adoption of a child) for benefits to be effective on the date of the event.¹

To make these election changes, go to **My Health** > Benefits Web Center. Or through HR Answers.

¹ If your newly eligible dependent passes away within this 90-day period, please contact HR Answers.

Have You Worked...

...for JPMorgan Chase or any of its predecessor organizations in the past? If yes, then your prior service may count toward your eligibility and vesting for certain JPMorgan Chase benefits plans. For more specific information, please see page 43.

Health Care and Insurance Plans Benefits at a Glance

Benefit	Benefits Coverage Summary	When Participation Begins for New Hires ¹
<p>Medical (For employees living in Arizona and Ohio)</p>	<ul style="list-style-type: none"> No in-network deductibles or coinsurance. Instead, there are fixed fees (called “copays”) by type of service (e.g., doctor visits and prescription drugs) for covered services. A financial “safety net,” or out-of-pocket maximum, limits the amount you’re required to pay out of pocket each year for your eligible medical and prescription drug costs. Two coverage options with a Medical Reimbursement Account (MRA) feature: <ul style="list-style-type: none"> Option 1 (has higher payroll contributions but generally lower copays and lower out-of-pocket maximums) Option 2 (has lower payroll contributions but generally higher copays and higher out-of-pocket maximums) Both options are offered by Aetna and Cigna The Medical Reimbursement Account (MRA) helps you pay your share of eligible out-of-pocket medical and prescription drug expenses. All employees who are enrolled in the plan can earn funding by participating in certain wellness activities. When your covered spouse/domestic partner completes certain wellness activities, you earn additional MRA funding. No exclusions for pre-existing conditions Eligible in-network preventive care (including annual physical exams and recommended preventive screenings) and eligible preventive drugs covered at 100% with no deductible, coinsurance or copayments. You pay \$15 for in-network primary care office visits Medical virtual doctor visits are available for \$15 Out-of-network care is available at higher copays and subject to a deductible Prescription drug coverage (retail and mail-order) administered by CVS Caremark <ul style="list-style-type: none"> Eligible preventive brand-name and generic drugs are covered at 100% with no copays. The Mandatory Generic Program applies. If you fill a prescription for a brand-name medication when a direct generic equivalent is available, you will pay the difference in cost between the brand-name drug and generic drug, plus the generic copay. Certain drugs are excluded from coverage. The out-of-pocket maximum includes both medical and prescription drug amounts. Employee and dependent coverage JPMorgan Chase and employee cost sharing Employee contributions on a before-tax basis are generally determined based on: <ul style="list-style-type: none"> Your level of Total Annual Cash Compensation (excluding overtime) The Medical Plan option chosen Your geographic location Number and type of dependents you cover Whether you and/or your covered spouse/domestic partner uses tobacco, and Whether you and/or your covered spouse/domestic partner completes Initial Wellness Activity(ies) (see page 17) You will pay for medical coverage for each covered family member individually (i.e., employee, spouse/domestic partner and/or each child). 	<ul style="list-style-type: none"> Full-time employees: First day of employment at JPMorgan Chase Part-time employees: First day of the month following 60 days from your date of hire
<p>Dental</p> <p><small>*Independent of the health care company you choose for Medical.</small></p>	<ul style="list-style-type: none"> Three coverage options depending on your home zip code: <ul style="list-style-type: none"> Preferred Dentist Program (PDP) Option (MetLife) Dental Maintenance Organization (DMO) Option (Aetna*) Dental Health Maintenance Organization (DHMO) Option (Cigna*) Employee and dependent coverage JPMorgan Chase and employee cost sharing Employee contributions on a before-tax basis 	<ul style="list-style-type: none"> See Medical
<p>Vision</p>	<ul style="list-style-type: none"> Coverage through EyeMed for eligible vision expenses, such as eye exams, lenses (including contacts) and eyeglass frames Employee and dependent coverage You pay the full cost of coverage on a before-tax basis 	<ul style="list-style-type: none"> See Medical
<p>Spending Accounts</p> <ul style="list-style-type: none"> Health Care Dependent Care Transportation (Transit/Parking) 	<ul style="list-style-type: none"> Health Care Spending Account – Contributions up to \$3,050 annually; up to \$610 in unused funds can carry over for use in the following plan year Dependent Care Spending Account – Contributions generally up to \$5,000 annually (\$2,500 if married and filing separately) Transportation Spending Accounts – Contributions for work commuting expenses for transit and parking. The monthly before-tax limits are \$300 for transit and \$300 for parking expenses. You pay the full cost of coverage 	<ul style="list-style-type: none"> See Medical

¹Indicates when participation begins if you enroll when first eligible. If you do not enroll when you are first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. However, you are able to elect to participate at any time under the Transportation Spending Accounts and 401(k) Savings Plan.

Health Care and Insurance Plans Benefits at a Glance

(continued)

Benefit	Benefits Coverage Summary	When Participation Begins for New Hires ¹
Long-Term Disability (LTD)	<ul style="list-style-type: none"> • For employees earning less than \$60,000 in Total Annual Cash Compensation: <ul style="list-style-type: none"> – Company-provided coverage of 60% of your Total Annual Cash Compensation – Fully paid for by JPMorgan Chase • For employees whose Total Annual Cash Compensation is \$60,000 or more: <ul style="list-style-type: none"> – Replacement of 50% of Total Annual Cash Compensation; or – Replacement of 60% of Total Annual Cash Compensation – Maximum monthly LTD benefit of \$20,000 – Tobacco user rates apply – You pay the full cost of coverage on an after-tax basis • For employees whose Total Annual Cash Compensation is greater than \$400,000: <ul style="list-style-type: none"> – Ability to purchase additional LTD coverage under an Individual Disability Insurance (IDI) policy – IDI policy provides an additional maximum monthly LTD benefit of up to \$15,000 – Fully portable – Tobacco user rates apply – You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Basic Life Insurance	<ul style="list-style-type: none"> • Company-provided employee coverage equal to one times Total Annual Cash Compensation (rounded up to next \$1,000) to a maximum of \$100,000 • Additional features of the Basic Life Insurance Plan include: <ul style="list-style-type: none"> – SurvivorSupport® Financial Counseling Service – Identity (ID) Theft Assistance Program – Travel Assistance and Emergency Evacuation Services – Funeral Concierge Services • Fully paid for by JPMorgan Chase 	<ul style="list-style-type: none"> • See Medical
Business Travel Accident Insurance	<ul style="list-style-type: none"> • Company-provided employee coverage equal to six times annual base salary/regular pay (minimum of \$50,000 and maximum of \$3 million) • Fully paid for by JPMorgan Chase 	First day of work with JPMorgan Chase
Employee and Dependent Supplemental Term Life Insurance	<ul style="list-style-type: none"> • Employee coverage up to 10 times Total Annual Cash Compensation in \$10,000 increments, up to a maximum of \$3 million • Spouse/domestic partner coverage from \$10,000 to \$300,000 in \$10,000 increments • Child coverage equal to \$5,000, \$10,000, \$15,000 or \$20,000 per child • Employee and spouse/domestic partner tobacco user rates apply • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Employee and Dependent Accidental Death and Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> • Employee coverage up to 10 times Eligible Compensation in \$10,000 increments, up to a maximum of \$3 million • Spouse/domestic partner coverage from \$10,000 to \$600,000 in \$10,000 increments • Child coverage from \$10,000 to \$100,000 in \$10,000 increments per child • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Group Personal Excess Liability Insurance	<ul style="list-style-type: none"> • Provides additional liability coverage in excess of the limits carried on your personal insurance policies, such as homeowners or renters, automobile, watercraft • You choose from among three levels of coverage: <ul style="list-style-type: none"> – \$2 million – \$5 million – \$10 million • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Group Legal Services	<ul style="list-style-type: none"> • Coverage for attorneys' fees for routine legal services related to personal and family legal issues • Employee and dependent coverage • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical

¹Indicates when participation begins if you enroll when first eligible. If you do not enroll when you are first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. However, you are able to elect to participate at any time under the Transportation Spending Accounts and 401(k) Savings Plan.

Retirement Savings Program Benefits at a Glance

Benefit	Benefits Coverage Summary	When Participation Begins for New Hires
401(k) Savings	<ul style="list-style-type: none"> Automatic enrollment for new hires at a before-tax per-pay rate of 3% of Ongoing Compensation, with a 1% annual automatic increase up to a total contribution rate of 10%, unless you elect otherwise. The per-pay contribution rate will apply to your Ongoing Compensation, which includes base salary/regular pay and any non-annual cash incentives you receive. Contributions will be invested in a Target Date Fund, based on your age and an assumed retirement date of 65. These elections will take effect if no action is taken within 31 days of hire/eligibility date You can otherwise choose before-tax and/or Roth after-tax contributions up to 50% of Ongoing Compensation and/or Annual Incentive Compensation The maximum IRS contribution limit for all 401(k) employee contributions is \$22,500 in 2023 (\$30,000 for individuals age 50 or older) There are two types of Company contributions to employees once they complete one year of service: <ul style="list-style-type: none"> Automatic pay credits: <ul style="list-style-type: none"> Credits equal 3% of Eligible Compensation (capped at \$100,000 annually)¹ regardless of whether you contribute to the plan Matching contributions: <ul style="list-style-type: none"> Dollar-for-dollar up to 5% of Eligible Compensation contributed to the plan for participants that have Total Annual Cash Compensation of less than \$250,000 Timing and vesting of company contributions: <ul style="list-style-type: none"> Deposited into eligible employees' accounts annually, following the end of each calendar year. Employees must generally be employed on December 31 of that year to receive the company contributions 100% vested after three years of total service Invested in the same manner as your own employee contributions (for automatic pay credits, if you have no investment elections on file, the pay credits are invested in the Target Date Fund that most closely aligns with the year in which you will turn age 65) You can choose to invest in a Target Date Fund or among the Core Fund lineup When you leave JPMorgan Chase, your vested account balance is generally payable in the form of a single lump sum, rollover to an IRA or another qualified plan, or installment payments 	<ul style="list-style-type: none"> Full-time employees: Eligible as of your first day of employment with JPMorgan Chase Part-time employees: Eligible as of the first day of the month following the completion of 60 days of total service Automatic enrollment: Employees will be automatically enrolled in the plan 31 days after their hire/eligibility date, with payroll deductions beginning shortly thereafter, unless they make other elections (e.g., to enroll sooner) or choose not to participate (e.g., "opt out") Automatic pay credits and matching contributions: Participants become eligible on the first day of the month following the completion of one year of total service
Pension Plan (Please note: for employees hired on or after December 2, 2017, this plan does not apply to you)	<ul style="list-style-type: none"> For employees hired before December 2, 2017, participation began automatically after one year of total service A notional account was established in your name that grew with pay credits through December 31, 2019, and interest credits Effective January 1, 2020, any existing balances in the Pension Plan continue to earn interest credits, but no longer earn monthly pay credits Instead, employees earn automatic pay credits in the 401(k) Savings Plan When you leave JPMorgan Chase, your vested account balance is generally payable in the form of a single lump sum, a rollover to an IRA or another qualified plan, or a variety of annuity options Fully paid for by JPMorgan Chase 	<ul style="list-style-type: none"> Closed to new hires
Employee Stock Purchase Plan	<ul style="list-style-type: none"> Purchase JPMorgan Chase common stock quarterly at a 5% discount Contributions are subject to an annual maximum share purchase of \$25,000 Dividends can be automatically reinvested in the Plan at 100% of the FMV on the dividend payable date, or paid in the form of a cash equivalent (e.g., check) No brokerage or commission fees on shares purchased Employee salary contributions on an after-tax basis up to 20% of Eligible Compensation per pay period Employees with Total Annual Cash Compensation of \$250,000 or more are not eligible to participate 	<ul style="list-style-type: none"> Must be hired on or before September 30 to participate in the following calendar year Election to participate only during an annual benefits enrollment period

Designating Beneficiaries

You may designate beneficiaries for the Life and Accident Insurance Plans, 401(k) Savings Plan and the Pension Plan (for employees with a balance) through the Online Beneficiary Designations site. This website, which is open to all employees eligible for the JPMorgan Chase U.S. Benefits Program, allows you to designate beneficiaries electronically. Beneficiary designations made on this site can be reviewed and updated as needed, for instance, in the event of a status change (divorce, marriage or the birth/adoption of a child).

To access the site:

From work: [go/myhealth](#) > Online Beneficiary Designation Site

From home: <https://beneficiary.jpmorganchase.com>

¹For benefits-eligible employees as of December 31, 2018, who are continuously employed, automatic pay credits are equal to 3% to 5% of Eligible Compensation (capped at \$100,000 annually) based on years of pay credit service.

Wellness Program Benefits at a Glance

Wellness Program

Nothing is more important than the health of you and your family. That's why JPMorgan Chase has integrated the Simplified Wellness Program with the Simplified Medical Plan. The Simplified Wellness Program is designed to create a personalized and sustainable approach to your well-being.

You can learn more about the Wellness Program and JPMC Health & Wellness Centers at **My Health**.

Earn Wellness Rewards!

If you enroll in the Simplified Medical Plan, your Wellness Rewards will be added to your Medical Reimbursement Account (MRA) that is administered by your health care company – Aetna or Cigna. And, when your covered spouse/domestic partner takes part in certain wellness activities, you can build your MRA even more! If you're not enrolled in the Simplified Medical Plan, you can earn Wellness Rewards for completing Initial Wellness Activities, which will be reflected in your pay (and taxable), but note you are not eligible to earn Wellness Rewards for Additional Wellness Activities.

Take Advantage of JPMorgan Chase Onsite Health & Wellness Centers (where available)

At the onsite JPMorgan Chase Health & Wellness Centers,* you have access to basic medical services and educational resources – at no cost to you. The centers provide medical care, treatment and resources when you need them at work to supplement the care and direction you get from your own doctor. Onsite nurses are available to act as advisors and help you connect with your health care company's coaching programs. Doctors are also available at many locations to provide onsite care when you need it. **Please note:** Some Health & Wellness Centers offer additional services that may result in a cost, such as bloodwork ordered by your primary care physician that is sent to a lab for processing, physician specialists and physical therapists who are offering services onsite for your convenience. For these services, a claim will be submitted to your insurance company, and costs will be covered according to your Medical Plan. While the JPMorgan Chase Health & Wellness Centers are staffed with nurses who are employed by the firm, as medical professionals, they cannot disclose your personal information to anyone outside the centers without your written permission.

Access All Your Health Information in One Place

My Health is your centralized online resource where you and your family can go to educate yourselves about the Medical Plan, research doctors, link to your health care company, and more.

You can access the site from work or home. And the Single Sign-On feature gets you around without the need to remember passwords. Here's how you can get there:

- From work: type “[go/myhealth](#)” into your intranet browser or from [me@jpmc](#) > **My Health**
- From home: [myhealth.jpmorganchase.com](#) (also available for your covered spouse/domestic partner)

* For Ohio residents, refers to the Vera/Central Ohio Primary Care (COPC) onsite care centers. Vera/COPC onsite care centers offer both the standard services offered by JPMorgan Chase's onsite Health & Wellness Centers as well as primary care at no cost to the employee/former employee. See page 16 for details.

New Employee Action Checklist for the Health Care and Insurance Plans

If you are a new employee, this brochure provides information and tools to help you make your Health Care and Insurance Plan elections. This checklist outlines the actions to take to enroll for your benefits.

Important Enrollment Information to Know

- **Enrollment Deadline.** The enrollment deadline and plan effective date for most of the Health Care and Insurance Plans are based on your status as a full-time or part-time employee as follows:

If You Are a...	When Participation Begins...	Enrollment Deadline...
Full-time employee (regularly scheduled to work 40 hours per week)	You are eligible to participate in the plans as of your date of hire.	You have 31 days from your date of hire to make your enrollment elections. Coverage is effective retroactive.
Part-time employee (regularly scheduled to work at least 20 hours but less than 40 hours per week)	You are eligible to participate in the plans on the first day of the month following 60 days from your date of hire.	You have 31 days prior to your eligibility date to make your enrollment elections. Coverage is effective as of your eligibility date.

If you don't enroll, you won't be able to enroll until the next annual benefits enrollment period (unless you have a qualifying event), and you will be assigned No Coverage, except for Company-provided benefits, such as basic life insurance.

- **Enroll Online.** You can access additional enrollment information and/or make your election via the Benefits Web Center on **My Health**:
 - From work: type “[go/myhealth](#)” into your intranet browser
 - From home: [myhealth.jpmorganchase.com](#)

Once on **My Health**, select “Benefits Web Center” to access the Benefits Web Center. You will be prompted for your Standard ID and a password.

- **Ask questions or enroll through HR Answers.** If you have questions about your benefits coverage or the enrollment process, send a message to HR Answers on [me@jpmc](#), or if you don't have Internet access from work or home, call HR Answers at **1-877-JPMChase (1-877-576-2427)** or **1-212-552-5100** if calling from outside the United States. You will be prompted to enter your Standard ID. Your default PIN is your date of birth in MM/DD/YY format, using two numbers for each.

Quick Path:

- Enter your Standard ID or Social Security number, and follow the prompts to confirm.
- Select Option 2, then Option 0, then Option 1.

¹If you have a remaining balance in your MRA, you can request to transfer your MRA balance to your new health care company. Contact your health care company (Aetna or Cigna) for more information.

Please note: If you enroll before the end of your 31-day new hire enrollment period via the Benefits Web Center and would like to change your coverage election once you have confirmed your elections, you must call HR Answers and speak with a Service Representative – as long as you are still within your 31-day enrollment deadline. While you will be able to change your health care company, you will not be able to change the administration of your spending accounts (HCSA, DCSA) or your Medical Reimbursement Account¹ (MRA), which will remain with the health care company you initially chose. As an example, if you initially elected Cigna and change to Aetna within 31 days, your health care company would now be Aetna, but your spending accounts would remain at Cigna (for the current plan year). Additionally, automatic claim payment will not be available to you if your health care company is different than your spending administrator.

Steps to Take to Make Your Health and Insurance Plan Elections

Action	Steps
Review...	<ul style="list-style-type: none"> The Health Care and Insurance Plan benefits options available to you and costs for coverage online via the Benefits Web Center on My Health. The dependent eligibility rules on My Health. You must make any election changes before the end of your 31-day new hire benefits enrollment period or within 31 days of a qualified status change (90 days if the qualifying event is the birth or adoption of a child). You will also be asked to provide supporting documentation for any dependents who are covered under your plans. Please Note: To add a dependent child over the age of 26 who is unable to support themselves due to a mental or physical disability, you must do so within your 31-day new hire enrollment period by contacting HR Answers. <i>You will not be able to enroll a disabled dependent who is over the age of 26 after your initial 31-day enrollment period.</i> Details about how the Simplified Medical Plan works by reviewing this brochure and accessing the Simplified Medical Plan Overview and Tip Sheets on My Health. Details about how your benefits options work, which are described in the Summary Plan Descriptions, are accessible via My Health > Benefits Enrollment > 2023 Benefits Resources. If you and/or your covered spouse/domestic partner are tobacco users, get details about how you can quit a tobacco habit and get help creating an easy-to-follow plan, as well as information on how you can pay lower, non-tobacco user rates for the Simplified Medical Plan, the Supplemental Term Life Insurance Plan and the Long-Term Disability Plan.
Compare...	<ul style="list-style-type: none"> Your Medical Plan and Dental Plan options through the Health Plan Comparison Charts by going to My Health and accessing the Benefits Web Center. From there, click “Compare medical details” and “Compare dental plan details” in the enrollment process. You should also compare your options with any other plans – such as plans available through your spouse’s/domestic partner’s employer or other options available to your child(ren). The doctors, dentists, hospitals and other health care providers who participate in the Medical Plan, Dental Plan and Vision Plan options available to you by going to My Health and accessing the Benefits Web Center. You can also access each health care company’s website through My Health > Benefits Enrollment > 2023 Benefits Resources.
Plan...	<ul style="list-style-type: none"> How you will build your 2023 Medical Reimbursement Account (MRA) by reviewing the Initial and Additional Wellness Activities available to you in 2023. You have the opportunity to earn up to \$740 in funds for your 2023 MRA, as well as up to \$370 in funds for your 2023 MRA when your covered spouse/domestic partner completes wellness activities – all of which you can use to pay for eligible out-of-pocket medical and prescription drug expenses in 2023.

Action	Steps
Determine...	<ul style="list-style-type: none"> How much you want to contribute with before-tax dollars to the Health Care and/or Dependent Care Spending Accounts by going to My Health and accessing the Benefits Web Center. From there, click on Enroll in Your Benefits > Estimate your potential tax savings to estimate your potential tax savings with a Health Care Spending Account.
Choose...	<ul style="list-style-type: none"> The benefits options that meet your and your family's needs. Your primary care dentist if you are enrolling in the Dental Maintenance Organization (DMO)/Dental Health Maintenance Organization (DHMO) Option.
Enroll...	<ul style="list-style-type: none"> In most Health Care and Insurance Plan benefits online via My Health by accessing the Benefits Web Center. If you don't have Internet access from work or home, please call HR Answers and speak with a Service Representative to make your elections. In the Transportation Spending Accounts (Transit/Parking) at any time after your date of hire or on a monthly basis via the Transportation Spending Accounts Web Center on My Rewards.
Confirm...	<ul style="list-style-type: none"> Your choices after completing your enrollment on the Benefits Web Center. Once you complete your new hire enrollment, you'll receive a confirmation email.
Complete...	<ul style="list-style-type: none"> Your Beneficiary Designations online. Go to https://beneficiary.jpmorganchase.com.



Enrollment Support

Enrollment Tools & Resources, such as plan summaries and comparison charts, online estimator tools and tip sheets about specific benefits features, are available on the Benefits Web Center to help you make enrollment decisions.

The Health Care and Insurance Plans

Maintaining good health and protecting your income in case you're unable to work are important priorities in your life. That's why JPMorgan Chase offers a variety of options under our Health Care and Insurance Plans – such as the Medical, Dental, Vision, Spending Accounts, Long-Term Disability, Life and Accident Insurance, Group Personal Excess Liability Insurance and Group Legal Services Plans – to provide you with the opportunity to select health care and insurance benefits that best suit your needs and those of your eligible dependents.

Medical Plan

JPMorgan Chase offers the Simplified Medical Plan to employees who reside in Arizona and Ohio.¹ The Simplified Medical Plan has no in-network deductible or coinsurance. Instead, there are fixed fees – or copayments – for covered services. This health care “menu” approach allows you to learn about and understand your out-of-pocket costs prior to receiving care. And, if your copayments (“copays”) add up to the out-of-pocket maximum in a plan year, the Plan pays 100% of your eligible in-network costs for the remainder of that year.

This plan consists of two Medical Plan options: Option 1 and Option 2. Both options are offered through Aetna and Cigna, and both cover the same medically necessary services and supplies. When you choose to enroll in either option, you are automatically enrolled in prescription drug coverage administered by CVS Caremark. The key differences between these options are:

- Option 1 has higher payroll contributions but generally lower copays and lower annual out-of-pocket maximums.
- Option 2 has lower payroll contributions but generally higher copays and higher annual out-of-pocket maximums.

In addition to providing coverage for your medical expenses, the Medical Plan includes wellness features that help you get and stay healthy by offering tools, resources and financial incentives to help you improve your health.

Option 1 and Option 2 come with a Medical Reimbursement Account (MRA) – which will be funded by JPMorgan Chase when you complete certain wellness activities (see pages 17-19) – that you can use to help pay for eligible out-of-pocket medical and prescription drug expenses, such as copays and deductibles. See page 17 for more information on the MRA.

How the Plan Works

- Plan benefits are offered through a network of participating health care providers (for example, doctors, hospitals, labs and outpatient facilities). Even though there is an out-of-network benefit available, JPMorgan Chase strongly urges you to stay in-network.
- For **in-network** care:
 - There is no annual deductible and no coinsurance.
 - You are not required to select or assign a primary care physician, and you do not need referrals to see a specialist.
 - You pay only the copay – a fixed out-of-pocket amount – associated with each covered service.
 - In-network preventive care, including physical exams and recommended preventive screenings, is covered at 100% with **no** copays.
 - In-network primary care and mental health care office visits are covered after a \$15 copay. (Primary care includes family practitioners, internists,² pediatricians, OB/GYNs, nurse practitioners and convenience care clinics. Mental health providers include psychologists, therapists and social workers.)

Committed to Your Health

Our Medical Plan is built on the principle of a shared commitment to health. JPMorgan Chase demonstrates its commitment by providing valuable benefits, programs and access to a suite of tools and resources. These are all designed to help you get and pay for the treatment you need, manage your health care expenses and, most importantly, take care of yourself.

Your commitment is required, too. Your role is to take responsibility for the controllable aspects of your health care and health care spending. You can do this by getting preventive care, maintaining a proper diet and exercise regimen, carefully selecting your doctors and hospitals, as well as understanding your treatment alternatives and their costs. Visit [go/myhealth](#) to research quality ratings of medical providers, connect to your health care company, find out about ways to lower your prescription drug costs, and more.

In addition, when you take the right steps, such as participating in Wellness Programs, you get funds from JPMorgan Chase added to your MRA to help pay your eligible out-of-pocket medical and prescription drug expenses (e.g., copays) – tax-free.

¹For employees not residing in Arizona and Ohio, please refer to the “Highlights of the 2023 JPMorgan Chase U.S. Benefits Program for Employees Living in All States Except Arizona and Ohio” brochure for information about the benefits available to you.

²Internists must be contracted with Aetna or Cigna as a primary care physician (PCP). Go to the Aetna or the Cigna website found at [go/myhealth](#) to search for PCPs/primary care.

- **If you choose to go out-of-network:** You generally must meet an annual deductible (a set amount that you pay out of pocket) before the copays apply for covered services. Benefits for out-of-network care have higher copays. There is a separate, higher out-of-pocket maximum for out-of-network charges.

ANNUAL DEDUCTIBLES				
Coverage Levels	Option 1		Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee (Also serves as “per person” amount)	None	\$2,000	None	\$4,000
Employee + Spouse/Domestic Partner <i>or</i> Child(ren)	None	\$3,000	None	\$6,000
Employee + Spouse/Domestic Partner + Child(ren)	None	\$4,000	None	\$8,000

MEDICAL COPAY AMOUNTS					
Medical Service	In-Network				Out-of-Network
	TACC ¹ : <\$60,000		TACC ¹ : \$60,000+		All TACC ¹ levels
	Option 1	Option 2	Option 1	Option 2	Options 1 & 2
Preventive care	Free	Free	Free	Free	\$60
Primary care office visit (PCP, Ped, OB/GYN)	\$15	\$15	\$15	\$15	\$60
Virtual doctor visit	\$15	\$15	\$15	\$15	Not applicable
Outpatient therapy for mental health ² , chemical, alcohol dependence	\$15	\$15	\$15	\$15	\$60
Lab	\$20	\$35	\$20	\$35	\$60
Physical therapy, speech therapy, occupational therapy service	\$25	\$35	\$25	\$35	\$80
Chiropractic visit	\$50	\$50	\$50	\$50	\$100
Standard radiology	\$50	\$75	\$75	\$75	\$200
Urgent care visit	\$50	\$75	\$100	\$100	\$200
Specialist office visit ²	\$75	\$110	\$100	\$110	\$350
Outpatient procedure/surgery	\$300	\$600	\$500	\$800	\$1,500
Durable medical equipment (DME)	\$100	\$100	\$100	\$100	\$300
Advanced imaging (CT/MRI) – per service	\$250	\$350	\$250	\$350	\$1,000
Ambulance – per ride	\$250	\$250	\$250	\$250	\$250
Emergency room (ER) visit ³	\$500	\$750	\$800	\$900	Same as in-network
Inpatient admission	\$1,000/day	\$1,250/day	\$1,000/day	\$1,250/day	\$3,000/day

¹ Total Annual Cash Compensation (see page 44 for details).

² Psychologists are classified in outpatient therapy and psychiatrists are classified as specialists.

³ Non-emergency care will cost \$100 more for Option 1 and \$150 more for Option 2.

Important! These medical copay amounts are maximum amounts – if the service or drug costs less than the copay, you pay the lesser amount.

Our Health Care Companies

JPMorgan Chase partners with Aetna and Cigna to administer our Medical Plan. You can choose to have one of these health care companies administer your Medical Plan, regardless of whether you choose Option 1 or Option 2. Both are large, established companies that offer broad nationwide provider networks. They also offer strong, well-established clinical programs and provide tools and resources to help you research and understand your health treatment alternatives.

Important Note About Providers Leaving Networks

When considering your options under the Simplified Medical Plan, remember that if your doctor leaves a network, it does not qualify as an event that allows you to change coverage during the year. You may want to check with your provider to ensure that he or she plans to continue to participate in the network of the health care company you decide to choose.

Note: You must contact a coach/nurse at your health care company (Aetna or Cigna) before you have bariatric surgery to be eligible for benefits under the Medical Plan. Contact your health care company for details.

For infertility benefits, enroll with WINFertility and complete a nurse consultation to have access to a \$30,000 medical lifetime maximum benefit (\$10,000 medical benefit without WINFertility engagement). Call WINFertility at 1-833-439-1517, Monday – Friday, 9 a.m. – 7:30 p.m. ET.

The plan's **out-of-pocket maximum** – your financial “safety net” – limits the total amount you are required to pay out-of-pocket each year. The out-of-pocket maximum includes both medical and prescription drug amounts (i.e., a combined maximum). Note that there are separate out-of-pocket maximums for in-network and out-of-network charges.

The “Per Person” Rule

For both the out-of-pocket maximums and out-of-network deductibles, 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 or out-of-network deductible, after which the out-of-pocket maximum or deductible is satisfied for the year for that person. Covered individuals who have not met the out-of-pocket maximum or deductible may combine to meet the remainder of the out-of-pocket maximum or deductible for that particular coverage level.

ANNUAL OUT-OF-POCKET MAXIMUMS				
(medical and prescription drug; out-of-network maximums are inclusive of deductible)				
Coverage Levels	Option 1		Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Total Annual Cash Compensation: < \$60,000				
Employee (Also serves as the “per person” maximum)	\$2,500	\$10,000	\$5,500	\$12,000
Employee + Spouse/Domestic Partner (DP) or Child(ren)	\$4,000	\$16,000	\$8,500	\$19,000
Employee + Spouse/DP + Child(ren)	\$5,500	\$22,000	\$11,500	\$26,000
Total Annual Cash Compensation: \$60,000 – \$149,999				
Employee (Also serves as the “per person” maximum)	\$4,000	\$10,000	\$7,500	\$12,000
Employee + Spouse/DP or Child(ren)	\$6,500	\$16,000	\$11,500	\$19,000
Employee + Spouse/DP + Child(ren)	\$9,000	\$22,000	\$16,000	\$26,000
Total Annual Cash Compensation: \$150,000+				
Employee (Also serves as the “per person” maximum)	\$5,500	\$10,000	\$7,500	\$12,000
Employee + Spouse/DP or Child(ren)	\$8,500	\$16,000	\$11,500	\$19,000
Employee + Spouse/DP + Child(ren)	\$12,000	\$22,000	\$16,000	\$26,000

Please note: The charts on pages 11 and 12 present an overview of plan design features – for more detailed information, please contact your health care company or refer to the Summary Plan Descriptions by visiting **My Health** > Benefits Enrollment > 2023 Benefits Resources > Benefit Plan Details (Summary Plan Descriptions). Be sure to select the JPMC Simplified Medical Plan Summary Plan Description.

Prescription Drug Plan

Your prescription drug plan is part of the Simplified Medical Plan and is administered by CVS Caremark. You will receive two separate ID cards (one for medical services from your health care company and one for your prescription drug coverage from CVS Caremark). This coverage gives you the option of having prescriptions filled through a convenient mail-order program or at a network of retail pharmacies.

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 the ones most people are usually 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.



Important Notes

Your prescription drug plan uses CVS Caremark's standard drug lists (Specialty and Non-Specialty) of covered and excluded (non-covered) drugs. These lists are subject to change quarterly by CVS Caremark. An independent committee made up of pharmacists, physicians and medical ethicists reviews and approves these drug lists (also known as a Formulary).

- To access these drug lists, visit the CVS Caremark website at www.caremark.com or via My Health.
- If you choose to take a non-covered drug, you will pay the full cost of the drug. This could be a costly option. Be sure to carefully consider how the costs of taking a non-covered drug could add up.
- Your prescription drug plan may have special programs associated with specific drug therapies. Some medications may require prior authorization, have quantity limits associated with them or be excluded from coverage.

Free Preventive Drugs

To encourage preventive care, eligible preventive brand-name and generic drugs are covered at 100% with no copays. Preventive drugs are medications that can help prevent the onset of a condition if you are at risk or help you manage your health if you have a condition. The CVS Caremark Generic Preventive Drug List is a list of drugs covered at 100%, as determined by CVS Caremark. The list can be found on CVS Caremark's website, on the Covered Drug List (Formulary) section of the Plan & Benefits tab, through **My Health**. Some strengths or dosage forms may not be included in the Brand and Generic Preventive Therapy Drug list, and certain drugs, products or categories may not be covered regardless of their appearance on this list. Certain drugs are subject to step therapy, prior authorization or quantity limits. For the latest coverage information, please contact CVS Caremark.

The Mandatory Generic Drug Program applies. If you fill a prescription for a brand-name drug when a direct generic equivalent is available (e.g., if you fill Lipitor instead of atorvastatin), you will pay the entire cost difference.

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.

These copay amounts are maximum amounts – if the drug costs less than the copay, then you pay the lesser amount.

Prescription Drug Benefit Provisions	Simplified Option 1		Simplified Option 2	
	Traditional	Specialty	Traditional	Specialty
Preventive Drugs	Free		Free	
Retail Pharmacy (Up to a 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 above		Employee copayment: • 2 times Retail copay amount shown above	
Out-of-Pocket Maximum (Combined with Medical Out-of-Pocket Maximum)	Please refer to Annual Out-of-Pocket Maximum chart on page 12		Please refer to Annual Out-of-Pocket Maximum chart on page 12	

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.

Mandatory Generic 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 plus the generic drug copay. **Please note:** These cost differences will not be limited by copayment 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.

Fill Long-Term Prescription Drugs Through CVS Caremark's Mail-Order Program

One of the features of the plan is the discount available for long-term maintenance prescriptions purchased in bulk by CVS Caremark and fulfilled through the mail-order prescription service. This program, known as the CVS Caremark Maintenance Choice® program, saves both you and JPMorgan Chase money.

If you are taking a long-term medication, this program allows you the flexibility to receive your 90-day supply by mail through CVS Caremark's mail-order prescription service or by picking up your 90-day supply at a CVS retail pharmacy. If you prefer not to participate in the CVS Caremark Maintenance Choice program, you may opt out and obtain a 90-day supply (or a 30-day supply) at any participating network pharmacy, but you may pay more. Please keep in mind that it may be more cost-effective for you to use the CVS Caremark Maintenance Choice program.

Expert Medical Advice

Get Expert Medical Advice through Included Health (formerly Grand Rounds) – an independent company – when you and/or your covered family members want an Expert Second Medical Opinion or Additional Expert Medical Advice Services.

Expert Second Medical Opinion

An expert second medical opinion through Included Health allows you to receive medical guidance from a national leading expert on a documented diagnosis – without leaving your home. Leading expert physicians are available to review documentation on:

- An initial diagnosis and/or medical records from a physician or specialist
- Treatment plans that have been recommended for your condition or diagnosis
- Complex medical conditions you may be facing
- Scheduled surgeries or major procedures
- Medications you are taking

Additional Expert Medical Advice Services

In addition to second medical opinions, you can ask for Expert Medical Advice when you want:

- **To find a doctor** – a Care Coordinator will help you find a highly rated primary care physician or specialist who's in your health care company's network, assist with scheduling medical office appointments and advise you on how to prepare for the office visit.
- **A call with a clinician (Treatment Decision Support)** – a staff clinician will answer your health-related questions by phone or video chat to help you better understand your current treatment options.
- **To get in-hospital support** – the Included Health care team can quickly provide support by connecting with you and your family to help answer questions as part of the Treatment Decision Support service.

LGBT+ Health Concierge Service Through Included Health

Available at no additional cost to all employees and their dependents enrolled in the JPMC U.S. Medical Plan, this LGBT+ friendly service is tailored to the needs of the LGBT+ community to help them:

- Find in-network, LGBT+ affirming providers
- Understand their benefits and coverage that may pertain to them, such as PrEP (HIV preventive medication) and gender-affirming procedures
- Navigate gender-affirming care
- Connect with community support and resources
- Learn more at: [go/myhealth > Medical Specialty Services > Go to LGBT+ Health Concierge Service](#)

Family Building Benefits

For contact information, see [Who to Call With Benefits Questions at the end of this document.](#)



For employees and their dependents enrolled in the JPMC U.S. Medical Plan, the following bundle of services make up our Family Building Benefits:

- Fertility treatments such as in vitro fertilization (IVF) and intrauterine insemination (IUI), whether or not you have a medical diagnosis of infertility
- 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 and \$10,000 for prescription drugs (enrollment with WINFertility and completion of a nurse consultation required to unlock this benefit level; otherwise, medical benefit is \$10,000).

Learn more at: [go/myhealth](#) > Medical Specialty Services > Go to Family Building Benefits

Vera/Central Ohio Primary Care (COPC) Care Centers in Columbus, Ohio

Vera Whole Health (Vera) is an advanced primary care provider that is partnering with COPC to offer expanded health care services to JPMorgan Chase employees in the Columbus area, along with their family members enrolled in the U.S. Simplified Medical Plan.

All Vera/COPC services are voluntary and in addition to services already available to members; there's no need to make any elections, and you don't need to change your health care company (Aetna, Cigna).

Onsite Care Center Locations

- Polaris Office: 1111 Polaris Parkway, 1G, Columbus, OH 43240
- Brooksedge Office: 800 Brooksedge Blvd, Floor 2, Westerville, OH 43081
- Easton Office: 3415 Vision Drive, Floor 1, Columbus, OH 43219

At the onsite care centers, Vera/COPC offers the same services that have traditionally been provided to all U.S. benefits-eligible employees (e.g., urgent care and convenience/walk-in services). Additionally, Vera/COPC offers advanced primary care services – such as preventive care, chronic condition management (e.g., diabetes, high blood pressure, high cholesterol), health screenings, immunizations, well-woman care and family planning to employees participating in the U.S. Simplified Medical Plan. Services provided onsite are free to employees.

Near-Site Care Center Locations

- Dublin: 5050 Bradenton Avenue, Dublin, OH 43017
- Westerville: 110 Polaris Parkway, Suite 100, Westerville, OH 43082

At the near-site care centers, Vera/COPC offers a full spectrum of advanced primary care services for employees enrolled in the U.S. Simplified Medical Plan, as well as their covered spouses/domestic partners and dependents. These services are subject to the provisions of the U.S. Simplified Medical Plan (e.g., a visit with a primary care provider has a \$15 copay).

The Medical Reimbursement Account (MRA)

A key feature of the Simplified Medical Plan is the Medical Reimbursement Account (MRA). JPMorgan Chase contributes money to your MRA to help you pay for eligible out-of-pocket medical and prescription drug expenses.

JPMorgan Chase wants to reward you for taking healthy actions and leading a healthier lifestyle. That's why we contribute money to your MRA when you complete certain wellness activities, including a biometric Wellness Screening and an online Wellness Assessment. When you do, you'll get a snapshot of important indicators of your health, as well as any potential risk factors you may have. This information can help you take steps to either keep up the good work or make changes so you can be the best you can be.

Initial Wellness Activity(ies)

To save \$500 on your 2023 medical payroll contributions and earn \$100 in your 2023 MRA, you must have completed both the biometric Wellness Screening and online Wellness Assessment between November 20, 2021, and November 18, 2022 (11:59 p.m. Eastern Time). If your covered spouse/domestic partner did the same, you saved an additional \$500 on 2023 medical payroll contributions and earned \$50 more in your 2023 MRA.

The Initial Wellness Activity(ies) you must complete in 2023 to save and earn in 2024 have not yet been determined, and the deadline has not yet been communicated.

Please note: If you became eligible for benefits coverage on or before September 1, 2022, you were able to earn \$100 in your 2023 Medical Reimbursement Account (MRA) and save \$500 on medical payroll contributions in 2023 if you completed both a biometric Wellness Screening and an online Wellness Assessment between November 20, 2021, and November 18, 2022.* And you were able to earn an additional \$50 in your 2023 MRA and save an additional \$500 on 2023 medical payroll contributions if your covered spouse/domestic partner also completed both the Wellness Screening and Wellness Assessment during the same period.

- Employees who become eligible for benefits coverage – and/or add a spouse/domestic partner to medical coverage – after September 1, 2022, will automatically save \$500 (or \$1,000 if covering a spouse/domestic partner) on both 2022 and 2023 medical payroll contributions without completing the Initial Wellness Activities in 2022. They will have until the 2023 Initial Wellness Activity(ies) deadline (to be communicated in 2023) to earn 2023 MRA dollars for completing the Initial Wellness Activities; however, if they completed the Initial Wellness Activities by November 18, 2022, they not only earned Wellness Rewards for their 2022 MRA, but for their 2023 MRA too.
- Employees who were on an approved leave of absence for 45 consecutive days between September 1 and November 18, 2022, and did not complete a Wellness Screening and Wellness Assessment during that time will automatically save \$500 in 2023 on their medical payroll contributions (or \$1,000 if they cover a spouse/domestic partner). Other provisions of the JPMorgan Chase Medical Plan and Wellness Program will continue to apply, including the opportunity for employees and covered spouses/domestic partners to earn MRA funds for completing Additional Wellness Activities.

*You have until June 30, 2023, to open a case with Cigna if you believe your Initial Wellness Activities were completed by the deadline and not reflected in your medical payroll contributions.

If You Don't Enroll in the JPMorgan Chase Simplified Medical Plan for 2023

If you choose to not enroll in the JPMorgan Chase Simplified Medical Plan, you can still earn up to \$100 in 2023 Wellness Rewards (payable in your 2023 pay and taxable). Here's how:

- **If you became eligible for benefits on or before September 1, 2022, you needed to complete both your biometric Wellness Screening and Wellness Assessment by November 18, 2022, to earn \$100.**
- **If you became eligible for benefits after September 1, 2022, you can earn \$100 for completing both the biometric Wellness Screening and online Wellness Assessment questionnaire by the 2023 Initial Wellness Activity deadline (to be communicated in 2023).**

Keep in mind that you are not eligible to earn Rewards for Additional Wellness Activities and your spouse/domestic partner is not eligible to earn Wellness Rewards.

2023 Simplified MRA Action Plan

For employees living in Arizona and Ohio enrolled in the Simplified Medical Plan and their covered spouses/domestic partners

If you completed the Initial Wellness Activities (a biometric Wellness Screening and an online Wellness Assessment) between November 21, 2020, and November 19, 2021, you earned \$100 in your 2022 Medical Reimbursement Account (MRA) – plus \$50 if your covered spouse/domestic partner did the same.¹

Earn money in your MRA throughout 2023

Earn up to \$640
when you regularly participate in
Additional Wellness Activities



Earn up to \$320
when your covered spouse/domestic partner
regularly participates in Additional Wellness Activities

Path A: Activity Tracking

(Body Mass Index < 28 and 0-1 health risks²)

New! Choose wellness activities that are meaningful to you!

Each quarter, earn up to \$135 in your MRA by accumulating activity points. Earn up to \$67.50 more each quarter if your covered spouse/domestic partner does the same.

Your 2023 Path A totals: \$540 for you + \$270 for your spouse/domestic partner = **\$810**

Visit the **Virgin Pulse website** to learn more and see the full list of activities available to you, including:

- Activity tracking
- Sleep tracking
- Nutrition tracking
- Wellness learning journeys
- And more

Path B: Health Tracking

(Body Mass Index ≥ 28 or 2+ health risks²)

Each month you complete two of the activities listed below, you'll earn \$45 in your MRA. Plus, each month your covered spouse/domestic partner does the same, you'll earn \$22.50.

Your 2023 Path B Totals: \$540 for you + \$270 for your spouse/domestic partner = **\$810**

Activity (through Newtopia)	Each month at least...
One-on-one health coaching tailored to you through Newtopia	1 time
Nutrition tracking	8 times
Weight tracking	8 times
Newtopia app usage	8 times
Newtopia challenge	1 time
7,000 steps daily	10 days



Path A & B: meQuilibrium

An online program (and app) designed to help you manage stress, feel your best and become more resilient.

For each quarter you complete activities to earn one gold badge, you'll earn \$25 (up to \$100) in your 2023 MRA. Plus, \$12.50 (up to \$50) when your covered spouse/domestic partner does the same.



Path A & B: Vera Whole Health (for Ohio residents only)

A well-being session to help you create a health and wellness plan based on your individual needs.

For each quarter you complete meQuilibrium activities OR a Vera Whole Health well-being session, you'll earn \$25 (up to \$100) in your 2023 MRA. Plus \$12.50 (up to \$50) when your covered spouse/domestic partner does the same.

¹These amounts will be credited to your MRA by mid-January 2023. Your MRA is administered by your health care company.

²Health risks include: blood glucose level ≥ 100mg/dl; triglycerides ≥ 150mg/dl; blood pressure ≥ 130/85mmHG; HDL ≥ 50mg/dl for women and ≥ 40mg/dl for men; A1C (HbA1c) level ≥ 5.7%.

Path A or Path B? Know your Wellness Incentive Path for 2023

- If you completed a Wellness Screening by November 18, 2022, your results were used to determine the Wellness Incentive Path you follow for 2023.
- If you did not complete a Wellness Screening by November 18, 2022, you will remain on your 2022 path.
- If you are newly eligible for benefits in 2022 and 2023, you'll follow Path A.
- The path you are on as of January 1, 2023, will stay in effect for the remainder of the calendar year.

Register now on the Virgin Pulse Portal, and other actions to get started!

Before you and your covered spouse/domestic partner can start earning money in your MRA, **you both must:**

- Register¹ on the Virgin Pulse Portal (if you haven't done so before). Go to **My Health** (from home: myhealth.jpmorganchase.com) > Wellness Activities & Services > **2023 Wellness Activities**.
- Register¹ for meQuilibrium using the link found on the Virgin Pulse Portal.
- (Path B only:) Register with Newtopia¹ using the link found on the Virgin Pulse Portal and download their app.
- Depending on the activities you choose along your path, take these additional actions:

Path A Activities	Actions:
Choose activities that are meaningful to you.	1) Sign in or enroll on the Virgin Pulse website . 2) Download the Virgin Pulse app on your phone. 3) Explore the numerous Additional Wellness Activities available to you. 4) If you haven't already done so, order and sync your free tracking device – or sync your own. 5) Start accumulating activity points for MRA funds!
Path B Activities	Actions:
One-on-one coaching	Schedule an appointment with your Coach/Inspirator on the topic of your choice.
7,000 steps	Sync your tracking device (provided by Newtopia) and get moving!
Nutrition tracking	Your coach will show you how to track meals using the app.
Weight tracking	Sync the app with your scale.
Newtopia app usage	Regularly use the app and explore its features.
Newtopia challenge	Sign up for the challenge(s) you want to complete; watch your email for details throughout the year.

¹Covered spouses/domestic partners must register independently and create their own user names and passwords. To access **My Health** from the Internet, go to myhealth.jpmorganchase.com.

Questions?

For questions regarding...	Contact...
Your MRA funds	Your health care company – Aetna: 1-800-468-1266 , 8 a.m. to 8 p.m., all time zones, Monday through Friday; Cigna 1-800-790-3086 , 24/7
Initial Wellness Activities	For the Wellness Screening, call the Quest Patient Service Center at 1-888-606-3199 . For the Wellness Assessment, call Cigna at 1-800-790-3086 , 24/7.
Additional Wellness Activities and Virgin Pulse program support	Virgin Pulse: 1-833-568-3958 , Monday through Friday, 8 a.m. to 9 p.m. ET
Newtopia	1-888-639-8181 , Monday, 8 a.m. to 8 p.m.; Tuesday through Thursday, 8 a.m. to 10 p.m.; Friday, 8 a.m. to 6 p.m. ET
meQuilibrium	Email: support@mequilibrium.com
Vera Whole Health	1-800-505-5277 , Monday through Friday, 7 a.m. to 7 p.m. ET

A Reasonable Alternative may be requested and authorized when you and/or your covered spouse/domestic partner are not able to achieve the standards for the rewards under your assigned path (A or B). If you believe you may qualify for a reasonable alternative, please contact Virgin Pulse to work with you (and, if you wish, with your doctor) on an alternative.

Please read these [important disclaimers](#).

Paying Expenses Through Your MRA

When you enroll in the Simplified Medical Plan, you can pay for eligible expenses by using your MRA and Health Care Spending Account (HCSA). You will be able to choose whether you want automatic claim payment or a debit card to pay claims from your MRA and HCSA. Learn more about paying your expenses through your MRA by accessing the **MRA, HCSA and Payment Options** Tip Sheet through **My Health**.

Please note: If you elect to participate in the HCSA, the payment method you choose for your MRA will also be used for your HCSA. In addition, if you don't make a payment election, your payment method will default to debit card and generally cannot be changed until the next Annual Benefits Enrollment. For claim forms or to check your MRA and HCSA balances, go to **My Health**.

Payment Method	How It Works
Automatic Claim Payment	<p>After your health care company pays its share of the cost of care, your health care company will pay your doctor/pharmacy your share of the eligible cost. They'll use your MRA funds first, then your HCSA funds (if applicable).</p> <p>Once both MRA and HCSA funds are gone, you'll pay any remaining expenses out of your pocket when billed by your doctor. If you're filling a prescription, you'll pay any remaining balance not covered by funds in your MRA and/or HCSA at the time you purchase the drug. The pharmacy will let you know about any amount you owe.</p> <p>If you're using your HCSA to pay for eligible dental and vision expenses not payable under your plans (e.g., coinsurance for dental services, eyeglasses), you'll need to pay out of your own pocket, then submit an online claim (via your health care company website) or a paper claim form (via mail or fax) to access your HCSA balance.</p>
Debit Card	<p>After your health care company pays its share of the cost of care, you can use your debit card to pay your share of the eligible out-of-pocket medical and prescription drug expenses from your MRA and then your HCSA. (Give your debit card number to your doctor when you are billed for services or your pharmacy when you purchase a prescription drug, and your share of the expenses will automatically be taken out of your accounts.)</p> <p>You can also use your debit card to pay for eligible out-of-pocket dental and vision expenses out of your HCSA, as long as your provider accepts debit cards.</p> <p>You can also pay out of pocket and later submit a paper claim form to Aetna or Cigna, available on My Health > Medical, Rx, MRA, & Spending Account > Claims and Other Forms, or complete an online claim form (via your health care company website).</p>



Overview of the Payment Methods

Below are some examples to help you learn more about the debit card and automatic claim payment:

Automatic Claim Payment May Be Better For You If You...	The Debit Card May Be Better For You If You...
<ul style="list-style-type: none"> • Have doctors and providers who don't accept credit/debit cards. • Want to avoid the substantiation process, which requires you to provide receipts when your health care company can't match expenses to a claim. • Don't have coverage through another medical plan. <p>Please note: You are not able to apply any other form of payment at the time of your transaction if you elect the automatic claim payment option.</p>	<ul style="list-style-type: none"> • Would like to review payments before any MRA/HCSA funds are taken out of your account. • Elect the HCSA and want to use that account at the time of service to pay for dental and vision expenses. • Use a prescription drug discount card provided by a drug manufacturer or foundation. • Also have coverage through another medical plan, such as your spouse's plan, Medicare or Medicaid. • Visit providers or facilities that require you to pay at the point of service.

Please keep in mind that automatic claim payment assumes you did not pay your portion of your eligible medical expense at the time of service and pays your provider/facility your portion directly. If you pay your portion at the time of service, your provider/facility will be double-paid – once from you at the point of service and once from your MRA/HCSA (assuming funds are available). It will be your responsibility to recoup the overpayment from your provider/facility (although your health care company can try to assist you). Therefore, if the providers or facilities you visit are requiring you to pay at the point of service, the automatic claim payment method may not be right for you; you should consider the debit card payment method.

You can select your payment option when you first enroll in benefits or during Annual Benefits Enrollment. If during the year, you begin taking a prescription drug and have a manufacturer coupon or discount card, you can contact HR Answers and request a one-time change from automatic claim payment to debit card payment (prospectively).



Be Sure Your Dependents Are Eligible

You are responsible for understanding the dependent eligibility rules and abiding by them as well as providing acceptable documentation when requested. When you first enroll and each year during your designated enrollment period, or within 31 days following a qualified status change (90 days if the qualifying event is the birth or adoption of a child), it is important that you review both the dependent eligibility rules and the status of your covered dependents to ensure that you cover only eligible dependents. Review dependent eligibility requirements on **My Health**, and do not enroll any ineligible dependents.

Please note: You will be required to provide documentation for the dependents you cover under the plan. If you do not provide documentation within the specified time period, your dependents will be dropped from coverage.

Dependents' Social Security Numbers Required

If you cover dependents under your JPMorgan Chase plans, be sure their names, addresses and Social Security numbers are up to date. This information is important for us to have and is required by the Affordable Care Act. In addition, if you're adding a dependent to your coverage, you'll need to provide that dependent's Social Security number. Just go to the Benefits Web Center, and you will be prompted for the Social Security number when adding each dependent for coverage.

If you do not enter your dependent's Social Security number when prompted, you will not be able to enroll your dependent on the Benefits Web Center and will need to enroll him or her by calling HR Answers.

Eligible Dependents

In addition to employee coverage, your dependents are also generally eligible for coverage under the JPMorgan Chase Medical Plan. When you enroll for coverage, you need to certify online that your dependent meets the eligibility requirements. You will then be asked to provide acceptable documentation supporting eligibility. Eligible dependents generally include:

- Your spouse¹ or domestic partner; and
- Your and/or your spouse's/domestic partner's children
 - Up to the end of the month in which they turn 26
 - Can be covered regardless of student or marital status, financial dependence on parents, residency with parents or eligibility for coverage under another health plan

¹Same- and opposite-sex spouses

Please note: You may continue coverage beyond age 26 for an unmarried child who (1) is not capable of supporting himself or herself due to a mental or physical disability that began before age 26, (2) is dependent on you for financial support, and (3) was covered as a dependent at the time of turning age 26. If you are a new hire, you have 31 days from your eligibility date to add new dependents who are over age 26 and meet the first two criteria. You will not be able to enroll a disabled dependent over the age of 26 in any JPMorgan Chase plan after your initial 31-day enrollment period. Please call HR Answers if this situation applies to you.

Domestic Partners

To qualify as an eligible dependent under the JPMorgan Chase U.S. Benefits Program, you and your domestic partner must meet all the following conditions:

1. Be age 18 or older; **and**
2. Not be legally married to, or the domestic partner of, anyone else; **and**
3. Have lived together for at least 12 months; are currently living together; and have a serious, committed, romantic relationship; **and**
4. Be financially interdependent (share responsibility for household expenses); **and**
5. Not be related to each other in a way that would prohibit legal marriage; **OR**

Have registered as domestic partners pursuant to a domestic partnership ordinance or law of a state or local government, or under the laws of a foreign jurisdiction.

For additional information on covering domestic partners, please review the information on **My Health**, including the **Covering a Domestic Partner** Tip Sheet.

Coverage Categories

The JPMorgan Chase Simplified Medical Plan offers four coverage categories to help match your coverage needs:

- Employee Only
- Employee Plus Child(ren)
- Employee Plus One Adult (spouse or domestic partner)
- Employee Plus Family (spouse or domestic partner plus child[ren])

Cost for Coverage


You and JPMorgan Chase share the cost of coverage under the Simplified Medical Plan. Your contributions are deducted from your pay on a before-tax basis – before federal (and, in most cases, state and local) income taxes are withheld. The amount you pay depends on the level of your Total Annual Cash Compensation, the medical option you choose, where you live, the number and type of eligible dependents you cover, if you and your covered spouse/ domestic partner use tobacco and if you and your covered spouse/domestic partner complete Initial Wellness Activity(ies). **You will have a higher cost for coverage if your Total Annual Cash Compensation is higher**, you cover more dependents under your Simplified Medical Plan option, and/or costs in your geographic area are higher than average.

Please note: You will be provided lower rates for the Medical Plan in your first year of hire even if you do not complete the Initial Wellness Activity(ies) or if you use tobacco.

The following chart shows the Total Annual Cash Compensation levels currently used to determine employee before-tax contributions under the Simplified Medical Plan.

Note: Employees whose Total Annual Cash Compensation is less than \$60,000 (Levels 1 & 2 below) will receive the highest subsidy from the firm, which means they'll pay the lowest medical payroll contributions. (Specific contribution rates for each of your available Medical Plan options will be communicated during your designated enrollment period.) Please see page 44 for the definition of Total Annual Cash Compensation.

Total Annual Cash Compensation Levels Used to Determine Medical Plan Contributions

Level	Total Annual Cash Compensation (excluding overtime)	Employee Pays
1	< \$45,000	Least  Most
2	\$45,000 - \$59,999	
3	\$60,000 - \$79,999	
4	\$80,000 - \$149,999	
5	\$150,000 - \$249,999	
6	\$250,000 - \$349,999	
7	\$350,000 and above	



Contribution Costs for Each Covered Family Member

To more accurately reflect the true cost of coverage and to fairly distribute that cost among employees, you will pay for each family member that you cover under a JPMorgan Chase Simplified Medical Plan option, including each child. You will be charged for a maximum of four children, even if you cover more than that under your plan. (You can cover all of your children, as long as they meet

eligibility requirements. You will only pay the per-child costs for the first four children you choose to cover.) This itemized pricing will not only help you evaluate the cost of each family member's coverage, but will also give you information to more accurately compare your Medical Plan options and costs. Contributions will also vary based on the variables described on the prior page.

Here's how it works:

Example 1¹

Deborah wants to provide coverage for herself, her husband and their three children under Simplified Medical Option 2. She will pay one price for herself, one price for her husband, and one price for each of her three children. When combined, this will equal her total contribution for medical coverage.

Deborah's employee-only rate + husband's rate + (per-child rate x 3) = Deborah's total monthly contribution for medical coverage.

[\$23 + \$198 + (\$33 x 3)] = \$320

¹These examples are for illustrative purposes only and represent participation in Medical Option 1 and 2, average geographical price region, and Total Annual Cash Compensation of < \$60,000. Your actual rates could be different from those represented here. These examples also assume the employee and covered spouse complete a biometric Wellness Screening and an online Wellness Assessment and are not tobacco users.

Example 2¹

Joseph wants to cover himself, his wife and their six children under Simplified Medical Option 1. He will pay one price for himself, one price for his wife, and one price for each of four of his children. He will not pay an additional per-child price for his fifth and sixth children because per-child costs apply only up to four children, even though he will have coverage for his six children.

Joseph's employee-only rate + wife's rate + (per-child rate x 4) = Joseph's total monthly contribution for medical coverage.

[\$83 + \$265 + (\$62 x 4)] = \$596

Higher Rates for Tobacco Users for Certain Benefits Coverage

All U.S. benefits-eligible employees (and their covered spouses/domestic partners, where applicable) who use tobacco will pay higher rates under the following Health Care and Insurance Plans:

- Simplified Medical Plan (employee and spouse/domestic partner coverage);
- Supplemental Term Life Insurance Plan (employee and spouse/domestic partner coverage);
- Long-Term Disability Plan (employee coverage); and
- Individual Disability Insurance.

If you use tobacco, you will pay an additional \$80 per month (or \$960 per year) under the Simplified Medical Plan. If your covered spouse/domestic partner also uses tobacco, you will pay an additional \$80 per month (or \$960 per year) under the Simplified Medical Plan.

Under the JPMorgan Chase Simplified Medical Plan, a "tobacco user" (for a plan year) is any person who has used any type of tobacco products (i.e., cigarettes, cigars, chewing tobacco, snuff or a pipe) regardless of the frequency or location (this includes daily, occasionally, socially, at home only, etc.) in the 12 months preceding January 1 of the plan year.

When you enroll as a newly eligible employee or during a

subsequent annual enrollment period, you will declare a non-tobacco user/tobacco user status for yourself and your covered spouse/domestic partner. The status you report will remain in effect for the calendar year. After you (and/or your covered spouse/domestic partner) have been tobacco-free for 12 months (as of January 1 each year) or completed the Quit For Life Tobacco Cessation Program by the applicable deadline (as part of the annual benefits enrollment process), you'll be eligible for lower non-tobacco user rates beginning January 1 of the following year.

If you become eligible for benefits coverage before September 1, you will be assigned non-tobacco user rates² for the current calendar year for you and your covered spouse/domestic partner even if you declare yourself and/or your spouse/domestic partner a tobacco user, because you and/or your spouse/domestic partner may not have had an opportunity to complete a Tobacco Cessation Program in order to qualify for the lower non-tobacco user rates. You'll receive more information regarding the opportunity to update your tobacco user status during the annual benefits enrollment period. More information on Tobacco Cessation Programs and requirements is available on **My Health** > Wellness Activities & Services > Tobacco Cessation.

If you become eligible for benefits coverage after September 1, for the current plan year and the following plan year you will be assigned non-tobacco user rates for your and your spouse's/domestic partner's coverage for certain benefits.

²Upon enrolling in Individual Disability Insurance (IDI), employees will be asked their tobacco user status to determine their rate for coverage. Those who are tobacco free for 12 months at enrollment will have the non-tobacco user rate. All others may qualify for the lower non-tobacco user rate in the future by completing the Quit for Life Tobacco Cessation Program or being tobacco free for 12 months.

Dental Plan

JPMorgan Chase offers three dental coverage options based on where you live. All options provide coverage for preventive care, basic and major restorative care. Here's a brief overview of each Dental Plan option:

Dental Options at a Glance

Provision	Preferred Dentist Program (PDP) Option – MetLife		Dental Maintenance Organization (DMO) Option – Aetna (in-network only)	Dental Health Maintenance Organization (DHMO) Option – Cigna (in-network only)
	In-Network	Out-of-Network		
Annual Deductible				
Preventive	None	None	None	None
Restorative (basic and major)	\$50 individual, \$150 family	\$100 individual, \$300 family	None	None
Covered Services				
Preventive (exams, cleanings, X-rays, sealants) (no deductible)	100% coverage	90% coverage	100% coverage	100% coverage
Basic restorative (fillings, extractions, periodontal, oral surgery, anesthesia)	80% coverage after deductible	70% coverage after deductible	90% coverage	90% coverage
Major restorative (dentures, bridges, root canals, inlays, onlays, crowns)	60% coverage after deductible	50% coverage after deductible	60% coverage	60% coverage
Orthodontia				
Child (under age 19)	50% coverage no deductible	50% coverage no deductible	50% coverage	50% coverage
Adult	None	None	50% coverage	50% coverage
Maximum Benefits				
Combined annual for preventive and restorative	Maximum \$2,000 ¹	Maximum \$1,500 ¹	No maximum	No maximum
Lifetime for orthodontia	Maximum \$2,500 ¹	Maximum \$2,000 ¹	Limited to one course of treatment per individual per lifetime	24 months of interceptive and/or comprehensive treatment (cases beyond 24 months or atypical cases require additional payment by the patient)

All in-network percentages above apply to dentists' negotiated fees. All other percentages generally apply to reasonable and customary charges. Frequency limits may apply to certain services.

¹Combined in- and out-of-network includes any benefits already applied to any lifetime maximum for orthodontia under the Dental Plan.

Preferred Dentist Program Option

The Preferred Dentist Program (PDP) Option, administered by MetLife, offers you the flexibility to choose between in-network and out-of-network dental care. Under this option, networks of participating dental providers offer their services for lower, prenegotiated rates. Here's how it works:

- When you need care, you can choose to visit a network provider or go out of network.
- In general, when you obtain care from an in-network dentist, your out-of-pocket costs will be lower; when you receive out-of-network care, your out-of-pocket costs will be higher.
- Once you pay a deductible, you and JPMorgan Chase share the discounted costs for in-network covered expenses, subject to plan maximums. In the case of out-of-network covered expenses, a higher deductible applies and the plan pays a lower level of benefits up to reasonable and customary limits and plan maximums.
- No deductibles apply to in-network or out-of-network preventive services.

Dental Maintenance Organization/ Dental Health Maintenance Organization Option

When you enroll in the Dental Maintenance Organization (DMO) or Dental Health Maintenance Organization (DHMO) Option, administered by Aetna and Cigna, respectively:

- You receive care solely from dentists who are associated with the DMO/DHMO network.
- All of your care within the network is coordinated through a primary dentist. You must go through your primary dentist to receive benefits from the plan and for specialist referrals.
- There are no deductibles.
- You pay nothing for preventive care and share in the cost of care for basic and restorative care. You pay a percentage of discounted costs.

Eligible Dependents

You can cover the same eligible dependents under the Dental Plan as under the JPMorgan Chase Simplified Medical Plan (please see page 22).

Cost for Coverage

You and JPMorgan Chase share the cost of coverage under the Dental Plan. Your contributions are deducted from your pay on a before-tax basis. The amount you pay depends on the option you choose and the type of eligible dependents you cover.



Vision Plan

The JPMorgan Chase Vision Plan, administered by EyeMed, helps you pay for covered vision expenses, such as eye examinations, lenses (including contact lenses) and eyeglass frames. When you seek care from a vision care professional within the plan's network, you will have no copay for your vision exam. If you choose to seek care outside the network, you will be reimbursed up to a specified dollar limit. EyeMed offers vision care coverage through a network of independent vision care providers nationwide, including retail chains, such as Lenscrafters, Target and most Pearl Vision locations.

Vision Plan at a Glance

EyeMed In-Network Coverage			
Service	EyeMed Doctors and Participating Retail Chains	Copay	Frequency
WellVision Exam®	Exam is available once every calendar year	\$0	Every calendar year
Frames	• \$150 allowance	\$0	
Lenses	• Single vision, lined bifocals or lined trifocals • Tints, scratch-resistant coating and polycarbonate lenses are covered in full.	\$10	
Contact Lenses (instead of eyeglass lenses)	\$150 allowance	\$0	
Contact Lens Exam	Fully covered, after copay	No more than \$55	
Retinal Screening	An enhancement to your WellVision Exam®	\$39	

Your Coverage with Out-of-Network Providers					
Exam	up to \$45	Single Vision	up to \$35	Lined Trifocal Lenses	up to \$65
Frame	up to \$75	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Contacts	up to \$120	Tints	up to \$11		

Cost for Coverage

Your contributions for Vision Plan coverage are deducted from your pay on a before-tax basis. Your cost for coverage depends on the type of dependents you cover.

Eligible Dependents

You can cover the same eligible dependents under the Vision Plan as under the JPMorgan Chase Medical Plan (please see page 22).



Get Preventive Care!

We believe preventive care is so important that it's covered 100% when you receive in-network care under the JPMorgan Chase Medical Plan, Dental Plan and Vision Plan.

Important Details About Participation in the Health Care Spending Account

- **Carryover Funds:** If you elect to participate in the Health Care Spending Account, you can carry over up to \$610 of unused Health Care Spending Account funds from year to year to continue to pay for eligible expenses. Unused balances less than \$25 will be forfeited if you do not choose to contribute to the HCSA for the following plan year.
- **Estimate Your Contributions and plan carefully:** Use the Health Care Spending Account Contribution Estimator and MRA Value Estimator on the Benefits Web Center to model your expenses, so that you can estimate the amount of before-tax dollars to contribute to the Health Care Spending Account. (The MRA Value Estimator will show how much you can earn by completing certain wellness activities.) **Please note:** If you enroll in the JPMorgan Chase Medical Plan, your MRA funds will be used to pay for eligible out-of-pocket medical and prescription drug expenses before your Health Care Spending Account funds. So, be sure to plan your contribution amount carefully.
- **Eligible Tax Dependents:** You can pay expenses from your Health Care Spending Account for eligible tax dependents only, including your spouse, a tax-qualified domestic partner, parents and your dependent children, including the children of your domestic partner if they are your tax dependents.
- **Coordinating with Your Spouse:** If your spouse has a Health Care Spending Account at JPMorgan Chase or at another employer, by law you cannot claim reimbursement for any expense your spouse has claimed.
- Certain expenses, such as those for cosmetic surgery or health care premiums, are not reimbursable under the Health Care Spending Account.

Spending Accounts

Spending accounts allow you to set aside before-tax money to help pay for eligible health care, dependent care and transportation expenses. JPMorgan Chase offers three spending accounts – the Health Care Spending Account, the Dependent Care Spending Account and the Transportation Spending Accounts (Transit/Parking).

Health Care Spending Account

You can generally contribute up to \$3,050 a year on a before-tax basis to pay for eligible out-of-pocket health care expenses. You may use your Health Care Spending Account for eligible expenses such as:

- Medical and prescription drug copays and deductibles **after** your MRA funds are used
- Costs for non-covered prescription drugs, such as non-sedating antihistamines (e.g., Clarinex, Allegra) with a prescription from your doctor
- Certain over-the-counter drugs without a prescription from your doctor
- Dental deductibles and coinsurance not covered under any dental plan you may be enrolled in
- Eyeglasses and contact lenses for amounts not covered under any vision plan you may be enrolled in

Your health care company (Aetna or Cigna) will be the administrator of your Health Care Spending Account. If you do not enroll in the JPMorgan Chase Medical Plan, Cigna will administer your Health Care Spending Account.

Please note: Generally, your medical and/or dental HCSA claims will be automatically substantiated if you enroll in a medical or dental plan option with the same health care company that administers your HCSA (Aetna or Cigna).

Don't Lose Out: If you elect to participate in the Health Care Spending Account, you will lose any balance exceeding \$610 remaining in your account at the end of the plan year (December 31). You have until March 31 of the following plan year to submit eligible claims for reimbursement. If you do not choose to contribute to the HCSA in a given plan year, any balance you carried over from a prior year will be forfeited at the end of the year if you do not use it.

Coordinating Your MRA and Health Care Spending Account

Keep in mind that you have to use all the funds in your MRA before you can use the money in your Health Care Spending Account for eligible out-of-pocket medical and prescription drug expenses. However, you can also use your Health Care Spending Account to reimburse yourself for eligible out-of-pocket dental and vision expenses, which are not eligible for reimbursement under the MRA.

Here's a look at how your eligible expenses are paid from your MRA and Health Care Spending Account:

- Your MRA pays first for eligible out-of-pocket medical and prescription drug expenses.
- Your Health Care Spending Account pays for eligible out-of-pocket medical and prescription drug expenses **after** MRA funds are depleted.
- Your Health Care Spending Account pays for eligible out-of-pocket dental and vision care expenses, as well as over-the-counter medicines for which you have a prescription and all forms of insulin even if available without a prescription (cannot be paid by your MRA). Certain over-the-counter supplies are covered without a prescription.

For more details about how your eligible expenses are paid from your MRA and Health Care Spending Account, take a look at the **MRA, HCSA and Payment Options** Tip Sheet on **My Health**.

A listing of eligible expenses under the Health Care Spending Account is available on Aetna's or Cigna's website if you enrolled in the JPMorgan Chase Medical Plan and on Cigna's website if you waive medical coverage.

Your HCSA expenses will be paid in the same manner as the way you choose to have your expenses paid through your MRA: through automatic claim payment or debit card. See page 20 for details.

Dependent Care Spending Account

You can generally contribute up to \$5,000 a year on a before-tax basis to pay for eligible out-of-pocket expenses to provide care during working hours for eligible dependents. Eligible expenses are those that provide care so that you and your spouse (if you are married) can work outside the home or so your spouse can attend school full-time. You must provide the Social Security number or tax identification number of the care provider when filing for reimbursements. You may use your Dependent Care Spending Account for eligible expenses including:

- Child care expenses for dependent children under age 13, or older if disabled, and
- Adult care expenses for your tax-qualified adult dependents.

The JPMorgan Chase Dependent Care Spending Account, which is administered by your health care company (Aetna or Cigna, or by Cigna if you are not enrolled in the JPMorgan Chase Medical Plan), covers eligible expenses only up to the balance credited to your account through payroll deductions at the time you request reimbursement. As your contributions are deducted from your pay throughout the year, you'll automatically be reimbursed for any outstanding expenses you've submitted, up to the year-to-date amount already contributed (minus any previous reimbursements). Your account will only cover expenses for services that have actually been incurred, not for future expected services.

Please note: Internal Revenue Service (IRS) rules impose limits on contributions to the Dependent Care Spending Account in certain situations that involve highly compensated employees to help ensure that the plan doesn't unfairly favor these employees. As a result, it may be necessary to reduce contributions for some participants under these rules. You'll be notified if you're affected.

Important Details About Participation in the Dependent Care Spending Account

- **Don't Lose Out:** If you elect to participate in the Dependent Care Spending Account, you will lose any balance remaining in your account at the end of the plan year (December 31). You have until March 31 of the following year to submit eligible claims for reimbursement of expenses incurred during the previous year.
- **Change or Stop Contributions During the Year:** If your dependent care needs change in 2023, you are able to change or stop your Dependent Care Spending Account contributions during the year due to a qualifying status change.
- **Eligible Tax Dependents:** You can pay expenses from your Dependent Care Spending Account for eligible tax dependents only, including a tax-qualified disabled adult dependent; your dependent children, including the children of your domestic partner if they are your tax dependents, as well as parents if they are your tax dependents.
- **Coordinating with Your Spouse:** If your spouse's employer offers a similar Dependent Care Spending Account, the most you and your spouse can be reimbursed during a tax year is \$5,000 on a combined basis. If you are married but file separate income tax returns, your maximum contribution amount is \$2,500 a year. **Please note:** Additional limits may apply.
- **Federal Income Tax Credit:** The Internal Revenue Code prevents you from taking the federal dependent care tax credit on your personal income tax form for expenses reimbursed through your Dependent Care Spending Account. You may wish to consult with your personal financial advisor to determine which is better given your personal financial situation.
- **Calculate Back-Up Care:** Calculate the value of your anticipated back-up child care use for the year when electing your coverage amount. The Fair Market Value of a day of back-up child care is \$60 minus your copay amount.

Transportation Spending Accounts (Transit/Parking)

Under the JPMorgan Chase Transportation Spending Accounts, you pay for eligible commuter and/or parking expenses related to commuting to and from work through before-tax payroll deductions up to the legal limits. You may contribute before-tax dollars to two different accounts – the Transit Account and/or the Parking Account. Limits for before-tax deductions for eligible transit and parking expenses change from year to year. For 2023, the monthly before-tax limits are \$300 for transit and \$300 for parking expenses. After-tax contributions are applicable to commuting and/or parking expenses that exceed before-tax monthly limits. For more information, please refer to the Summary Plan Descriptions – accessible via **My Health** > Benefits Enrollment > 2023 Benefits Resources.

Important Details About Participation in the Transportation Spending Accounts

- **How Transit Expenses Are Paid:** If you participate in the Transit Account, you simply order your commuter passes, tickets or vouchers through HealthEquity, the plan administrator. You will be asked to specify whether your elections should carry over month to month, or if you'd prefer, you may initiate a new election each month. Your commuter passes, tickets or vouchers are then sent to your home address by the first of the month.
- **If Your Commuter Pattern Varies, the Transit Account Also Offers the Convenience of a Commuter Card for Your Transit Expenses:** This card can be used to purchase a pass and is available to participants in a location where the associated transit agency accepts a debit card and/or credit card.
- **How Parking Expenses Are Paid:** If you participate in the Parking Account, you must indicate how much you pay for parking, and that amount will be paid to the parking provider (e.g., parking garage) directly for you.
- **If Your Monthly Parking Expenses Are Unpredictable:** You can elect a Commuter Card, funded monthly by your TSA (Transportation Spending Account) payroll contributions, to pay for parking directly (at participating garages), eliminating the need to pay upfront and file claims or submit receipts for reimbursement. Alternatively, you can pay for parking each month and then get reimbursed by submitting a claim.
- **When You Can Enroll:** You may enroll for participation in the Transportation Spending Accounts on a monthly basis at any time during the year. You must make your elections, changes or cancellations by the first day of the month prior to the month in which expenses will be incurred. For example, if you make your enrollment elections between June 2 and July 1, your payroll deductions will begin in July for the expenses you will incur in August.
- **Unused Before-Tax Dollars:** The Transportation Spending Accounts are subject to different rules under the Internal Revenue Code than the Health Care Spending Account and the Dependent Care Spending Account. So, you may enroll in one or both of the Transportation Spending Accounts at any time and change or stop your contributions on a monthly basis. If your account reaches a certain threshold, your contributions will be suspended until the balance is below that threshold.

Long-Term Disability (LTD) Plan

The JPMorgan Chase Short-Term Disability Plan administered by Sedgwick provides eligible employees with up to 26 weeks of time off (consisting of a one-week waiting period and up to 25 weeks of full or partial pay, if applicable) if you are ill or injured. If you are out of work for an extended period of time (beyond 26 weeks), coverage is available under the LTD Plan (insured and administered by Prudential) as follows:

- If your Total Annual Cash Compensation (TACC) is less than \$60,000, you will automatically receive LTD coverage of 60% of your TACC fully paid by JPMorgan Chase.
- If your TACC is \$60,000 or more, you can elect employee-paid LTD coverage of 50% or 60% of your TACC. The premiums you pay for coverage will be made on an after-tax basis. As a result, any benefits you receive if you become disabled are tax-free. Keep in mind that if your TACC decreases to less than \$60,000, you will be defaulted into the Company-paid 60% Option. The maximum monthly employee-paid LTD benefit is \$20,000 (which generally limits the benefit available to employees earning more than \$400,000 per year if they elect the 60% Option and \$480,000 per year if they elect the 50% Option). If you do not elect LTD coverage, you will be assigned No Coverage for the plan year and will need to satisfy evidence of good health if you enroll in the future.

Understand the Individual Disability Insurance (IDI) Enrollment Process

Generally, if your TACC is more than \$400,000, you are subject to the LTD Plan's maximum coverage limits and can purchase additional LTD coverage under a fully portable Individual Disability Insurance (IDI) Policy insured by Unum (for which Covala Group is the administrative service provider). This provides an additional maximum monthly LTD benefit of up to \$15,000. If you are eligible for the IDI benefit, you will receive information separately.

Important Details About Participation in the Long-Term Disability (LTD) Plan

- **When You Can Enroll:** You may only enroll in this benefit as a new employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Evidence of Insurability (EOI):** If you are provided or enroll for coverage as a newly hired employee, no EOI is required. However, EOI¹ does apply any time you want to increase coverage or enroll in coverage at a later time. In these situations, if you become disabled prior to approval of EOI, you will receive the value of coverage in effect prior to your new election.
- **Actively at Work:** You must be actively at work on the date your new coverage takes effect.
- **Tobacco User Rates for Coverage:** Your tobacco user status will affect your contributions under the LTD Plan. For more information on tobacco user premiums, please see page 24.
- **Pre-Existing Condition Exclusion:** Long-Term Disability benefits will not be paid if both statements below are true:
 - During the first 12 consecutive months of your coverage, you become disabled; and
 - You received treatment for that disabling condition during the six months before your most recent coverage effective date.

¹You can complete an EOI form online through Prudential's website (via the Benefits Web Center), which you can access through My Health.

Why LTD Coverage Is So Important

If you become disabled, you may be eligible for Short-Term Disability benefits or for unpaid short-term disability leave for up to 26 weeks (including the one-week waiting period). If your disability continues beyond 26 weeks, LTD coverage can provide you with valuable income protection you may need for you and your family. LTD coverage also allows you to continue your JPMorgan Chase Medical Plan and certain other benefits coverage for up to 24 months after your LTD benefits effective date.

Did You Know?

More than one in four of today's 20-year-olds can expect to be out of work for at least a year² because of a disability condition before reaching normal retirement age. In addition, accidents are not usually the cause of a long-term disability – back injuries, cancer, heart disease and other illnesses are usually the reasons for most long-term absences.

Most Americans don't have disability insurance or enough emergency savings to last 32.1 months, which is the duration of the average long-term disability claim.² Now is the time to enroll for coverage under the LTD Plan and have peace of mind knowing that you have some financial security in case you become disabled.

²Source: Council for Disability Awareness, 2022

Life and Accident Insurance Plans

JPMorgan Chase offers different types of life and accident insurance administered by MetLife so you can choose the most appropriate coverage and survivor protection for your personal situation. The Company automatically provides you with Basic Life Insurance that pays benefits to your designated beneficiary(ies) if you die and Business Travel Accident Insurance if you die or are injured while traveling on business for the Company.

Company-Paid Life and Accident Insurance Plans

JPMorgan Chase automatically provides the following protection at no cost to you:

- **Basic Life Insurance:** JPMorgan Chase provides Basic Life Insurance equal to one times your Total Annual Cash Compensation (rounded up to the next \$1,000), up to a maximum of \$100,000. In the event of your death as an active employee, benefits are paid to your designated beneficiary.

Additional benefits of the Basic Life Insurance Plan include:

- **SurvivorSupport® Financial Counseling Service:** Provides telephonic financial counseling services to a surviving spouse or key adult survivor for six months after an employee's death
- **Travel Assistance with ID Theft Solutions Services:¹**
 - **Identity (ID) Theft Assistance Program:** Provides identity theft protection education and assistance to help guide you through the recovery process if your identity or that of your dependents is compromised.
 - **Travel Assistance and Emergency Evacuation Services:** Provides travel assistance and emergency services for employees and their family members in the event of an unexpected medical emergency when traveling 100 miles or more from home.
 - **Mobile Assist:** Provides information to help avoid expensive mobile telephone charges and help effectively use overseas options.
- **Funeral Concierge Services:²** Provides information and assistance to employees and their immediate family members for funeral-related issues anywhere in the United States.
- **Grief Counseling:²** Provides you and your dependents up to five private counseling sessions either face-to-face or over the phone with a professional grief counselor to help cope with a loss, no matter the circumstances, whether it's a death, an illness or divorce.

- **Business Travel Accident Insurance:** The Company provides Business Travel Accident Insurance equal to six times your annual base salary/regular pay (minimum of \$50,000 and maximum of \$3 million). This coverage offers financial protection in the event of your accidental death or certain accidental injuries sustained while traveling on business for JPMorgan Chase. In the event of your death as an active employee, benefits are paid to your designated beneficiary.

¹ Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA, Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

² Grief Counseling and Funeral Assistance services are provided through an agreement with LifeWorks, US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues or marital/relationship issues (other than a finalized divorce). For such issues, please refer to **My Health** to understand the Employee Assistance Program and Work-Life resources available to you. LifeWorks is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

Life and Accident Insurance Beneficiaries

The Online Beneficiary Designations site provides a convenient way to name, review and update your beneficiary information for your Life and Accident Insurance Plan benefits, 401(k) Savings Plan benefits, and your Pension Plan (for employees with a balance).

You can access the site:

- From work:
My Health > Online Beneficiary Designation Site
- From home:
<https://beneficiary.jpmorganchase.com>

Total Annual Cash Compensation

You can find the definition of Total Annual Cash Compensation on page 44.

Supplemental Term Life and Accident Insurance Plans

In addition to the Company-provided insurance described on the previous page, you can elect to purchase Supplemental Term Life and Accident Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You may have to provide evidence of insurability (EOI) before certain levels of life insurance become effective. Your choices for supplemental life and accident insurance include:

- **Employee Supplemental Term Life Insurance:** You can purchase Supplemental Term Life Insurance on an after-tax basis in increments of \$10,000, up to 10 times your Total Annual Cash Compensation (rounded to the next higher multiple of \$10,000) to a maximum of \$3 million.
- **Dependent Supplemental Term Life Insurance:** You can also purchase Supplemental Term Life Insurance for your eligible dependents on an after-tax basis. You can buy coverage for your spouse/domestic partner from \$10,000 to \$300,000 (in \$10,000 increments), subject to approval by MetLife. In addition, you can buy \$5,000, \$10,000, \$15,000 or \$20,000 in coverage for each dependent child through MetLife (as long as they meet the eligibility requirements for dependent coverage). **Please note:** To purchase Supplemental Term Life Insurance for your spouse/domestic partner or dependent child(ren), you do not need to elect coverage for yourself.
- The following services are included with supplemental term life at no cost:
 - **Will Preparation Services:**¹ Offers you and your spouse/domestic partner unlimited face-to-face or telephonic meetings with an attorney from MetLife Legal Plans' network of over 174,000 participating attorneys.
 - **Estate Resolution Services:**¹ Offers legal assistance from MetLife Legal Plans' attorney network with probating your and your spouse's/domestic partner's estates.
- **Employee Accidental Death and Dismemberment (AD&D) Insurance:** You can purchase AD&D Insurance on an after-tax basis for financial protection in case of accidental death or certain accidental injuries. Coverage is available up to 10 times your Eligible Compensation (in \$10,000 increments) to a maximum of \$3 million. **Please note:** Reduced coverage amounts apply if you are age 75 or older.
- **Dependent Accidental Death and Dismemberment (AD&D) Insurance:** You can purchase AD&D Insurance for your eligible dependents on an after-tax basis. Coverage is available for your spouse/domestic partner to a maximum of \$600,000 (in \$10,000 increments). **Please note:** Reduced coverage amounts also apply to dependents age 75 or older. In addition, you can buy coverage for a child from \$10,000 to \$100,000 (in \$10,000 increments) as long as the child meets the eligibility requirements for dependent coverage. As long as you have company-paid Basic Life Insurance, you may purchase AD&D Insurance for your spouse/domestic partner or dependent child(ren), even if you do not elect coverage for yourself.

If you leave JPMorgan Chase, generally employee and dependent supplemental term life and AD&D insurance coverage is portable – meaning you can continue coverage through a direct billing arrangement with MetLife at a higher rate.

¹Will Preparation and Estate Resolution Services are offered by MetLife Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

Employee AD&D Insurance Limit Due to Age

- When you are age 75 or older, but less than age 80, your amount of Employee AD&D Insurance will be reduced to a maximum amount of \$200,000.
- When you are age 80 or older, your amount of insurance will be further reduced to a maximum amount of \$100,000.
- If you reach age 75 or 80 while insured, this limit will not apply until the January 1 following the date you reach that age.

Eligible Compensation

You can find the definition of Eligible Compensation on page 44.

Important Details About Participation in the Life and Accident Insurance Plans

- **Evidence of Insurability (EOI):** If you enroll in employee Supplemental Term Life Insurance when you are newly hired, you are allowed to enroll for an amount up to the lesser of three times Total Annual Cash Compensation or \$500,000 without having to submit EOI. You can initially enroll a spouse/domestic partner for an amount up to \$50,000 without having to submit EOI. Elected amounts above these guaranteed issue amounts will be subject to EOI. If you do not enroll as a new hire or if you subsequently increase coverage at a later date, all new coverage will be subject to EOI requirements at the time you make the new election.
- **Dependent Child(ren) Coverage:** If enrolling a child(ren) in Supplemental Term Life Insurance and/or AD&D Insurance, the same rules for dependent eligibility apply as in the Medical Plan. Additionally, a child(ren) can be covered until age 26, unless they are a disabled dependent. See the **Dependent Eligibility Requirements** Tip Sheet for details.
- **Non-Tobacco User Rates for Coverage:** You pay for Supplemental Term Life Insurance and AD&D insurance on an after-tax basis. In addition, as explained on page 24, if you and/or your covered spouse/domestic partner enroll as a non-tobacco user or complete an approved tobacco cessation course, you will pay lower, non-tobacco user rates for any supplemental term life insurance you elect. For more information on non-tobacco user rates under the Supplemental Term Life Insurance Plan, please see page 24.
- **Actively at Work:** You must be actively at work on the date your new or newly approved coverage takes effect. Dependent elections for Supplemental Term Life and AD&D coverages will take effect on the date of the qualifying status change or the date that EOI requirements are satisfied (as applicable).

Group Personal Excess Liability Insurance Plan

The JPMorgan Chase Group Personal Excess Liability Insurance Plan insured by Chubb and administered by Marsh McLennan Agency Private Client Services provides additional liability protection for up to \$10 million in coverage for damages and costs you or a covered family member has to pay beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies. Plan highlights include:

- **Covered Persons:** If you enroll for coverage, the Plan provides coverage for you, your spouse or domestic partner and all eligible dependent children.
- **Coverage Options and Costs:** You pay for coverage with after-tax dollars. Your cost depends on the coverage level you choose. There is a flat rate for coverage under this plan – your cost is the same regardless of how many dependents you cover. You can choose from coverage of:
 - \$2 million
 - \$5 million
 - \$10 million
- **Services provided by Marsh McLennan Agency Private Client Services**
 - **Complimentary Personal Risk Management Review:** Elect to receive a complimentary personal risk analysis from a Marsh McLennan Agency personal risk advisor. Through this consultation, a personal risk advisor will evaluate the adequacy of your existing policies, identify exposures and determine whether there are sufficient underlying liability limits in your current coverage. The advisor will also provide customized recommendations to improve the effectiveness of your coverage and ensure you have the broadest coverage available for the best value.
 - **Liability Estimator Tool:** You'll have access to a confidential online liability estimator tool to quickly get a preliminary estimate of the liability coverage amount that may be appropriate for you.
 - **Claims Advocacy:** In the event of a claim, Marsh McLennan Agency will serve as your advocate throughout the claims process.

Important Details About Participation in the Group Personal Excess Liability Insurance Plan

- **When You Can Enroll:** You may only enroll in this benefit as a new employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Required Primary Underlying Liability Insurance Policies:** There are certain minimum limits you must carry on your primary underlying liability insurance policies in order to meet the eligibility requirements for this benefit, and failure to meet these minimums will result in a gap in coverage for which you will be responsible in the event of a liability claim. Please refer to the Summary Plan Descriptions available on **My Health** > Benefits Enrollment > 2023 Benefits Resources > Benefit Plan Details (Summary Plan Descriptions).
 - If your primary underlying coverage is placed with Chubb, the maximum allowable underlying liability limit is \$1,000,000.
- **How It Works:** Coverage under this type of policy is always in excess of any other underlying insurance and is also known as an “umbrella policy.” For example, in the case of a car accident, your primary auto insurance policy would provide the first level of coverage, and the JPMorgan Chase Group Personal Excess Liability Insurance Plan would be available once primary limits are exhausted.

Group Legal Services Plan

The JPMorgan Chase Group Legal Services Plan insured by MetLife offers 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; juvenile matters; name changes; consumer protection; property protection; traffic matters; issues of incompetence; and more. Most services are covered at 100% when you use network attorneys. A reimbursement schedule applies to fees charged by out-of-network attorneys.

- **Covered Persons:** If you elect to enroll, the plan automatically covers you, your spouse/domestic partner and all eligible dependent children.
- **Coverage Costs:** You pay for coverage on an after-tax basis. Your cost is the same regardless of how many dependents you cover under the plan.

Important Details About Participation in the Group Legal Services Plan

- **When You Can Enroll:** You may only enroll in this benefit as a new employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Pre-Existing Legal Matters:** Any legal matter for which an attorney-client relationship existed prior to you becoming eligible for services under the JPMorgan Chase Group Legal Services Plan will be excluded, and no benefits will apply.
- **Network Attorneys:** The JPMorgan Chase Group Legal Services Plan offers access to a network of U.S. attorneys who provide a wide range of legal services. In-network services are available only in the continental United States, U.S. Virgin Islands, Puerto Rico and Hawaii, and attorneys will only provide services for U.S.-related issues.

The Retirement Savings Program

Building a financially secure future is a partnership between you and JPMorgan Chase. That's why the firm provides the 401(k) Savings Plan, one of the best and easiest ways to save for your retirement. In this section you'll also find information about the Pension Plan (to the extent it applies to you) and the Employee Stock Purchase Plan.

401(k) Savings Plan

JPMorgan Chase believes that saving for retirement is important. That's why the firm provides annual automatic pay credits after one year of total service. In addition, to encourage saving, the firm provides dollar for dollar matching contributions to most employees after they complete one year of service. To take advantage of this benefit, begin by enrolling in the plan. It's easy – whether you're automatically enrolled or you enroll on your own. Beyond that step, you can make the most of the plan by saving and investing.

Enrolling

If you take no action within the first 31 days after your hire/eligibility date, you will be automatically enrolled at a before-tax contribution rate of 3% of Ongoing Compensation, which includes base salary/regular pay and non-annual cash incentives.¹

Your 3% before-tax contributions will be invested in a Target Date Fund based on your age and an assumed retirement age of 65. Your contributions will increase by 1% annually, up to a total contribution rate of 10%.

You may wish to consider whether this contribution rate will be enough to meet your financial goals, and if not, choose a contribution rate that suits your needs. Keep in mind that the plan offers two ways to save on a tax-advantaged basis.

If you don't want to be enrolled automatically, you can either enroll yourself or you can opt out of automatic enrollment via the 401(k) Savings Plan Call Center or Web Center prior to the end of your 31-day grace period.

Your Contributions

You can contribute up to 50% of Ongoing Compensation on a before-tax and/or Roth basis (up to the annual legal limit).

- **Before-tax contributions** allow you to contribute to the plan before federal and, in many cases, state and local taxes are withheld, which may help you lower your current taxable income.
- **Roth contributions**, which are made after federal, state and local taxes are withheld and do not lower your current taxable income, may be right for you if you think your taxes may be higher in retirement or at the time you take a withdrawal. Roth contributions and any associated earnings can be withdrawn tax-free, assuming certain requirements are met.

You have the flexibility to contribute differently during the year, depending on what works best for you. There are two types of 401(k) contribution rates:

- **Per-pay rate** (1% to 50% on a before-tax and/or Roth basis) – applies to your Ongoing Compensation, which is your base salary/regular pay, as well as any non-annual cash incentives¹ you receive. You can adjust your per-pay rate as often as you'd like throughout the year, and changes will be made on the next paycheck that is administratively possible.
- **Annual Incentive Compensation rate** (1% to 50% on a before-tax and/or Roth basis) – applies *only* to Annual Incentive Compensation, which is cash compensation awarded, if any, under the firm's Performance-Based Incentive Plan (generally paid in January) or Branch Profitability Incentive Plan (generally paid in February).

You can contribute from your per-pay Ongoing Compensation, your Annual Incentive Compensation (if any) or both, up to the annual legal limits (see sidebar).

¹ Non-annual cash incentive compensation includes cash incentives that are paid throughout the year, such as sales awards and monthly and quarterly incentives. It also includes any cash incentives paid annually other than Annual Incentive Compensation.

Rolling Over from Another Plan

Having multiple 401(k) plan accounts can make tracking and monitoring of your total savings difficult. Consider a rollover to consolidate your retirement assets into one account. The JPMorgan Chase 401(k) Savings Plan accepts rollovers from most employers' 401(k) and other qualified plans, as well as IRAs.

Know the 401(k) Savings Plan Limits for 2023

Combined Before-Tax and Roth 401(k) Contributions:

- **Under Age 50: \$22,500**
- **Age 50 and Over: \$30,000**

Please note: These annual contribution limits apply across the JPMorgan Chase 401(k) Savings Plan and any prior employer's plan in which you participated during the calendar year. If you participated in another employer's plan before joining JPMorgan Chase, it is your responsibility to ensure that your total contributions to all plans do not exceed the annual legal limit for 401(k) contributions.

Access to Your Savings

Should a need arise requiring you to borrow or withdraw from the plan, the plan has options to take a loan or withdrawal in certain circumstances. For more information, refer to the Plan Highlights available on the 401(k) Savings Plan Web Center or contact the 401(k) Savings Plan Call Center.

Eligible Compensation

Your Eligible Compensation is your Ongoing Compensation plus your Annual Incentive Compensation, if any.

Automatic Pay Credits Contributed by JPMorgan Chase

After one year of total service, you will be eligible for automatic pay credits in the 401(k) Savings Plan. The credits are equal to 3% of your Eligible Compensation (capped at \$100,000 annually). Only the pay you earn beginning the first day of the month after completing one year of service through the end of the calendar year will be used to determine your pay credits. These automatic pay credits are in addition to any matching contributions (detailed below) you're eligible to receive and don't require you to make any of your own contributions to the 401(k) Savings Plan. Automatic pay credits will be deposited into your 401(k) Savings Plan account automatically on an annual basis and will be invested according to the investment elections on file for your own future contributions to the 401(k) Savings Plan. If you have no investment elections under the plan, the automatic pay credits will be invested in the Target Date Fund that most closely aligns with the year in which you will turn age 65.

To be eligible to receive annual automatic pay credits for a given year, you generally need to be employed as of December 31 of that year. You will become 100% vested in (meaning you have a non-forfeitable right to) the value of any automatic pay credits you receive after completing three years of total service.

Please note: For benefits-eligible employees as of December 31, 2018, who are continuously employed, automatic pay credits are equal to 3% to 5% of Eligible Compensation (capped at \$100,000 annually) based on years of pay credit service. Please see table on the left for a breakout of automatic pay credit rates based on completed years of pay credit service.

JPMorgan Chase Matching Contributions

JPMorgan Chase offers most employees who complete one year of service the opportunity to boost their contributions with a dollar-for-dollar matching contribution up to 5% of Eligible Compensation, which includes base salary/regular pay and annual and non-annual cash incentives, that you contribute to the 401(k) Savings Plan. Matching contributions are calculated and credited annually following the end of the calendar year.

Because the match is made on an annual basis, if your goal is to maximize the match, you need to contribute at least 5% of your Eligible Compensation by year-end – and you have flexibility to contribute differently during the year.

To be eligible to receive the annual matching contributions for a given year, you generally need to be employed as of December 31 that year. **Please note:** Employees whose Total Annual Cash Compensation is \$250,000 or more are not eligible to receive matching contributions.

You will become 100% vested in (meaning you have a non-forfeitable right to) the value of any matching contributions you receive after completing three years of total service.

Matching Contributions – Special Consideration for New Hires

When making contribution decisions (on your per-pay rate and/or Annual Incentive Compensation rate), consider whether that compensation is match-eligible. Only contributions you make – and compensation paid – beginning the first day of the month after completing one year of service are eligible to be matched.

For example: Consider a full-time employee who is hired April 3, 2023. The employee is eligible to contribute to the plan immediately; however, contributions made between April 3, 2023, and April 30, 2024, are not eligible for matching contributions. Any amounts up to 5% of Eligible Compensation contributed from May 1, 2024, through the end of 2024 will be matched, assuming the participant is employed as of December 31, 2024. These matching contributions will be credited to the participant's plan account in early 2025.

For benefits-eligible employees as of December 31, 2018, who are continuously employed, automatic pay credits are equal to 3%–5% of Eligible Compensation (capped at \$100,000 annually), as follows:

Completed Years of Pay Credit Service	Pay Credit Percentage
1 - 9	3%
10 - 19	4%
20 or more	5%

My Rewards

All in one place and easy to navigate, **My Rewards** gives you quick access to information and resources to manage your financial well-being. Enjoy a consolidated view of your compensation and retirement savings benefits, including the 401(k) Savings Plan and Pension Plan (for employees with a balance).

- From work: me@jpmc > MyRewards
- From home: myrewards.jpmorganchase.com

Contact Information

Obtain information and conduct plan transactions by accessing the 401(k) Savings Plan Web Center through **My Rewards**.

For plan questions, please contact the 401(k) Savings Plan Call Center.

A Note About Investment Performance

Past performance does not guarantee how any investment will perform in the future. The plan's investment funds are not deposits or obligations of – nor guaranteed by – JPMorgan Chase & Co., JPMorgan Chase Bank, N.A. or any of their subsidiaries. Nor are they insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency. Investments in the funds involve risks, including the possible loss of principal. Therefore, it's important that you make informed investment decisions only after carefully reading all plan information (including the prospectus for the JPMorgan Chase Common Stock Fund). You may also want to consult a financial planner regarding an investment strategy that's right for you.

My Pension

Employees with a balance in the Pension Plan, can go to the **My Pension** website for convenient access to information about your plan benefit. Go to **My Pension** from work or home via **My Rewards**:

- From work: **me@jpmc > My Rewards**
- From home: <https://myrewards.jpmorganchase.com>

Please note: While employed by JPMorgan Chase, you may not take a distribution from your Pension Plan account.

If your vested cash balance benefit is less than \$5,000 when you leave and you do not make a distribution election with respect to that cash balance benefit, your benefit will be paid, as soon as practicable, as follows:

- If your cash balance is less than \$1,000, it will be paid to you in a single cash payment in the form of a check;
- If your cash balance is \$1,000 to \$4,999.99, it will be paid in a direct rollover to an individual retirement account (IRA) established in your name at Empower.

Investing

The plan offers two ways to invest to give you flexibility to choose how you make your investment decisions – and the tools you'll need to build a balanced retirement portfolio.

- **No Assembly Required:** If you lack the time, interest or expertise to research, manage and monitor your investments in the plan, you can select one of the **Target Date Funds** offered under the plan. Each Target Date Fund corresponds to an expected “target” year – the year that you plan to start withdrawing from your account (generally your retirement date). The funds are already diversified with an asset mix that automatically becomes more conservative over time.
- **Do It Yourself:** If you want a more hands-on approach, you can create your own diversified investment mix by choosing a combination of the plan's **Core Funds**.

To learn more about the plan's investment options, visit the 401(k) Savings Plan Web Center. You can find detailed fund information, including fund performance, fund fact sheets and a prospectus for the Common Stock Fund. You will also find the **Investment Fund Profiles** brochure, which explains the investment risks and strategies for each investment option within the plan and provides a glossary of important investment terms. To receive paper copies of the information provided online, free of charge, please call the 401(k) Savings Plan Call Center.

Payment Options When You Leave

When you leave JPMorgan Chase, your vested account balance is payable in the form of a single lump sum, rollover to an IRA or another qualified plan, or installment payments. **Please note:** If your vested account balance (including loans) is less than \$1,000 when you leave and you do not make a distribution election with respect to that balance, your benefit will be paid, as soon as practicable, in a single cash payment in the form of a check.

My Finances and Me

JPMorgan Chase knows your finances are top of mind and personal to you. And we're committed to investing in our employees to provide you with tools, resources and help to be at your financial best. That's why we've partnered with **Financial Finesse**, a leader in financial wellness, to bring you **My Finances and Me**, a benefit featuring guidance on a wide range of topics, from paying off debt to managing cash flow to investing, and so much more.

My Finances and Me includes:

- An online hub where you can access Aimee™, your virtual financial coach, to get prioritized action steps and track your progress over time. There are also resources available such as articles, calculators and more.
- Group education sessions on a variety of topics.
- Unlimited one-on-one telephonic financial coaching with a Certified Financial Planner.

This benefit is **fully paid for by the firm** and available to U.S. benefits-eligible employees. You can also invite your spouse/domestic partner to participate through the hub.

Pension Plan – For Employees Hired Before December 2, 2017¹

For employees with a balance in the Pension Plan:

- **Interest Credits:** Your Pension Plan account balance grows by receiving interest credits each month. The rate of the interest credit will be based on a one-year Treasury bill rate for October of the prior year as published by the IRS plus 1% – with a minimum interest credit rate of 4.5%.
- **Payment Options:** When you leave JPMorgan Chase, you have several payment options available to you. You can take your vested account balance in a single lump sum, roll it over to an Individual Retirement Account or another qualified plan, or elect to receive an annuity from the plan.

¹For employees hired on or after December 2, 2017, this plan does not apply to you.

Employee Stock Purchase Plan

You are eligible to enroll in the Plan during each annual enrollment period that occurs in the fourth quarter provided that you are a U.S. benefits-eligible employee and you were hired on or before September 30 and your Total Annual Cash Compensation is less than \$250,000. (For the definition of Total Annual Cash Compensation, please see page 44.)

- **Payroll deductions:** Contributions are deducted on an after-tax basis from each paycheck based on your election of up to 20% of your Eligible Compensation per pay period. In addition, contributions are subject to an annual maximum amount of \$25,000.
- **Purchase dates:** Stock purchases take place on first day of January, April, July and October on which trading in JPMorgan Chase common stock is conducted on the New York Stock Exchange.
- **5% Discount and no broker fees:** Your payroll deductions are used to purchase JPMorgan Chase common stock at a 5% discount without brokerage commissions or fees.
- **Dividends:** Participants in the Plan have the option to either have dividends reinvested in the Plan at 100% of the Fair Market Value (FMV) on the dividend payable date or paid in the form of a cash equivalent (e.g., check). New participants will automatically have their dividends reinvested.
- **Understand the risks:** Participation in the Employee Stock Purchase Plan is optional and does carry risk, including potential loss of your investment due to market fluctuations. You decide whether or not to participate in the Plan and the level of your participation. Before you elect to participate, carefully read the Employee Stock Purchase Plan Prospectus (me@jpmc > My Rewards > Employee Stock Purchase Plan (ESPP)) for additional information on the rewards and risks of participation.
- **Once enrolled:** You can change the amount of your payroll deduction at any time, applicable for the next administratively feasible pay date. However, if you change your deduction amount to zero, it cannot be increased until you make an enrollment election during a subsequent annual enrollment.
- **Preclearance:** If you are subject to the firm-wide Personal Account Dealing Policy, you are required to preclear the sale of any shares of JPMorgan Chase acquired under the Employee Stock Purchase Plan via the iComply portal; however, there is no requirement at this time to obtain preclearance approval for enrolling, electing dividend reinvestment or changing contribution amounts in the Employee Stock Purchase Plan.

This document constitutes part of a prospectus covering securities that have been registered under the Securities Act of 1933.

Additional Programs/Services

As a complement to the benefits plans and wellness programs described in this brochure, JPMorgan Chase offers a variety of additional programs and services to help meet the diverse needs of our employees. Some of the programs that may be available to you include:

- Family Building Benefits
- Back-Up Child Care
- Business Resource Groups
- Career Management
- Elder and Adult Care Program
- Emergency Financial Assistance
- JPMorgan Chase Health & Wellness Centers
- Lactation Support
- Legal & Financial Consultation
- Matching Gifts Program
- parents@jpmc
- Short-Term Disability Plan
- Time Off Policies (paid and unpaid)
- Tuition Assistance Program
- Volunteerism and Grants
- Wellness/Work-Life Seminars

For more information on these programs and services, please go to me@jpmc.



Employee Financial Services

Employees are eligible for special savings and discounts on a variety of JPMorgan Chase financial products, such as checking and savings accounts, mortgages and home equity loans, and more. Military service personnel qualify for even more benefits. For more information, please go to the Employee Financial Services website.

Employee Discount Programs

As an active employee, you can also take advantage of discounts on:

- Arts and cultural events
- Fitness and nutrition
- Full-time child care
- Travel

You'll find Employee Discounts & Banking at me@jpmc > Benefits & Rewards.

Who to Call With Benefits Questions

Information to help you enroll in and use your benefits is available on **My Health**:

- From work: Type “[go/myhealth](#)” into your Intranet browser
- From home: Visit myhealth.jpmorganchase.com

For questions about your: <ul style="list-style-type: none"> • JPMC Medical Plan • Medical Reimbursement Account (MRA) • Health Care Spending Account (HCSA) • Dependent Care Spending Account (DCSA) • Nurseline (for health-related inquiries) 	
Aetna	1-800-468-1266; 8 a.m. to 8 p.m., all time zones, Mon. - Fri.
PayFlex (the MRA, HCSA & DCSA administrator for Aetna)	1-888-678-8242; 8 a.m. to 8 p.m. ET, Mon. - Fri.
Cigna (Cigna is also the HCSA & DCSA administrator for those not enrolled in the JPMC Medical Plan)	1-800-790-3086; 24/7
Kaiser Permanente (the MRA, HCSA & DCSA administrator for the Kaiser HMO Option is Cigna)	1-800-204-6561; 8 a.m. to 6 p.m. PT, Mon. - Fri.
For additional help when working with your health care company about: <ul style="list-style-type: none"> • Claims • Health-related inquiries • Health care reform 	
Health Advocate	1-866-611-8298; 8 a.m. to 9 p.m. ET, Mon. - Fri. Email: answers@HealthAdvocate.com
For Expert Medical Advice, including an expert medical second opinion on a documented diagnosis, treatment decision support, help with finding a provider and additional services	
Included Health	1-888-868-4693; 8 a.m. to 9 p.m. ET, Mon. - Fri.
For LGBT+ Health Concierge Service, including finding in-network, LGBT+ affirming providers, navigating gender-affirming care as a transgender or non-binary person and more	
Included Health	1-877-266-2861; 9 a.m. to 8 p.m. ET, Mon. - Fri.
For questions about Family Building Benefits, including fertility treatments and egg and sperm freezing (If enrolled in the Kaiser HMO Option, contact Kaiser Permanente)	
WINFertility	1-833-439-1517; 9 a.m. to 7:30 p.m. ET, Mon. - Fri.
For questions about your prescription drug coverage under the JPMC Medical Plan	
CVS Caremark (Aetna/Cigna)	1-866-209-6093; 24/7 (TDD assistance: 1-800-863-5488)
Kaiser Permanente (Kaiser HMO Option)	1-800-204-6561; 8 a.m. to 6 p.m. PT, Mon. - Fri.
For questions about your Dental Plan	
MetLife (PDP option)	1-888-673-9582; 8 a.m. to 11 p.m. ET, Mon. - Fri.
Aetna (DMO option)	1-800-843-3661; 8 a.m. to 6 p.m. ET, Mon. - Fri.
Cigna (DHMO option)	1-800-790-3086; 24/7

For questions about your Vision Plan	
EyeMed	1-833-279-4363 7:30 a.m. to 11 p.m. ET, Mon. - Fri. 8 a.m. to 11 p.m. ET, Sat. 11 a.m. to 8 p.m. ET, Sun.
For questions about your Transportation (Transit/Parking) Spending Account (TSA)	
HealthEquity (formerly WageWorks)	1-877-924-3967; 8 a.m. to 8 p.m. ET, Mon. - Fri., except certain U.S. holidays.
For questions about your Life Insurance Plan	
<ul style="list-style-type: none"> • Basic Life • Optional Life • Accidental Death and Dismemberment (AD&D) 	
MetLife	1-888-673-9582; 8 a.m. to 8 p.m. ET, Mon. - Fri.
For questions about your Group Personal Excess Liability Insurance Plan (PEXL) Insurance Plan	
Marsh McLennan Agency	1-855-426-1380; 9 a.m. to 5 p.m. ET, Mon. - Fri.
For questions about your Group Legal Services Plan	
MetLife Legal Plans	1-800-821-6400; 8 a.m. to 8 p.m. ET, Mon. - Fri.
For questions about:	
<ul style="list-style-type: none"> • General benefits, enrollment and Employee Stock Purchase Plan (ESPP) 	
HR Answers	HR Answers widget on me@jpmc or 1-877-JPMChase (1-877-576-2427) or 1-212-552-5100 if calling from outside the United States; 8 a.m. to 7 p.m. ET, Mon. - Fri.
For questions about Wellness:	
<ul style="list-style-type: none"> • Wellness Activities • Program Support 	
Initial Wellness Activities:	
<ul style="list-style-type: none"> • Wellness Assessment • Wellness Screening 	Cigna: 1-800-790-3086, 24/7 Quest Patient Service Center: 1-888-606-3199
Additional Wellness Activities	To see the activities you have completed or are available for you to complete, go to My Health > Wellness Activities & Services
Virgin Pulse (Simplified)	1-833-568-3958; 8 a.m. to 9 p.m. ET, Mon. - Fri.
Newtopia (Simplified)	1-888-639-8181; 8 a.m. to 8 p.m. ET, Mon.; 8 a.m. to 10 p.m., Tue. - Thu.; 8 a.m. to 6 p.m., Fri.
Vera Whole Health (Simplified in Ohio only)	1-800-505-5277; 7 a.m. to 7 p.m. ET, Mon. - Fri.
meQuilibrium	Email: support@mequilibrium.com
For questions about any financial topic, use the My Finances and Me benefit	
Financial Finesse	1-833-283-0031; 9 a.m. to 8 p.m. ET, Mon. - Fri., except certain U.S. holidays.
For questions about retirement savings (not part of Annual Benefits Enrollment)	
401(k) Savings Plan	1-866-JPMC401k (1-866-576-2401) or 1-303-737-7204 if calling from outside the U.S., 8 a.m. to 10 p.m. ET, Mon. - Fri., except New York Stock Exchange holidays. The TTY number is 1-800-345-1833.
Retirement Plan (pension)	1-877-JPMChase (1-877-576-2427) or 1-212-552-5100 if calling from outside the U.S., 8 a.m. to 7 p.m. ET, Mon. - Fri., except certain holidays.

For complete plan details, see the Benefits Plan Details (Summary Plan Descriptions) on **My Health**.

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 complete a Wellness Assessment, participate in any health coaching activities or receive health care treatment of any kind, your personal health information is not disclosed to anyone, including JPMorgan Chase, without your authorization and except as permitted by HIPAA. (For detailed information about your HIPAA Privacy Rights, please see the Privacy Notice found on My Health).

Additional Reminders

- **Enrolling During Your 31-Day New Hire Health Care and Insurance Plans Enrollment Period and Qualified Status Changes Throughout the Year.** If you do not elect coverage during your 31-day new hire Health Care and Insurance Plans enrollment period, you will not have coverage for the remainder of the year. Your next opportunity to enroll for coverage will be during an annual benefits enrollment period. **Please note:** To add a dependent child over the age of 26 who is unable to support themselves due to a mental or physical disability, you must do so within your 31-day new hire enrollment period. *You will not be able to enroll them in any plans after your 31-day enrollment period.* You cannot change your health care company or payment method during the year even if you have a qualified status change. If you experience a qualified status change (such as marriage, divorce, or the birth or adoption of a child), you must make eligible benefits changes through the Benefits Web Center or by calling HR Answers within 31 days¹ of the qualifying event.

¹ 90 days if the qualifying event is the birth or adoption of a child. You will have 90 days from the qualified status change to add any newly eligible dependent should that dependent pass away within this 90-day period. Please contact HR Answers if this situation applies to you.

- **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 not in excess of these periods.
- **Medical Plan Post-Mastectomy Benefits.** All options under the JPMorgan Chase Medical Plan cover certain breast reconstructive benefits in conjunction with a mastectomy for eligible participants. Coverage under the Medical Plan 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 all the terms of the Medical Plan option in which you participate, including relevant deductibles and coinsurance provisions. For more information, please contact your health care company.

- **HIPAA Privacy Rights and Protected Health Information.** Federal legislation under the Health Insurance Portability and Accountability Act (HIPAA) legally requires employers to periodically 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, JPMorgan Chase will make available a Privacy Notice of Protected Health Information Under the JPMorgan Chase Health Care Plans to you that describes in detail how your personal health information may be used and your rights with regard to this information. You can access a copy of the Privacy Statement on **My Health**.

Appendix

Special Notice for Employees Who Have Been Reinstated by JPMorgan Chase Within 31 Days

If your employment has been reinstated with JPMorgan Chase within 31 days of your termination date, your coverage for certain benefits under the JPMorgan Chase Benefits Program may be affected, as highlighted in the following chart:

Medical, Dental and Vision Plans	You and your dependents will be assigned the same coverage you had prior to your termination date.
Health Care Spending Account	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
Dependent Care Spending Account	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
Transportation Spending Accounts (Transit/Parking)	There are no reinstatement provisions for these accounts. You will need to make a new enrollment election.
Long-Term Disability (LTD) Plan	You will be assigned the coverage level you had prior to your termination date. Long-term disability benefits will not be paid if: <ul style="list-style-type: none">• During the first 12 consecutive months of your coverage, you become disabled; and• You received treatment for that disabling condition during the six months before your most recent coverage effective date. Please note: The 12 months of coverage will be reviewed based on the date you were reinstated.
Supplemental Term Life (STL) Insurance Plan	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
Accidental Death and Dismemberment (AD&D) Insurance Plan	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
Group Personal Excess Liability Insurance Plan	You will be assigned the same coverage amount in effect prior to your termination date.
Group Legal Services Plan	You will be assigned the same coverage amount in effect prior to your termination date.
401(k) Savings Plan	Your contribution rate and investment elections (if any) will be reinstated as of your first pay period. If you were eligible for automatic pay credits, you will receive automatic pay credits based on the same percentage of Eligible Compensation (capped at \$100,000 annually) as you would have otherwise received had you not had a break in service.

Please note:

- Any assigned coverage cannot be changed unless you experience a qualified status change. For more information, please see the **Benefits Status Change Guide** on **My Health**.
- If you are rehired after 31 days of your termination date, you will need to make new benefits elections for most plans in which you would like to participate.
- In all cases, the period during which you are not working will result in a break in coverage (unless you elect coverage through COBRA or plan portability features, as applicable).

Important Definitions

Throughout this brochure, there are references to terms such as “Annual Incentive Compensation,” “Eligible Compensation,” “pay credit service,” “Total Annual Cash Compensation” and “total service.” These terms are used to determine eligibility for benefits, benefits contributions and/or coverage levels under certain benefits plans. The definitions below describe these terms.

Annual Incentive Compensation

Annual Incentive Compensation is cash compensation, if any, awarded under the firm’s Performance-Based Incentive Plan (generally paid in January) or Branch Profitability Incentive Plan (generally paid in February).

Eligible Compensation for the 401(k) Savings Plan

Eligible Compensation includes base salary/regular pay and annual and non-annual cash incentives. Eligible Compensation does not include overtime payments, sign-on bonus and similar awards, referral awards, stipends, non-cash awards (such as equity awards) and allowances.

Eligible Compensation for the AD&D Plans and Employee Stock Purchase Plan

Generally your base salary/regular pay, plus applicable job differential pay (e.g., shift pay). It does not include any annual bonus, overtime, special recognition or other incentive awards you might receive. In certain situations, your Eligible Compensation may include other cash earnings (e.g., commissions, draws and overrides) paid under certain non-annual incentive plans that provide compensation in lieu of base salary. Generally, your Eligible Compensation is updated as changes occur throughout the year. **Please note:** Various JPMorgan Chase plans have different definitions of Eligible Compensation. Separate definitions may apply to employees in certain sales positions who are paid on a draw-and-commission basis.

Ongoing Compensation for the 401(k) Savings Plan

Your base salary/regular pay, plus applicable job differential pay (e.g., shift pay) and non-annual incentive compensation. Non-annual incentive compensation includes cash incentives that are paid throughout the year, such as sales awards and monthly and quarterly incentives. Ongoing Compensation also includes any cash incentives paid annually other than Annual Incentive Compensation (as defined above).

Pay Credit Service

Generally the period beginning on your first business day actively at work as an employee of JPMorgan Chase or an affiliate and ending when your employment ends.

Service with a company at the time of its merger generally counts toward pay credit service. However, only service with the company employing you at the time of the merger will generally count. (In other words, if you worked for two companies that later merged, only service with the company employing you on the merger date will be recognized.) Service with a company at the time of its acquisition (as opposed to a merger) may or may not count toward pay credit service, depending on the terms of the purchase agreement and the plan.

For a full definition of pay credit service, please see **JPMorgan Chase U.S. Retirement Savings Program – Pay Credit Service Definition** on [me@jpmc](#) > Benefits & Rewards > Benefits & Rewards Home > Legally-required Notices.

Total Annual Cash Compensation

Your annual rate of base salary/regular pay plus any applicable job differential pay (e.g., shift pay) as of each August 1, plus any cash earnings from any incentive plans (e.g., annual incentive draws, overrides, and special recognition payments or incentives) that are paid to or deferred by you for the previous 12-month period ending each July 31. Overtime is not included. For purposes of determining your eligibility to receive company matching contributions under the 401(k) Savings Plan, the Medical Plan contribution pay tier level that applies to you, coinsurance maximum, Long-Term Disability Plan coverage and eligibility to participate in the Employee Stock Purchase Plan, your Total Annual Cash Compensation is recalculated as of each August 1 to take effect the following January 1 and will remain unchanged throughout the year. For most employees, Total Annual Cash Compensation will be equal to your annual rate of base salary/regular pay plus job differentials in the year of hire. Your Total Annual Cash Compensation will be available on the Benefits Web Center via **My Health** > Benefits Web Center > Your Profile > Personal Information > Personal Details. Separate definitions may apply to employees in certain sales positions who are paid on a draw-and-commission basis. If this applies to you, you will be notified in writing.

Total Service

Generally the period beginning on your first business day actively at work as an employee of JPMorgan Chase or an affiliate and ending when your employment ends. This generally includes all periods of employment with JPMorgan Chase or any of the merged companies that have become part of JPMorgan Chase.