



## 2022 Enrollment Bulletin

Special edition for California residents

### 2022 Annual U.S. Benefits Enrollment

# October 5 – 22, 2021

Now is the time to review your JPMorgan Chase health care and insurance benefits to be sure you continue to have the medical, dental, vision, life insurance and disability coverage that meets your needs for 2022. The coverage you elect during the benefits enrollment period takes effect January 1, 2022, and continues through December 31, 2022, unless you experience a [qualified status change](#) during the year.

#### Something new for 2022:

#### A Kaiser Permanente medical plan option for you and your family

Good news for employees living in California! The JPMorgan Chase Medical Plan will offer a new option in 2022 — an HMO managed by Kaiser Permanente called the **Kaiser HMO Option** — in addition to Options 1 and 2 with Aetna or Cigna. See page 14 for details.

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## Actions to take: At a glance

Action to take	Date	Details
Complete both the biometric Wellness Screening and online Wellness Assessment to save on 2022 medical payroll contributions, earn 2022 MRA funds and learn about your well-being.	November 21, 2020, to November 19, 2021 (11:59 p.m. Eastern Time)	<a href="#">Wellness Screening and Assessment Toolkit</a>
Enroll for your 2022 benefits online using the Benefits Web Center (found on <b>My Health</b> ). You'll choose the JPMorgan Chase health care and insurance benefits you want for 2022.	October 5 – 22, 2021	<ul style="list-style-type: none"> <li>• <a href="#">What's new in 2022</a></li> <li>• A <a href="#">checklist</a> of the benefits decisions you'll need to consider to get ready to enroll</li> <li>• <a href="#">Tools to help you compare</a> and choose your benefits</li> <li>• <a href="#">How to enroll</a> for your benefits</li> <li>• What happens <a href="#">if you don't enroll</a></li> <li>• <a href="#">Questions?</a> Contact HR Answers</li> </ul>
Review and update your <a href="#">personal information</a>	Keep this updated with any changes throughout the year.	<ul style="list-style-type: none"> <li>• Check the <a href="#">Dependent Eligibility Requirements</a> to determine who you can cover under your benefits.</li> <li>• Make sure all Social Security numbers for your covered dependents are updated on the Benefits Web Center. If you need help, call HR Answers between 8 a.m. and 7 p.m. Eastern Time, Monday through Friday, at <b>1-877-576-2427, Option 2, Option 9</b> (U.S. toll free). Or you can send a message to HR Answers on <a href="mailto:me@ipmc">me@ipmc</a>.</li> <li>• Update your beneficiary(ies) for your Life and Accident Insurance Plan benefits, as well as your JPMorgan Chase 401(k) Savings Plan and Retirement Plan (if applicable) benefits. Go to <a href="#">My Health &gt; Online Beneficiary Designation Site</a>.</li> </ul>

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Action to take	Date	Details
Complete 2021 Additional Wellness Activities to maximize the amount you can earn in your 2021 Medical Reimbursement Account (MRA).	December 31, 2021, for most activities. December 30 for completing most telephonic coaching activities, which may involve several weekly sessions and often have limited capacity in November and December.	<p>Currently enrolled in the JPMC Medical Plan?</p> <ul style="list-style-type: none"> <li>• Yes. See the <a href="#">2021 MRA Action Plan</a>.</li> <li>• No. See the <a href="#">2021 Wellness Rewards Action Plan</a>.</li> </ul>

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# Wellness Screening and Assessment Toolkit

Biometric Wellness Screenings are back! This year, you'll need to complete both the Wellness Screening and Wellness Assessment by **November 19, 2021 (11:59 p.m. Eastern Time)**, to save, earn and learn more about your well-being.

Last year, we paused on asking our employees and their spouses/domestic partners to complete biometric Wellness Screenings as part of our annual wellness campaign. Plus, many of us delayed receiving other preventive care, like annual physicals and health screenings. We believe it's important to return to more usual routines when it comes to your health — that includes preventive care.

Because knowing their numbers (e.g., blood pressure, body mass index [BMI], blood sugar, cholesterol, triglycerides and A1C) has helped so many people understand their health, uncover health risks and receive earlier treatment, **biometric Wellness Screenings are back.**

Therefore, you'll need to complete both a biometric Wellness Screening **and** online Wellness Assessment between November 21, 2020, and November 19, 2021 (11:59 p.m. Eastern Time), to save \$500 on your 2022 medical payroll contributions and earn \$200 in your 2022 Medical Reimbursement Account (MRA). Plus, when your covered spouse/domestic partner also completes both activities during this time frame, you'll save an additional \$500 on your 2022 medical payroll contributions and earn an additional \$100 in your 2022 MRA.

### Flu and COVID-19 vaccines are an important part of your preventive care

So we can all stay as healthy as possible now that we're increasing our work and social circles, be sure to keep up to date with your flu shots and [COVID-19 vaccinations](#). You can schedule a flu vaccine at the time you make your onsite biometric Wellness Screening appointment on the [Wellness Screening Portal](#). [Learn about other free flu shot options.](#)

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### Not planning to enroll in the JPMC Medical Plan for 2022?

You can still earn 2022 Wellness Rewards by completing both a biometric Wellness Screening and Wellness Assessment by November 19, 2021 (11:59 p.m. Eastern Time). You'll receive \$200 in your January 2022 pay (reported as taxable income) if you're actively employed at JPMorgan Chase at that time. However, your spouse/domestic partner is not eligible to earn Wellness Rewards.

To schedule your biometric Wellness Screening	To complete your online Wellness Assessment with Cigna (even for Aetna and Kaiser enrolled members)
<ul style="list-style-type: none"> <li>Go to <b>My Health</b><sup>1</sup> &gt; <a href="#">Schedule your Wellness Screening</a> to access the Wellness Screening Portal.</li> <li>Your spouse/domestic partner can go to <a href="http://my.questforhealth.com">my.questforhealth.com</a> (They'll use their username/password if they already have an account; or create their own account using registration key "JPMC".).</li> </ul> <p>Use the Wellness Screening Portal to schedule your appointment at an onsite screening event or JPMC Health &amp; Wellness Center. Or, download a form to get a screening at a doctor's office, Quest Patient Service Center or lab, or CVS MinuteClinic.</p> <p>For more information about the Wellness Screening and registering on the Portal, go to <b>My Health</b><sup>1</sup> &gt; <a href="#">How to complete your biometric Wellness Screening</a>.</p>	<ul style="list-style-type: none"> <li>Go to <b>My Health</b><sup>1</sup> &gt; <a href="#">Complete your Wellness Assessment</a>.</li> <li>Or go directly to <a href="http://mycigna.com">mycigna.com</a>.</li> </ul> <p>For more information about the Wellness Assessment and registering on <a href="http://mycigna.com">mycigna.com</a>, go to <b>My Health</b><sup>1</sup> &gt; <a href="#">How to complete your online Wellness Assessment with Cigna</a>.</p>

<sup>1</sup>How to get to **My Health**:

- From Work: Type "[go/myhealth](#)" into your intranet browser.
- From Home: Go to [myhealth.jpmorganchase.com](http://myhealth.jpmorganchase.com) (for you and your covered spouse/domestic partner).

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#### Important notes about completing your Initial Wellness Activities

Here are some important things you need to know about completing your Initial Wellness Activities:

- The medical payroll contributions (payroll deductions for Medical Plan coverage) you see during enrollment on the Benefits Web Center already reflect the \$500 savings on 2022 medical payroll contributions for you and \$500 savings for your covered spouse/domestic partner (if applicable). Therefore, if you and/or your spouse/domestic partner don't complete these activities between November 21, 2020, and November 19, 2021 (11:59 p.m. Eastern Time), you will lose these savings, and your payroll contributions will increase in March 2022. The \$500 or \$1,000 increase will be applied in equal installments to each paycheck from the first effective paycheck in March 2022 through December 2022.<sup>1</sup>
- Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after September 1, 2021, will automatically save \$500 (or \$1,000 if covering a spouse/domestic partner) on both 2021 and 2022 medical payroll contributions **without completing the Initial Wellness Activities in 2021**. They will have until the 2022 Initial Wellness Activities deadline (to be communicated in 2022) to earn 2022 MRA dollars for completing the Initial Wellness Activities; however, if they complete the Initial Wellness Activities by November 19, 2021 (11:59 p.m. Eastern Time), they will earn \$200 in their 2021 MRA **and** \$200 in their 2022 MRA. Covered spouses/domestic partners will earn \$100 in the employee's 2021 MRA and \$100 in the employee's 2022 MRA.

#### The Kaiser HMO Option does not offer Additional Wellness Activities

If you choose the Kaiser HMO Option for 2022, you'll save \$500 on your 2022 medical payroll contributions and earn \$200 in your 2022 Medical Reimbursement Account (MRA) when you complete both a biometric Wellness Screening **and** online Wellness Assessment between November 21, 2020, and November 19, 2021 (11:59 p.m. Eastern Time). Plus, when your covered spouse/domestic partner also completes both activities during this timeframe, you'll save an additional \$500 on your 2022 medical payroll contributions and earn an additional \$100 in your 2022 MRA. The Kaiser HMO Option does not offer incentives for completing Additional Wellness Activities. That's because the Kaiser model is an integrated coordinated care model where activities, like coaching and treatment decision support are part of the care you receive from your providers — and not carved out as separate activities to be completed and incented. The savings generated from this more limited wellness incentive program have been reinvested back into the Kaiser HMO Option.

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- Employees who are on an approved leave of absence for 45 consecutive days between September 1 and November 19, 2021, and do not complete their biometric Wellness Screening and online Wellness Assessment during that time will automatically save \$500 in 2022 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.

<sup>1</sup>You have until June 30, 2022, to open a case with Cigna if you believe your Initial Wellness Activities were completed by the deadline and are not reflected in your medical payroll contributions.

#### 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 Screening or 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**.)

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### Don't forget to maximize your 2021 Wellness Rewards

Keep earning Wellness Rewards in 2021 for the Additional Wellness Activities you complete between January 1 and December 31, 2021. December 30, 2021, is the deadline for completing certain telephonic coaching activities (i.e., personal action call, telephonic health coaching, condition management and decision support). So, please plan ahead, as these activities may involve several weekly sessions and have limited coaching capacity in November and December.

If you complete your biometric Wellness Screening between January 1 and December 31, 2021, and achieve the healthy BMI and blood pressure targets, you'll receive Wellness Rewards for 2021 (if you haven't already received them) and for 2022 (if you enroll in Option 1 or Option 2 in 2022; the Kaiser HMO Option does not offer incentives for completing Additional Wellness Activities).

Remember, your covered spouse/domestic partner can also earn 2021 Wellness Rewards in your 2021 MRA.

Visit [My Health > My 2021 MRA Additional Wellness Activities](#) for more information.

If you aren't enrolled in the JPMorgan Chase Medical Plan, you can earn Wellness Rewards in your paycheck. Visit [My Health > Not Enrolled in JPMC Medical?](#)

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### What's new in 2022

#### Good news for employees living in California

The JPMorgan Chase Medical Plan will offer a third medical plan option in 2022: Kaiser HMO, managed by Kaiser Permanente. This will be in addition to Option 1 and Option 2 with Aetna or Cigna.

To learn more about the new Kaiser HMO Option, see page 14, the **Appendix** on page 36, and the Kaiser HMO Overview found on **My Health** > [2022 Benefits Resources](#). Also, visit the Kaiser enrollment information microsite prepared exclusively for JPMorgan Chase at [select.kp.org/jpmc](https://select.kp.org/jpmc).

**The Kaiser Permanente Health System offers services in most — *but not all* — California ZIP codes.** If available in your area, Kaiser HMO will be one of the options you see when visiting the [Benefits Web Center](#) during Annual Benefits Enrollment. If you live in an area where Kaiser does not offer services, you will see only Options 1 and 2 with Aetna or Cigna.

#### 2022 benefits changes and enhancements

For Medical Plan Options 1 and 2, there are no major changes in the types of services covered under the JPMorgan Chase Medical Plan with Aetna and Cigna or the Prescription Drug Plan with CVS Caremark. Other benefits changes and enhancements include:

- Infertility benefits support:** As of July 1, 2021, if you are enrolled in the JPMC Medical Plan, you and your covered family members can receive help from WINFertility nurses with selecting a high-quality provider, understanding treatment options, and receiving clinical and emotional support. Enroll with WINFertility and complete a nurse consultation to have access to a \$30,000 medical lifetime maximum benefit (\$10,000 medical benefit if you do not engage with WINFertility). Medical benefits (e.g., provider network, claims administration) will continue to be managed by your health care company — Aetna or Cigna. Prescription drug benefits will continue to be managed by CVS Caremark. Contact WINFertility at **1-833-439-1517**, Monday through Friday, 9 a.m. to 7:30 p.m. Eastern Time. [Infertility Benefits details](#)

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- Prescription Drug Plan for Options 1 and 2:** Review the [2022 formulary drug lists](#) for the latest information on covered drugs. Remember to check frequently throughout the year for up-to-date information. **Please note:** The Kaiser HMO includes its own prescription drug coverage and covered drug list managed by Kaiser. For more information, see **JPMC's Prescription Drug Plan** on page 17.
- Health Care and Dependent Care Spending Accounts:** As always, you need to proactively enroll in the Spending Accounts each year; elections do not automatically carry over. Also, you can carry over the full unused balance of your 2021 Health Care and Dependent Care Spending Accounts to the 2022 plan year. So, factor that in when deciding how much to contribute for 2022. Other important information about changes to plan rules and deadlines can be found in the **Spending Account** section on page 21.
- Group Personal Excess Liability Insurance (PEXL) Plan:** Claims administration will transition to Marsh McLennan Agency as of January 1, 2022. Plan benefits remain the same, including underlying coverage requirements, and will continue to be offered by The Chubb Insurance Company. If you're currently enrolled, your 2021 election will carry over to 2022. See PEXL details on page 25.
- 2022 MRA Action Plan if you enroll in Option 1 or 2:** New resilience training through **meQuilibrium** and **My Finances and Me** activities, which you can complete to earn funds in your 2022 MRA. **Please note:** If you enroll in the Kaiser HMO Option for 2022, you will earn money in your 2022 MRA funds for completing the Initial Wellness Activities. The Kaiser HMO Option does not provide wellness incentives for completing Additional Wellness Activities. See MRA details on page 18 for more information.

#### Marsh McLennan Agency offers these new services at no cost:

- Personal Risk Management Review
- Liability Estimator Tool
- Claims Advocacy

See page 25 for details.

### Medical Plan surcharge for unvaccinated/undisclosed employees

As recently communicated by the Operating Committee, employees who are not fully vaccinated against COVID-19, or have not disclosed their vaccination status, could have higher costs in the JPMorgan Chase U.S. Medical Plan. More specifically, employees enrolled in the JPMC U.S. Medical Plan who are not fully vaccinated against COVID-19 or have not disclosed

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their vaccination status (as indicated in the JPMC Vaccine Record Tool) **by November 19, 2021**, will pay additional dollars toward their medical payroll costs for 2022. For employees covered by the Medical Plan with Total Annual Cash Compensation (TACC) less than \$60,000, an additional \$250 will be deducted from their pay for Medical Plan coverage in 2022 (\$10.41 per paycheck); for all other employees covered by the Medical Plan, an additional \$500 will be deducted from their pay for Medical Plan coverage in 2022 (\$20.83 per paycheck). This increase will be applied evenly across your paychecks in the 2022 calendar year, beginning in January 2022.

**Important note:** The medical payroll contributions you see on the Benefits Web Center during annual enrollment **do not** reflect the cost of this unvaccinated surcharge. If you do not complete the necessary steps by November 19, 2021 reflecting that you are fully vaccinated in the Vaccine Record Tool, an additional payroll deduction of \$10.41 or \$20.83 (depending on your TACC) will be withheld starting in January 2022. (If you miss the November 19 deadline, but subsequently get vaccinated, please enter that information in the Vaccine Record Tool, so your surcharge can be turned off prospectively; see the FAQs noted below for more information.)

For this purpose, “fully vaccinated” is defined as:

- Having received two doses of the Pfizer or Moderna vaccine, or one dose of the J&J vaccine *and*
- Having entered your vaccination information into the JPMC Vaccine Record Tool, including having uploaded a copy of your vaccination card.

If you are unsure of your vaccination status in the JPMC Vaccine Record Tool, please access the Tool [here](#) and validate that your status is correctly noted.

If you have not been vaccinated and need assistance making an appointment to be vaccinated, please visit [go/vaccine](#) (enter “go/vaccine” into your intranet browser).

For more information, please read the FAQs found on the [me@jpmc](#) information websites for COVID-19, Vaccine and Return to the Office. Or you can send a message to HR Answers on [me@jpmc](#).

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### If you are enrolled in the JPMC Medical Plan and move out of California in 2022

- If you are enrolled in Option 1 or 2 of the JPMC Medical Plan and move to Arizona or Ohio during the 2022 calendar year, you'll automatically be enrolled in the JPMC Simplified Medical Plan, effective when you submit your address change. Please note that your health care company (Aetna/Cigna), election (Option 1 or 2) and dependent coverage will remain the same and cannot be changed as a result of your move.
- If you are enrolled in the JPMC Medical Plan Kaiser HMO Option and move out of California during the calendar year, to ensure continued medical coverage outside of California and Kaiser network providers, you will automatically be enrolled in Cigna Option 2, Core or Simplified, based on your new home state, effective when you submit your address change. However, you are strongly encouraged to review your options (Aetna/Cigna, Option 1 or 2) and change your election as needed by contacting HR Answers within 31 days of your move.

### If you are enrolled in the JPMC Medical Plan and move to California in 2022:

- If you are enrolled in Option 1 or 2 of the JPMC Medical Plan and move to California during the calendar year, you will remain in the JPMC Medical Plan and your health care company (Aetna/Cigna), election (Option 1 or 2) and dependent coverage will remain the same and cannot be changed as a result of your move.
- If you are enrolled in Option 1 or 2 of the JPMC Simplified Medical Plan and move from Arizona/Ohio to California during the calendar year, you'll automatically be enrolled in the JPMC Medical Plan, effective when you submit your address change. Please note that your health care company (Aetna/Cigna), election (Option 1 or 2) and dependent coverage will remain the same and cannot be changed as a result of your move.

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## Checklist

Here's a checklist of the benefits decisions you'll need to consider as you prepare to enroll:

**Medical Plan** — Beginning January 1, 2022, JPMC will offer three medical plan options: Option 1, Option 2 and Kaiser HMO Option. Options 1 and 2 are consumer driven health plans administered by two health care companies — Aetna and Cigna, with the prescription drug component managed by CVS Caremark. The Kaiser HMO Option is an HMO administered by Kaiser Permanente.

JPMorgan Chase generally pays about 75% of the cost of the Medical Plan, which includes Option 1, Option 2 and the Kaiser HMO Option. Employees on average pay the other 25% through medical payroll contributions. Those who have higher levels of compensation pay more than 25% for medical coverage, and lower-paid employees pay less. On average, there will be a small increase in employee medical payroll contributions in 2022.

All three medical plan options are paired with a Medical Reimbursement Account (MRA) used for eligible out-of-pocket medical and prescription drug expenses that is funded by JPMC when the employee and their covered spouse/domestic partner complete certain wellness activities. See **Medical Reimbursement Account** on page 18 for details on how your MRA is funded.

### Options 1 and 2

In 2022, Options 1 and 2 will continue to offer:

- Eligible in-network preventive care (including physical exams and recommended preventive screenings) and eligible preventive generic drugs covered at 100% with no deductible, coinsurance or copayments.
- In-network primary care office visits covered at 90% with no deductible.
- Most other care is covered at 80% after the deductible is met.

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- The deductibles and coinsurance maximums under Option 1 and Option 2 are the same as 2021 amounts (see the **Appendix** on page 36).
- Deductible and coinsurance maximums, as well as payroll contribution amounts, will continue to vary based on Total Annual Cash Compensation (see page 27).
- The same types of covered medical services.
- Out-of-network benefits are covered at 50% after the deductible.
- Your MRA is administered by your health care company — Aetna or Cigna. Your health care company also administers any Spending Accounts you participate in.

For plan details, see the chart in the **Appendix** on page 36.

### Kaiser HMO Option

Kaiser Permanente is a fully integrated health system that employs physicians and other medical staff and owns hospitals, facilities and pharmacies. That makes getting the care you need, when you need it, simple and convenient.

Here's how the plan works:

- As is common in an HMO, a **primary care physician (PCP) is responsible for wholly managing your care and your family's care**, including the coordination of care with other providers, such as specialists. Therefore, you will need to select a Kaiser PCP for each covered family member.
- Most **preventive care services** are covered at 100%, similar to Options 1 and 2.
- **Virtual doctor visits** are covered at 100%.
- For most services, like doctor's office, urgent care visits, X-rays, lab work and imaging, you have **copays with no deductible** to meet.
- There is a \$1,000 **deductible** to meet that only applies to a small subset of services (e.g., hospital care, outpatient surgery), then you'll share in the cost by paying coinsurance.

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- Similar to Options 1 and 2, once you reach your out-of-pocket maximum, you won't have to pay copays or coinsurance for covered services for the rest of the calendar year.
- The deductible and out-of-pocket maximums are fixed for all individuals, regardless of Total Annual Cash Compensation tier. However, payroll contributions will continue to vary based on Total Annual Cash Compensation.
- Kaiser administers the prescription drug plan (rather than CVS Caremark for Options 1 and 2), which impacts the types of drugs covered by the plan, as well as where you can fill prescriptions. See the Prescription Drug Plan description on page 17 for more information.
- Your MRA will be administered by Cigna, not by Kaiser; any Spending Account you participate in will also be administered by Cigna.
- **Important note: Out-of-network care is not covered under the Kaiser HMO Option, except for emergencies. This means only services provided by a Kaiser provider at a Kaiser office/facility/hospital will be covered by the Kaiser HMO Option. Generally, if you receive non-emergency care outside of a Kaiser provider/setting, you will be responsible for the full cost of that care.**

#### Your cost for the Kaiser HMO Option

You will see your per-pay medical payroll contributions for all three medical plan options when you visit the Benefits Web Center to review and enroll during the benefits enrollment period.

If you enroll in this option, a Welcome Guide will be sent to your home in December with instructions for registering on [kp.org](https://kp.org), selecting primary care physicians for you and your covered family members, as well as benefits details.

If you're considering enrolling in the Kaiser HMO Option for 2022, there are a few details you should know about the transition from Aetna or Cigna to Kaiser Permanente. See **Transition to the Kaiser HMO Option** on page 39.

For a side-by-side comparison chart of Option 1, Option 2 and the Kaiser HMO Option, see the **Appendix** on page 36. For more information about the Kaiser HMO Option, see [The JPMC Medical Plan](#) Tip Sheet and the Kaiser HMO Overview on **My Health**.

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Choose an option	Choose a health care company	Decide which dependents to cover	Decide how to pay claims from your MRA and HCSA
<input type="checkbox"/> <b>CDHP:</b> Option 1 and Option 2 <input type="checkbox"/> <b>HMO</b>	<input type="checkbox"/> <b>CDHP:</b> Aetna and Cigna <input type="checkbox"/> <b>HMO:</b> Kaiser	<input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren)	<input type="checkbox"/> <b>CDHP:</b> Automatic claim payment or debit card <input type="checkbox"/> <b>HMO:</b> Debit card
What you need to know	What you need to know	What you need to know	What you need to know
<p><b>Consumer Driven Health Plan (CDHP) Option 1</b> has higher payroll contributions, but lower annual deductibles and coinsurance maximums. <b>Option 2</b> has lower payroll contributions, but higher annual deductibles and coinsurance maximums. Otherwise, both options provide the same coverage.</p> <p>The <b>Health Maintenance Organization (HMO)</b> falls in the middle in terms of payroll contributions and has its own doctors, hospitals and providers that are employed by Kaiser. Care received outside the network is not covered except for emergencies.</p> <p>For helpful Tip Sheets, see <b>My Health &gt; 2022 Benefits Resources</b>.</p> <p>For full details about how the Medical Plan works and the covered services it provides, go to <a href="http://ipmcbenefitsguide.com">ipmcbenefitsguide.com</a>.</p>	<p><b>CDHP:</b> Go directly to <a href="http://aetna-ipmc.com/">http://aetna-ipmc.com/</a> and <a href="https://ipmc.cigna.com/">https://ipmc.cigna.com/</a> to search for providers in their networks, and see the tools and resources each provides. CVS Caremark will manage your prescription drug benefits regardless of which health care company or plan option you choose.</p> <p><b>HMO:</b> Go directly to <a href="http://select.kp.org/ipmc">select.kp.org/ipmc</a> for plan details and to review providers.</p>	<p>You will be asked to provide proof that your dependent(s) meets the rules outlined in the Tip Sheet <a href="#">Dependent Eligibility Requirements</a>.</p>	<p><b>CDHP:</b> You can choose whether you want automatic claim payment or a debit card to pay claims from your MRA and HCSA when you enroll. With automatic claim payment, your health care company (Aetna or Cigna) will automatically use your MRA funds first to pay for eligible medical and prescription drug expenses, then your HCSA funds. The debit card gives you more control over how and when to use your MRA and/or HCSA funds. See the Tip Sheet <a href="#">MRA, HCSA and Payment Options</a>.</p> <p><b>HMO: Only the debit card option is available.</b> You will pay at the point of service with a debit card or pay out of pocket and file for reimbursement from your MRA and/or HCSA. Automatic claim payment is not available for HMO participants.</p>
<p><b>Keep in mind:</b></p> <ul style="list-style-type: none"> <li>Your current health care company will carry over to 2022, unless you elect to change it during this enrollment period.</li> <li>If you are enrolled in Options 1 or 2, but change health care companies (Aetna/Cigna) for 2022, your 2021 MRA balance will automatically transfer to your new health care company in April 2022.</li> <li>If you enroll in the Kaiser HMO Option for 2022 and were enrolled with Aetna in 2021, your 2021 MRA balance will automatically transfer in April 2022 to Cigna (who will manage your MRA and your HCSA/DCSA, if applicable). If you were enrolled with Cigna in 2021 and enroll in the Kaiser HMO Option for 2022, your MRA (and HCSA/DCSA, if applicable) will remain with Cigna. See the <b>Appendix</b> on page 36 for more details.</li> <li>If your provider(s) changes networks during the year, you cannot make mid-year health care company changes.</li> </ul>			

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Choose an option	Choose a health care company	Decide which dependents to cover	Decide how to pay claims from your MRA and HCSA
<ul style="list-style-type: none"> <li>Employee payroll contributions to the JPMC Medical Plan vary based on a number of factors, including the Medical Plan option you choose, your Total Annual Cash Compensation (“TACC,” see definition on page 27), number of dependents you are covering, whether you/your covered spouse/domestic partner completes the Initial Wellness Activities by November 19, 2021, whether you/your covered spouse/domestic partner uses tobacco and your regional cost category.</li> <li>See <a href="#">Save on payroll contributions</a>.</li> </ul>			

**JPMC’s Prescription Drug Plan** is part of the JPMC Medical Plan, no matter which option you choose. You won’t need to make a separate election for prescription drug coverage. The Prescription Drug Plan for Options 1 and 2 of the JPMC Medical Plan is administered by CVS Caremark. The Kaiser HMO Option includes its own Prescription Drug Plan that is administered by Kaiser.

Key features of the Prescription Drug Plans	
Options 1 and 2	Kaiser HMO Option
<ul style="list-style-type: none"> <li>Prescription drug coverage is managed by CVS Caremark.</li> <li>A separate plan design from the Medical Plan with separate, lower deductibles and a separate safety net for covered prescriptions in the form of per-prescription maximums and annual out-of-pocket maximums. You’ll receive a separate CVS Caremark ID card.</li> <li>You’ll pay less when using in-network retail pharmacies for short-term prescriptions and the CVS Caremark Maintenance Choice® program for long-term prescriptions. Maintenance Choice offers advantageous pricing when you receive 90-day supplies of maintenance medication by mail or pick up your prescription at CVS retail pharmacies, where the same discounts are available. Find a network pharmacy in your area at <a href="http://www.caremark.com/ipmc">www.caremark.com/ipmc</a>.</li> <li>Eligible preventive generic drugs are covered at 100% with no deductibles, copayments or coinsurance.</li> <li>If you fill a prescription for a brand-name medication when a generic equivalent is available, you will pay the difference in cost between the brand-name drug and generic drug, plus the generic copay.</li> <li>Certain drugs require prior authorization, have quantity limits associated with them or are excluded from coverage. To check drug coverage and to see the list of excluded drugs, visit <a href="http://www.caremark.com/ipmc">www.caremark.com/ipmc</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Prescription drug coverage is managed by Kaiser Permanente.</li> <li>There is no prescription deductible, and prescription drug copays and coinsurance count toward a combined medical and prescription drug out-of-pocket maximum.</li> <li>Kaiser has its own pharmacies, which must be used. You generally do not have the flexibility to fill a prescription at a local retail pharmacy (for example, CVS retail pharmacies). Most prescriptions can be filled through mail order or online for home delivery or same-day pickup.</li> <li>Eligible preventive generic and brand drugs are covered at 100% with no cost to you.</li> <li>Kaiser maintains its own list of covered drugs, also known as its formulary. This list is different than the covered drug list managed by CVS Caremark. If you are currently taking prescriptions that are not covered by Kaiser (and enroll in Kaiser for 2022), you will need to transition to the drugs covered by the Kaiser HMO Option or pay the full cost of the drugs. See <b>Transition to the Kaiser HMO Option</b> on page 39 for more information.</li> <li>Not all pharmaceutical manufacturer coupon or copay assistance cards are accepted at Kaiser pharmacies. If you are using a copay card and would like to know if it is accepted, contact Kaiser at <b>1-800-204-6561</b>.</li> </ul>

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Key features of the Prescription Drug Plans	
Options 1 and 2	Kaiser HMO Option
<ul style="list-style-type: none"> <li>For full details about how the Prescription Drug Plan works and the covered services it provides, go to <a href="http://jomcbenefitsguide.com">jomcbenefitsguide.com</a>.</li> </ul>	

**The Medical Reimbursement Account (MRA)** — When you enroll in any Medical Option (Option 1, 2 or Kaiser HMO Option), you are eligible to receive funding in an MRA, which you can use to pay for eligible out-of-pocket medical and prescription drug expenses not covered by your plan. You do not contribute your own dollars to your MRA; rather, it is funded by JPMorgan Chase when you and/or your covered spouse/domestic partner participate in certain activities, including:

- Initial Wellness Activities:** Complete both a biometric Wellness Screening and an online Wellness Assessment by November 19, 2021 (11:59 p.m. Eastern Time), to earn \$200 in your 2022 MRA. And if your covered spouse/domestic partner also completes both the Wellness Screening and Assessment by that deadline, you'll earn an additional \$100 in your 2022 MRA.
- Additional Wellness Activities:** If you enroll in Option 1 or 2, complete wellness activities to earn up to \$800 in your 2022 MRA. You'll earn up to an additional \$300 in your 2022 MRA when your covered spouse/domestic partner also participates. Watch for the 2022 MRA Action Plan this December on **My Health**. **Please note:** If you enroll in the Kaiser HMO Option, you will not be able to earn rewards for completing Additional Wellness Activities.

**If you enroll in Options 1 or 2, your health care company (Aetna/Cigna) will administer your MRA. If you enroll in the Kaiser HMO Option, Cigna will administer your MRA.**

**Please note:** If you change health care companies (Aetna/Cigna) for 2022, your 2021 MRA balance will automatically transfer to your new health care company in April 2022. If you enroll in the Kaiser HMO Option for 2022 and were enrolled with:

- Aetna** in 2021, your 2021 MRA balance will automatically transfer in April 2022 to Cigna (who will manage your MRA and HCSA/DCSA, if applicable).
- Cigna** in 2021, your MRA (and HCSA/DCSA, if applicable) will remain with Cigna.

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See the **Appendix** on page 36 for details on the transition of your MRA/HCSA/DCSA if you enroll in the Kaiser HMO Option.

#### Changes for 2022:

Below are changes for 2022 if you enroll in Option 1 or 2. If you enroll in the Kaiser HMO Option, you will not be eligible to earn rewards in your 2022 MRA for completing Additional Wellness Activities.

- **Online training, Mindfully Managing Stress, through meEquilibrium** (for employees only): Earn \$50 in your MRA and learn about the powerful science of resilience and techniques to help gain control over your emotions, thoughts and stress.
- **My Finances and Me activities**: Earn \$50 in your MRA by (1) completing a short online Financial Wellness Assessment<sup>1</sup> and (2) attending a group education session on a variety of financial topics, such as basic money management, navigating student loans and retirement planning. **Please note:** Spouses/domestic partners can participate, but cannot earn MRA dollars for doing so.

<sup>1</sup>The Financial Wellness Assessment is not part of the online Wellness Assessment that, along with the biometric Wellness Screening, is part of the Initial Wellness Activities.

#### Keep in mind

- Under Options 1 and 2, you have two ways to pay claims from your MRA and HCSA: Automatic claim payment and debit card. As you enroll, you'll be able to select one of these payment methods. For the Kaiser HMO Option, you'll pay claims using a debit card (provided by Cigna); automatic claim payment is not available. For details, see the Tip Sheet [MRA, HCSA and Payment Options](#).
- It's important to know that your MRA funds will be used first to pay for eligible out-of-pocket medical and prescription drug expenses. This is true across all three medical plan options. Once you've used all the funds in your MRA, you can then use your HCSA for eligible medical and prescription drug expenses. (And if you enroll in the Kaiser HMO Option in 2022, keep in mind you can earn MRA fund for Initial Wellness Activities only.) Your HCSA can be used for dental and vision expenses, as well as medical and prescription drug expenses; MRA funds cannot be used for dental or vision expenses.

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### Save on payroll contributions

Complete a Wellness Screening and Assessment by November 19, 2021 (11:59 p.m. Eastern Time)	Decide to quit tobacco
<input type="checkbox"/> You (\$500) <input type="checkbox"/> Covered spouse/domestic partner (\$500)	<input type="checkbox"/> Enroll in a four-week Quit For Life® Tobacco Cessation Program.
What you need to know	
<p>Complete a biometric Wellness Screening and online Wellness Assessment between November 21, 2020, and November 19, 2021 (11:59 p.m. Eastern Time), to save \$500 on medical payroll contributions. Save an additional \$500 when your covered spouse/domestic partner also completes both activities by the deadline.</p> <p>Beginning in January 2022, employees will pay the lower rate in medical payroll contributions, as it will be assumed both Initial Wellness Activities (a Wellness Screening and Assessment) were completed by November 19, 2021, by them and their covered spouse/domestic partner (if applicable). If one or both did not, the savings will be removed and the employee will see an increase applied in equal installments to each pay from March through December 2022.</p>	<p>Save on Medical (Option 1, Option 2 or Kaiser HMO Option), Supplemental Life and Long-Term Disability Insurance payroll contributions when you complete the program by December 3, 2021. Start no later than November 5, 2021, to make sure you have enough time to complete the program. Enroll at <a href="https://myquitforlife.com/ipmorgan Chase">myquitforlife.com/ipmorgan Chase</a> or call <b>1-866-QUIT-4-LIFE (1-866-784-8454)</b> and schedule time to talk with a coach.</p>

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**Spending Accounts** — You can elect to participate in the Health Care Spending Account (HCSA) and/or Dependent Care Spending Account (DCSA) for 2022 (together, referred to as “Spending Accounts;” other companies often refer to them as “Flexible Spending Accounts” or “FSAs”). **Reminder:** You must actively elect to participate in the Spending Accounts each year; any prior-year elections will not automatically carry over.

If you do elect to participate in the Spending Accounts, the claims administrator for Medical Plan Options 1 and 2 is the health care company you elect — Aetna (through PayFlex, an Aetna subsidiary) or Cigna. For the Kaiser HMO Option (and if you do not enroll in the Medical Plan), your Spending Accounts administrator is Cigna.

Contribute to a Health Care Spending Account (HCSA)	Contribute to a Dependent Care Spending Account (DCSA)
<input type="checkbox"/> Contribute up to \$2,750 (2022 limits will be communicated once released by the IRS)	<input type="checkbox"/> Contribute up to \$5,000 (\$2,500 if married and filing jointly)
<b>What you need to know</b>	<b>What you need to know</b>
<ul style="list-style-type: none"> <li>You must make an active election to participate in 2022; prior-year elections do not automatically carry over.</li> <li>Your HCSA can be used for dental and vision expenses, as well as medical and prescription drug expenses. MRA funds cannot be used for dental or vision expenses.</li> <li>As your HCSA can only be used for eligible medical and prescription drug expenses once your MRA is depleted, consider how much is in your MRA currently and how much you plan to earn during the rest of 2021 and throughout 2022. If you enroll in the Kaiser HMO Option in 2022, keep in mind that you can earn MRA funds for Initial Wellness Activities only, as you plan how much to contribute to the HCSA for 2022.</li> <li>For Options 1 and 2, you have two ways to pay claims from your MRA and HCSA: Automatic claim payment and debit card. As you enroll, you’ll be able to select one of these payment methods. For the Kaiser HMO Option, you’ll pay claims using a debit card; automatic claim payment is not available. For details, see the Tip Sheet <a href="#">MRA, HCSA and Payment Options</a>.</li> </ul>	<ul style="list-style-type: none"> <li>You must make an active election to participate in 2022; prior-year elections do not automatically carry over.</li> <li>Use for child care expenses for dependent children under age 13, or older if disabled, and adult care expenses for your tax-qualified adult dependents.</li> </ul>
<p><b>Changes for 2022:</b>                      COVID-19-related regulations changed some of the rules for the Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA). These special rules are no longer applicable beginning in 2022. As a result, we feel that highlighting these changes may be helpful as you consider your participation in the Spending Accounts for next year.</p>	

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Contribute to a Health Care Spending Account (HCSA)	Contribute to a Dependent Care Spending Account (DCSA)
<ul style="list-style-type: none"> <li> <b>Election changes throughout 2022:</b> You can only make changes to your DCSA and HCSA contribution elections if you have a qualified status change (QSC) — such as marriage, birth of a child, etc. <b>Please note:</b> The 2021 special provision allowing you to make changes without experiencing a QSC is not applicable beginning January 1, 2022.                     </li> <li> <b>Eligible dependent age (DCSA only):</b> Beginning January 1, 2022, you can only submit newly incurred eligible child care expenses for dependent children under age 13 (older if disabled). <b>Please note:</b> The 2021 special provision allowing you to use your DCSA for eligible child care expenses for dependent children under age 14 (older if disabled) ends December 31, 2021; you can still file these eligible claims through the claims runout period.                     </li> <li> <b>HCSA and DCSA carryover of balances from 2021 to 2022:</b> Your full remaining 2021 balance(s) will automatically carry over into your 2022 account(s), once claims you have in 2021 and submitted by the March 31, 2022, deadline have been processed/reimbursed. Your carryover balance can then be used for reimbursement of eligible expenses you have in 2022.                     </li> <li> <b>DCSA carryovers eliminated:</b> Starting with the 2022 plan year, you must use your DCSA balance (including any carryover balance from 2021) by December 31, 2022, or the balance will be forfeited. (You have until March 31, 2023, to file for reimbursement of eligible claims.) <b>Please note:</b> The special provision allowing you to carry over DCSA balances from one year to another ends with the 2021 rollover balance.                     </li> <li> <b>HCSA carryovers become limited:</b> Starting with the 2022 plan year, carryovers from prior-year HCSA balances will be limited to the IRS maximum (most recently \$550). <b>Please note:</b> The special provision allowing you to carry over full HCSA balances ends with the 2021 rollover balance.                     </li> <li> <b>New plan rule for HCSA carryovers:</b> Under a new plan rule, 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.                     </li> </ul> <p>How this works: If you do not choose to contribute in <b>2022</b>:</p> <ul style="list-style-type: none"> <li>– 2021 unused balances under \$25 will not carry over and will be forfeited.</li> <li>– You can still access your 2021 carryover balance(s) if you have at least \$25 in your HCSA; however, you must use this balance for eligible expenses by December 31, 2022, and submit those claims by the 2022 claims filing deadline — March 31, 2023. Any remaining 2021 balances after this date will be forfeited.</li> </ul> <ul style="list-style-type: none"> <li> <b>If you don't think you'll spend your carryover balance from 2021 in 2022,</b> consider electing to make a small contribution to your HCSA for 2022, which will allow the carryover of your balance to 2023. Remember, though, that the <b>carryover from 2022 to 2023 will be limited</b> to the IRS maximum (most recently \$550).                     </li> <li> <b>Subject to change:</b> The special COVID-19 rules for carryovers are expiring as of the date of publication of these materials. However, if the IRS extends them further, you will be notified.                     </li> </ul>	

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### Dental Plan

Choose an option	Decide which dependents to cover
<input type="checkbox"/> Preferred Dentist Program – PDP (MetLife) <input type="checkbox"/> Dental Maintenance Organization – DMO (Aetna*) <input type="checkbox"/> Dental Health Maintenance Organization – DHMO (Cigna*) *Independent of the health care company you choose for Medical.	<input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren)
What you need to know	What you need to know
<ul style="list-style-type: none"> <li>All options provide coverage for preventive care, basic and major restorative care.</li> <li>The <b>PDP Option</b> lets you choose between receiving in-network or out-of-network care each time you need dental work.</li> <li>The <b>DMO and DHMO</b> offer you a broad range of dental services by in-network providers.</li> <li>You will be offered the dental plan options that are applicable to you based on your home ZIP code.</li> <li>Search for providers for each of these options on the <a href="#">Benefits Web Center</a>.</li> </ul>	You will be asked to provide proof that your dependent(s) meets the rules outlined in the Tip Sheet <a href="#">Dependent Eligibility Requirements</a> .

### Vision Plan

Decide if you want to enroll	Decide which dependents to cover
<input type="checkbox"/> Enroll for EyeMed vision	<input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren)
What you need to know	What you need to know
<ul style="list-style-type: none"> <li>EyeMed helps you pay for covered vision expenses, such as eye examinations, lenses (including contact lenses) and eyeglass frames.</li> <li>When you seek care from a vision care professional within the plan’s network, you will have no copayment for your vision exam.</li> <li>If you choose to seek care outside the network, you will be reimbursed up to a specified dollar limit.</li> <li>Search for providers on the Benefits Web Center.</li> </ul>	You will be asked to provide proof that your dependent(s) meets the rules outlined in the Tip Sheet <a href="#">Dependent Eligibility Requirements</a> .

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### Life, Accident and Disability Insurance Plans

Choose a Supplemental Term Life Insurance coverage level	Choose a Supplemental Accidental Death and Dismemberment (AD&D) Insurance coverage level	Choose a Long-Term Disability (LTD) Insurance coverage level
<p><input type="checkbox"/> <b>You:</b> Coverage up to 10 times your TACC in \$10,000 increments to a maximum of \$3 million.</p> <p><input type="checkbox"/> <b>Spouse/domestic partner:</b> \$10,000 increments up to a maximum of \$300,000.</p> <p><input type="checkbox"/> <b>Child(ren):</b> \$5,000, \$10,000, \$15,000 or \$20,000 per eligible dependent child.</p>	<p><input type="checkbox"/> <b>You:</b> Coverage up to 10 times your Eligible Compensation in \$10,000 increments to a maximum of \$3 million.</p> <p><input type="checkbox"/> <b>Spouse/domestic partner:</b> \$10,000 increments up to a maximum of \$600,000.</p> <p><input type="checkbox"/> <b>Child(ren):</b> \$10,000 increments up to a maximum of \$100,000 per eligible dependent child.</p>	<p>Those with TACC of \$60,000 or more can elect:</p> <p><input type="checkbox"/> 50% of TACC</p> <p><input type="checkbox"/> 60% of TACC</p>
What you need to know	What you need to know	What you need to know
<p>JPMorgan Chase provides basic life insurance equal to one times your Total Annual Cash Compensation (TACC) up to a maximum of \$100,000.</p> <p>Any election or increase made during Annual Benefits Enrollment will be subject to evidence of insurability (EOI) — or proof of good health.</p>	<p>AD&amp;D insurance provides financial protection in case of accidental death and certain accidental injuries.</p>	<p>If your TACC is less than \$60,000, you will automatically receive LTD coverage of 60% of your TACC, fully paid by JPMorgan Chase.</p> <p>Any election or increase made during Annual Benefits Enrollment will be subject to evidence of insurability (EOI) — or proof of good health.</p> <p>If your TACC is greater than \$400,000, you are eligible to participate in the Individual Disability Insurance (IDI) plan. IDI provides an additional maximum monthly benefit of up to \$15,000, based on your TACC. This election is separate from your LTD election.</p>

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### Group Personal Excess Liability Insurance Plan

Choose a level of coverage
<input type="checkbox"/> \$2 million <input type="checkbox"/> \$5 million <input type="checkbox"/> \$10 million
<b>What you need to know</b>
Offers additional liability protection for damages and costs that you are legally obligated to pay to another party due to bodily injury, property damage or personal injury, such as libel or slander. This insurance covers what you or a covered family member may be liable for beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies. For details, see the Benefit Plan Details (Summary Plan Description) on <b>My Health</b> .
<p style="color: #003366; margin: 0;"><b>Change for 2022</b></p> <ul style="list-style-type: none"> <li>• The claims administrator for Group Personal Excess Liability Insurance will transition to Marsh McLennan Agency as of January 1, 2022. Plan benefits, including underlying coverage requirements, remain the same and will continue to be offered by The Chubb Insurance Company. Further, your election will automatically carry over to 2022, if you do not make an election otherwise.</li> <li>• Below is a preview of services available to enrolled JPMorgan Chase members through Marsh McLennan Agency:                     <ul style="list-style-type: none"> <li>– <b>Complimentary Personal Risk Management Review:</b> Enrolled JPMorgan Chase members can 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.</li> <li>– <b>Liability Estimator Tool:</b> 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.</li> <li>– <b>Claims Advocacy:</b> In the event of a claim, Marsh McLennan Agency will serve as your advocate throughout the claims process. The highly experienced team of personal insurance Field Claims Executives and Claims Analysts are dedicated to:                             <ul style="list-style-type: none"> <li>▪ Proactively help you get a prompt and fair settlement from insurers.</li> <li>▪ Provide clear and timely information about your claim status.</li> <li>▪ Advocate on your behalf with insurers in complex cases.</li> </ul> </li> <li>– Visit the <a href="#">Benefits Web Center</a> to learn more or to enroll. <b>Please note:</b> Claims you have through December 31, 2021, should be reported to Arthur J. Gallagher. If you have an existing PEXL claim, continue to work with your Arthur J. Gallagher claims representative. You'll separately receive information from Marsh McLennan Agency about the transition process if your claim isn't resolved by December 31, 2021.</li> </ul> </li> </ul>

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### Group Legal Services Plan

<b>Decide if you want to enroll</b>
<input type="checkbox"/> Enroll for Group Legal coverage
<b>What you need to know</b>
<ul style="list-style-type: none"> <li>• Get 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; and more.</li> <li>• The Plan automatically covers you, your spouse/domestic partner and all eligible dependent children.</li> </ul>

**Transportation Spending Account** — If you’re currently commuting to a work location, consider participating in the Transportation Spending Account (TSA). Learn more at **My Rewards**.

### Employee Stock Purchase Plan

<b>Decide if you want to enroll</b>
<input type="checkbox"/> Enroll for the ESPP (those with TACC less than \$250,000)
<b>What you need to know</b>
<ul style="list-style-type: none"> <li>• Become an owner of JPMorgan Chase when you purchase the company's common stock at a 5% discount without paying a broker's fee.</li> <li>• If you are currently participating in the ESPP and remain a contributing participant through December 31, 2021, your current election will carry over to 2022, but be sure to view your current election during enrollment and validate your payroll deduction in January 2022.</li> <li>• Learn more by reviewing the Employee Stock Purchase Plan Prospectus (<a href="#">me@jpmc &gt; Benefits &amp; Rewards &gt; Benefits &amp; Rewards Home &gt; Learn when I can buy JPM stock</a>).</li> </ul>

For more detailed information about the plans summarized here, refer to the **Summary Plan Descriptions (SPDs)** available online at [jpmcbenefitsguide.com](http://jpmcbenefitsguide.com). SPDs provide important information as required by the Employee Retirement Income Security Act of 1974 (ERISA) regarding the JPMorgan Chase U.S. Benefits Program. For details on the Kaiser HMO Option, see the **Appendix** on page 36, [The JPMC Medical Plan](#) Tip Sheet and Kaiser HMO Overview available on **My Health**. Also, visit [select.kp.org/jpmc](http://select.kp.org/jpmc).

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### What is Total Annual Cash Compensation (TACC)?

Your TACC is:

- Your annual rate of base salary plus applicable job differential pay (for example, shift pay) as of each August 1, plus
- Any cash earnings from any incentive plans (for example, annual incentive compensation, commissions, 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 the Medical Plan contribution pay tier that applies to you, your TACC is recalculated as of each August 1 to take effect the next January 1 and will remain unchanged throughout the year. For most employees hired on or after August 1, TACC will be equal to base salary plus job differentials. You can find your TACC on the Benefits Web Center. Just click **Your Profile > Personal Information > Personal Details**.

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## Tools to compare and choose your medical coverage options on the Benefits Web Center

Take a look at the resources JPMorgan Chase provides on the enrollment site (Benefits Web Center) to help you make the right decision about your 2022 medical coverage, as well as compare your plan options with others that are available to you, such as your spouse’s/domestic partner’s plan.

Go to **My Health** > [Enroll in or view your benefits](#) (Benefits Web Center) for the following tools:

Resource	What is it?
<b>Connect to one of our 2022 health care companies: Aetna, Cigna or Kaiser Permanente</b>	You can find an in-network doctor, estimate medical costs and more.
<b>Health Plan Comparison Charts</b>	Compare the details of your JPMorgan Chase Medical Plan options. From the Medical Enrollment page, select <b>Compare Up to 3 Plans</b> .
<b>Summaries of Benefits and Coverage</b>	Use these standardized summaries to compare your JPMorgan Chase Medical Plan options with your spouse’s/domestic partner’s or child’s medical plan options that may be available through another employer. Choose the <b>Health Care &amp; Insurance Plan</b> tab, then <b>Plan Information</b> from the drop-down menu.
<b>DecisionDirect™</b>	After you answer a few simple questions about your health care needs and preferences, DecisionDirect will suggest a Medical Plan option for you. It will also let you know whether you should consider contributing to the HCSA. From the Welcome Page, select <b>Get Started</b> .

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Resource	What is it?
<b>MRA Value Estimator</b>	See up front how much money you could get to cover eligible out-of-pocket medical and prescription drug costs by completing certain wellness activities in 2022. From the Welcome Page, select <b>Estimate Your MRA Funding</b> .
<b>Health Care Spending Account Estimator</b>	Plan how much to put into your HCSA, so you can avoid contributing too much or too little. This way, you can maximize your tax savings while avoiding the loss of unused amounts at year-end (i.e., amounts larger than \$550). From the Welcome Page, select <b>Estimate Your Health Care Spending Account Needs</b> .
<b>Tip Sheets</b>	<p>Tip Sheets are helpful resources that offer benefits rules and practical user tips.</p> <ul style="list-style-type: none"> <li>• Dependent Eligibility Requirements</li> <li>• Covering a Domestic Partner</li> <li>• Benefits Status Change Guide</li> <li>• Who to Call with Benefits Questions</li> <li>• MRA, HCSA and Payment Options</li> <li>• The JPMC Medical Plan</li> <li>• Choosing Where to Get the Right Health Care at the Right Price</li> </ul>

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## 2022 Enrollment Bulletin

Special edition for California residents

# How to enroll for your benefits

Enroll for your benefits between **Tuesday, October 5, and Friday, October 22 (11:59 p.m. Eastern Time)**. Make your 2022 benefits elections through the Benefits Web Center. You can access it through [My Health > Benefits Enrollment](#). Look for the link “Go to Enrollment.”

### Confirming your coverage

- If you enroll online through the Benefits Web Center, you’ll need to “Confirm” your choices to complete your enrollment. You’ll receive a confirmation email after you complete your enrollment.
- If you enroll by calling HR Answers, a confirmation of your 2022 benefits elections will be mailed to your home address.

### If you don’t enroll

- If you’re currently enrolled in the Medical Plan and other benefits and take no action during the enrollment period, you’ll generally default to your current 2021 elections at 2022 rates with the same health care company (Aetna or Cigna). For example, if you’re currently enrolled in Cigna, you’ll continue to be enrolled with Cigna.
- You will not participate in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year (prior-year elections do not automatically carry over).
- You’ll receive a statement in the mail confirming your 2022 benefits elections.

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# Questions? Contact HR Answers

If you have questions about your benefits coverage or the enrollment process, need more time to compare a spouse's/domestic partner's or other family member's options or if you don't have Internet access from work or home, call **1-877-JPMChase (1-877-576-2427)** from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday (**1-212-552-5100** if calling from outside the United States). Or send a message to HR Answers using the HR Answers widget on [me@ipmc](mailto:me@ipmc).

### Quick Path

Here's how you can reach an HR Answers representative by phone:

- Enter your Standard ID or Social Security number and follow the prompts to confirm.
- Select Option 2, then Option 9.
- Enter your PIN and press 9.

Or use the Tip Sheet [Who to call with benefits questions](#) and contact the benefits plan directly.

The Summary Plan Descriptions (SPDs) for all plans can be found on [My Health > Benefits Enrollment > 2022 Benefits Resources > Benefit Plan Details \(Summary Plan Descriptions\)](#). For details on the Kaiser HMO Option, see the **Appendix** on page 36, the Tip Sheet [The JPMC Medical Plan](#) and Kaiser HMO Overview. Also visit [select.kp.org/ipmc](http://select.kp.org/ipmc).

This Bulletin modifies and changes Your Guide to Benefits at JPMorgan Chase and is a summary of material modification for certain plans under the JPMorgan Chase U.S. Benefits Program. It supplements, clarifies and amends various sections of the Guide and the Summary Plan Descriptions, and should be referred to as part of the Guide and the Summary Plan Descriptions. Please retain this information for your records.

### Forgot your PIN?

You'll need your PIN to access HR Answers. If you've forgotten your PIN, you can reset it yourself by calling **1-877-JPMChase (1-877-576-2427)**. When prompted to enter your PIN, press "0" followed by "#," and follow the prompts. Once the reset process is complete, you can proceed through the telephone system.

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## Benefit reminders

### Coverage effective dates

In most cases, the coverage you elect during Annual Benefits Enrollment takes effect January 1, 2022, and remains the same throughout the year, unless you experience a qualified status change during the year.

### Qualified status changes

Annual Benefits Enrollment is generally the only time you can enroll in or make changes to your benefits during the year, including your method for receiving payments (automatic claim payment or debit card) from your Medical Reimbursement Account (MRA) and Health Care Spending Account (HCSA). However, you can make certain changes during the year if you experience a qualified family status change (such as marriage, divorce or the birth or adoption of a child) or work status change (such as an adjustment to your regularly scheduled work hours that results in a change to your eligibility for benefits). Any resulting coverage changes must be made within 31 days\* after the date of the event. You cannot change your health care company or payment method during the year, even if you have a qualified status change.

### Evidence of insurability (EOI) for LTD and Supplemental Term Life Insurance

Both LTD and Supplemental Term Life Insurance are based on Total Annual Cash Compensation (TACC). Any LTD or Adult Supplemental Term Life Insurance election or increase made during Annual Benefits Enrollment will be subject to EOI — or proof of good health.

\*90 days if the qualifying event is the birth or adoption of a child, in which case coverage will be retroactive to the date of the change. Should a newly eligible dependent die within the 90-day period, you have 90 days to add the dependent to your coverage retroactive to the initial qualifying event (contact HR Answers if this situation applies to you).

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#### Expecting a qualified family or work status change during Annual Benefits Enrollment?

If you experience a qualified family status change (such as marriage, divorce or the birth or adoption of a child) or a work status change (such as an adjustment to your regularly scheduled work hours that results in a change to your eligibility status) during Annual Benefits Enrollment, your eligibility for certain benefits plans may be affected, and you may be temporarily unable to use the Benefits Web Center. For more information, call HR Answers from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday, at **1-877-576-2427, Option 2, Option 9** (U.S. toll free). Or you can send a message to HR Answers on [me@jpmc](mailto:me@jpmc).

#### What happens when you turn 65 or become eligible for Medicare?

If you continue to work at JPMorgan Chase past age 65, or if you cover a Medicare-eligible dependent while you are an active employee, you (and your covered dependent, if applicable) will continue to have JPMorgan Chase coverage.

Once you retire or are disabled under our Long-Term Disability (LTD) Insurance Plan and are eligible for Medicare, JPMorgan Chase does not sponsor health care coverage (medical, prescription drug, dental or vision) for you or your covered dependents once they are Medicare-eligible.

Instead, Medicare-eligible participants have access to individual health care policies available through Via Benefits, a private Medicare exchange. A Medicare exchange — also known as a Medicare marketplace — enables you to shop for and enroll in Medicare coordinating plans. Via Benefits can provide you and your covered spouse/domestic partner with:

- A variety of medical, prescription drug, dental and vision options to select from to best meet your individual needs and budget;
- The help of licensed benefits advisors to answer your questions and review options, so you can make the best choices (based on coverage and costs) for you and your family; and

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- Ongoing assistance throughout the year to answer your questions and provide additional information as you use your health care plans.

When you retire or are on LTD and are Medicare-eligible or become Medicare-eligible, you will receive information from Via Benefits. For questions or to learn more, call Via Benefits at **1-844-448-7300** and speak to a representative. Representatives are available Monday through Friday between 8 a.m. and 9 p.m. Eastern Time.

### Medical Plan Post-Mastectomy Benefits

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

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 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.

### Newborns' and Mothers' Health Protection Act

In accordance with the Newborns' and Mothers' Health Protection Act, group medical plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or to less than 96 hours following a cesarean section. Further, the plan cannot require that any medical provider obtain authorization from the plan or any insurance issuer for prescribing a length of stay less than these periods.

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## HIPAA Privacy Notice

Learn more about your individual rights when it comes to your personal health information and the privacy practices of the JPMorgan Chase Medical Plan and our health care companies.

Review the [HIPAA Privacy Notice](#).

## Equal Employment Opportunity Commission (EEOC) Wellness Program Notice

Learn more about how JPMorgan Chase's Wellness Program is designed to promote health and prevent health conditions, while being voluntary and keeping your medical information confidential.

Review the [EEOC Wellness Program Notice found on me@jpmc](#).

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## Appendix

### Comparing your Medical Plan options

Here’s a look at the benefits under each of the options under the JPMC Medical Plan. This chart shows only in-network benefits for Option 1 and Option 2, although both plans offer out-of-network benefits, as well. The Kaiser HMO Option offers in-network benefits only. For more details, see the Health Plan Comparison Charts found on the [Benefits Web Center](#).

	Option 1 In-network <i>Out-of-network care is covered but not shown here</i>	Option 2 In-network <i>Out-of-network care is covered but not shown here</i>	Kaiser HMO Option In-network <i>Only in-network care is covered</i>
<b>Annual Deductible</b> (employee / employee + spouse/domestic partner or children / employee + spouse/domestic partner + children) • Pay Tiers 1-2 • Pay Tiers 3-7	<ul style="list-style-type: none"> <li>• \$1,000/\$1,875/\$2,750</li> <li>• \$1,750/\$2,625/\$3,500</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,000/\$3,375/\$4,750</li> <li>• \$2,750/\$4,125/\$5,500</li> </ul>	\$1,000 employee/\$2,000 employee + family (same annual deductible for all pay tiers)
<b>Out-of-Pocket Maximum*</b> (employee / employee + spouse/domestic partner or children / employee + spouse/domestic partner + children) • Pay Tiers 1-2 • Pay Tiers 3-4 • Pay Tiers 5-7	<ul style="list-style-type: none"> <li>• \$1,000/\$1,500/\$2,000</li> <li>• \$1,500/\$2,250/\$3,000</li> <li>• \$2,250/\$3,375/\$4,500</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,750/\$4,125/\$5,500</li> <li>• \$3,050/\$4,575/\$6,100</li> <li>• \$3,050/\$4,575/\$6,100</li> </ul>	\$2,000 employee/\$4,000 family (same annual deductible for all pay tiers; includes any deductibles)
<b>Well child/preventive care visit</b>	You pay \$0	You pay \$0	You pay \$0
<b>PCP visit</b>	You pay 10% with no deductible	You pay 10% with no deductible	You pay \$20 with no deductible
<b>Specialist visit</b>	You pay 20% after deductible	You pay 20% after deductible	You pay \$30 with no deductible
<b>Urgent care visit</b>	You pay 20% after deductible	You pay 20% after deductible	You pay \$20 with no deductible
<b>Virtual visit</b>	You pay 10% with no deductible	You pay 10% with no deductible	You pay \$0
<b>Emergency** room visit and ambulance services</b>	You pay 20% after deductible	You pay 20% after deductible	You pay 20% with no deductible
<b>Hospital inpatient visit</b>	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible

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	Option 1 In-network <i>Out-of-network care is covered but not shown here</i>	Option 2 In-network <i>Out-of-network care is covered but not shown here</i>	Kaiser HMO Option In-network <i>Only in-network care is covered</i>
X-rays and lab tests	You pay 20% after deductible	You pay 20% after deductible	You pay \$10 with no deductible
Advanced imaging (CT, MRI)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% up to a maximum of \$100 (deductible does not apply)
Infertility benefits	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Outpatient surgery	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Mental health outpatient individual therapy	You pay 20% after deductible	You pay 20% after deductible	You pay \$20 per visit
Physical, occupational and speech-language therapies	You pay 20% after deductible; up to 60 visits per year; unlimited visits for mental health diagnosis	You pay 20% after deductible; up to 60 visits per year; unlimited visits for mental health diagnosis	You pay \$20 per visit with no deductible; unlimited
Chiropractic care	You pay 20% after deductible; 20 visits per year	You pay 20% after deductible; 20 visits per year	You pay \$30 with no deductible; 20 visit per year
Acupuncture (restrictions apply)	You pay 20% after deductible; 20 visits per year	You pay 20% after deductible; 20 visits per year	You pay \$30 with no deductible; 20 visits per year
Home health	You pay 20% after deductible; up to 200 visits per year; unlimited visits for mental health diagnosis	You pay 20% after deductible; up to 200 visits per year; unlimited visits for mental health diagnosis	No charge; 120 visits per year
<b>Prescription drugs***</b>			
<b>Retail (30-day supply)</b>			
Preventive drugs	Covered 100% for generics	Covered 100% for generics	Covered 100%
Generic drugs	<ul style="list-style-type: none"> <li>Non-specialty: You pay \$10 with no deductible</li> <li>Specialty: You pay 30% after deductible, up to \$200 max</li> </ul>	<ul style="list-style-type: none"> <li>Non-specialty: You pay \$10 with no deductible</li> <li>Specialty: You pay 30% after deductible, up to \$200 max</li> </ul>	You pay \$10
Brand drugs	Non-specialty/specialty: You pay 30% after deductible, up to \$200 max	Non-specialty/specialty: You pay 30% after deductible, up to \$200 max	You pay \$30
Non-preferred brand drugs	Non-specialty/specialty: You pay 45% after deductible, up to \$250 max	Non-specialty/specialty: You pay 45% after deductible, up to \$250 max	Not covered; pays at generic, brand, specialty cost if approved exception
Specialty drugs	See above	See above	You pay 20% with no deductible; up to \$150 max
Pharmacy deductible (employee / employee + spouse/domestic partner / employee + children)	\$100/\$200/\$300	\$100/\$200/\$300	N/A

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	Option 1 In-network <i>Out-of-network care is covered but not shown here</i>	Option 2 In-network <i>Out-of-network care is covered but not shown here</i>	Kaiser HMO Option In-network <i>Only in-network care is covered</i>
<b>Mail Order (90-day supply for Options 1 &amp; 2; 100-day supply for Kaiser HMO)</b>			
<b>Preventive drugs</b>	Covered 100% for generics	Covered 100% for generics	Covered 100%
<b>Generic drugs</b>	<ul style="list-style-type: none"> <li>Non-specialty: You pay \$20 with no deductible</li> <li>Specialty: You pay 30% after deductible, up to \$500 max</li> </ul>	<ul style="list-style-type: none"> <li>Non-specialty: You pay \$20 with no deductible</li> <li>Specialty: You pay 30% after deductible, up to \$500 max</li> </ul>	You pay \$20
<b>Brand drugs</b>	Non-specialty/specialty: You pay 30% after deductible, up to \$500 max	Non-specialty/specialty: You pay 30% after deductible, up to \$500 max	You pay \$60
<b>Non-preferred brand drugs</b>	Non-specialty/specialty: You pay 45% after deductible, up to \$625 max	Non-specialty/specialty: You pay 45% after deductible, up to \$625 max	Not covered; pays at generic, brand, specialty cost if approved exception
<b>Specialty drugs</b>	See above	See above	You pay 20% with no deductible; up to \$150 max
<b>Pharmacy deductible (employee / employee + spouse/domestic partner / employee + children)</b>	See above	See above	N/A

\*Does not include deductible for Options 1 and 2. For Kaiser HMO, includes deductible.

\*\*True emergency as determined based on what a prudent person would consider an emergency, not on the final diagnosis reached by doctors.

\*\*\*The prescription drug copay amounts are maximums; if the cost of the drug is less than the copay, then you pay the cost of the drug.

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### Transition to the Kaiser HMO Option

If you’re considering enrolling in the Kaiser HMO Option for 2022, here are some important details you should know about the transition from Aetna or Cigna to Kaiser Permanente:

What?	What You Need to Know
Submitting 2021 medical claims	<ul style="list-style-type: none"> <li>Aetna and Cigna will continue to process medical claims with dates of service before January 1, 2022.</li> <li>Continue to present your Aetna or Cigna medical ID card through December 31, 2021, when receiving care or filling prescriptions.</li> </ul>
When to expect your new Kaiser medical ID card	You’ll receive a new Kaiser medical ID card in late December; begin using your new card on January 1, 2022.
How your MRA/HCSA/DCSA will transition	<ul style="list-style-type: none"> <li>Your Medical Reimbursement Account (MRA), Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) will be managed by Cigna in 2022. There will be a transition period for your MRA, HCSA and DCSA.</li> <li>In early January 2022, any Wellness Rewards you earn for completing your Wellness Screening and Wellness Assessment (by November 19, 2021) will be credited to your MRA administered by Cigna in mid-January 2022 (\$200 for employees and \$100 for covered spouses/domestic partners).                         <ul style="list-style-type: none"> <li>If you were enrolled with Cigna in 2021, these amounts will be added to your existing MRA account with Cigna.</li> <li>If you were enrolled with Aetna in 2021, a new MRA account will be established with Cigna on your behalf.</li> </ul> </li> <li><b>If you were enrolled with Cigna in 2021</b>, Cigna will remain your administrator and you do not need to take any action related to your MRA, HCSA and/or DCSA. Your account(s) will be available to pay for eligible 2022 expenses beginning on January 1, 2022.</li> <li><b>If you were enrolled with Aetna in 2021</b>, any remaining MRA, HCSA and/or DCSA balance(s) will automatically transfer to Cigna (your new MRA and Spending Account administrator) in April 2022, after the 2021 claims runout period. This will allow Aetna to process final 2021 claims prior to transitioning your account to Cigna.</li> </ul>

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What?	What You Need to Know
<p>Paying for eligible expenses (automatic claim payment/debit card)</p>	<ul style="list-style-type: none"> <li>• <b>If you were enrolled with Cigna in 2021 and:</b> <ul style="list-style-type: none"> <li>– Had a <b>debit card</b> with Cigna, you can continue to use that same debit card.</li> <li>– Elected <b>automatic claim payment</b> with Cigna in 2021, Cigna will continue to process your eligible 2021 claims through the claims runout period. Beginning January 1, 2022, your election will change to debit card, which will be mailed to your home by Cigna in late December 2021. Use your new debit card for new services beginning January 1, 2022; you cannot use your debit card to pay for care with dates of service before January 1, 2022.</li> </ul> </li> <li>• <b>If you were enrolled with Aetna in 2021 and:</b> <ul style="list-style-type: none"> <li>– Had a <b>debit card</b> issued by PayFlex (an Aetna subsidiary), your PayFlex card will stop working on January 1, 2022. You will automatically receive a debit card at your home address issued by Cigna in late December 2021 and should begin using that card starting on January 1, 2022; you cannot use your debit card to pay for care with dates of service before January 1, 2022. <b>Please note:</b> If you have expenses related to 2021 claims, you will need to pay using other funds and then file for reimbursement from your MRA or HCSA. (You'll file 2021 claims with Aetna through March 31, 2022, and file claims with Cigna after that date.)</li> <li>– Elected <b>automatic claim payment</b> with PayFlex, you will automatically receive a debit card at your home address issued by Cigna in late December 2021 and should begin using that card starting on January 1, 2022; you cannot use your debit card to pay for care with dates of service before January 1, 2022. PayFlex will continue to process 2021 claims against your MRA or HCSA until March 31, 2022. If you have 2021 claims to process after this date, you will need to file those with Cigna.</li> </ul> </li> </ul>

For more details, see the Tip Sheet [MRA, HCSA and Payment Options](#) found on **My Health**.

The Aetna and Cigna websites will continue to be available throughout 2022 to view your 2021 claims (other medical plan functionality will not be available).

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## How the Kaiser HMO Option works

- **You will need to select a Kaiser PCP for each covered family member; otherwise, one will be automatically assigned, which can be changed later.** Kaiser Permanente is a fully integrated health system that employs physicians and other medical staff and owns hospitals, facilities and pharmacies. Primary care physicians (PCPs) are responsible for wholly managing members' care, including the coordination of care received by other providers, such as specialists.
- If you enroll in the Kaiser HMO Option, **you'll need to receive all non-emergency services from Kaiser doctors, facilities and affiliated providers beginning January 1, 2022.** Non-emergency services you receive from non-Kaiser doctors, facilities and affiliated providers will not be covered under the Kaiser HMO Option beginning January 1, 2022. Therefore, you should strongly consider whether the Kaiser HMO Option is right for you for 2022 if you are in active treatment for a serious medical condition (e.g., chemotherapy for cancer) or are pregnant and are unwilling to change all your doctors and facilities where you receive care immediately beginning January 1, 2022.
- If you're considering enrolling in the Kaiser HMO Option and **covering a dependent living outside of California (e.g., a child away at college),** there are limited covered services available to this dependent while living outside of California — primarily only virtual doctor visits and emergency care will be covered. Given this, you should carefully consider whether the Kaiser HMO Option will meet the needs of you and your family for 2022.
- **Kaiser's list of covered drugs (formularies) is different than CVS Caremark's.** In addition, certain drugs may have quantity limits or are excluded from coverage. **Therefore, if you are currently taking prescription drugs not covered by Kaiser, you'll need to switch to a covered alternative or pay the full cost of the drug.** Therefore, you should strongly consider if the Kaiser HMO Option is right for you for 2022 if you are unwilling to change prescription drugs (if your current prescription is not covered by Kaiser). To speak to a Kaiser clinician with questions about prescription drugs you're currently taking, call Kaiser at **1-800-204-6561** Monday through Friday between 8 a.m. and 6 p.m. Pacific Time. **Please note:** You may want to refill any prescription drugs you are currently taking before your transition to Kaiser to avoid any interruption in your medications.

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- If you were enrolled in Options 1 or 2 in 2021 and covered dependents under the plan, **you will not have to recertify the eligibility of those same dependents** if you choose the Kaiser HMO Option for 2022.

### Questions?

Call Kaiser Permanente at **1-800-204-6561**. Representatives are available Monday through Friday between 8 a.m. and 6 p.m. Pacific Time.

### Kaiser HMO Option: Northern and Southern California

There are technically two Kaiser HMO Options in California: Northern and Southern. (You'll see which Kaiser HMO is available to you as you enroll on the [Benefits Web Center](#) or you can call Kaiser Permanente.) Both HMOs offer the same copays, deductibles and out-of-pocket maximums; and the medical plan services and prescription drugs covered are primarily the same.

If you have questions, contact Kaiser Permanente at **1-800-204-6561**, Monday through Friday between 8 a.m. and 6 p.m., Pacific Time.

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